

Ridgeway Rise Care Limited

# Ridgeway Rise

## Inspection report

40 Richardson Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ridgeway Rise is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection.

The service accommodates up to 73 people in one purpose-built building. The service is arranged into six units over three floors.

### People's experience of using this service and what we found

There was a welcoming environment. We saw many positive interactions between staff, people and their relatives. We received positive feedback about the improvements in the service and people told us staff were kind and caring.

People enjoyed living at Ridgeway Rise and felt safe. Medicines were managed safely by suitably trained staff. There were effective systems in place to protect people from harm and staff understood their responsibilities to report any concerns. There were sufficient staff to respond promptly to people's requests for support, however people felt staff did not always have time to sit and speak with them. Recruitment processes enabled the provider to make safer recruitment decisions.

Staff felt supported and received training to ensure they had the skills and knowledge to meet people's needs. People enjoyed the food and their dietary needs were met. People were supported to access health and social care professionals if required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were a range of activities available to people and the provider had increased the activity staff to improve this. Care plans contained information that enabled staff to meet people's needs and value people as individuals. People and relatives were confident to raise concerns. All complaints were dealt with in line with the provider's policy.

The management team and provider promoted an open culture that valued everyone. Staff felt valued and were positive about the improvements that had been made at the service. There were effective systems in place to monitor and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published 2 July 2019). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning

and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ridgeway Rise

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors, a pharmacy inspector and an assistant inspector.

#### Service and service type

Ridgeway Rise is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with one visiting health professional. We spoke with seven members of staff including the registered manager, area operations manager, assistant manager, a nurse, care staff and activity staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and eight medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection of the previous registration of this service this key question was rated as inadequate. At this inspection this key question has now rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "Yes (I am safe), safer than at home."
- Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm or abuse. One member of staff said, "If I had concerns I'd tell unit manager. If nothing was done I'd report outside of the organisation such as going to CQC (Care Quality Commission)."
- The provider had policies and procedures in place to ensure safeguarding concerns were investigated and appropriate action taken to protect people from harm and abuse. Records showed that policies and procedures were followed.

Assessing risk, safety monitoring and management

- Care plans included risk assessments and where risks were identified there were plans in place to mitigate risks. This included risks associated with moving and handling, falls, distressed behaviour and choking. Staff were knowledgeable about the risks to people and supported them to manage the risks in line with their care plans.
- The provider had effective systems in place to monitor the environment and equipment to ensure it was safe. This included regular checks of fire systems, water systems, bed rails and pressure mattresses.
- There was a business continuity plan in place and personal emergency evacuation plans (PEEP) for people to ensure effective action was taken in the event of an emergency.

Staffing and recruitment

- We received mixed comments regarding the staffing levels in the service. Whilst people felt staff responded promptly to their requests for support, others told us staff did not have time to sit and speak with them. The Registered manager told us that additional activity staff had just started working at the service and would provide cover seven days a week to enable people to have more one to one time.
- Staff felt staffing levels were manageable. One member of staff said, "I think the staffing is fine. Always room for improvement but feel at the moment staff is adequate."
- Throughout the inspection staff responded promptly to people's requests for support. Call bells were answered in a timely manner.
- The provider had effective recruitment processes in place to support safe recruitment decisions.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Medicines which were prescribed to be taken 'when required' had protocols in place to guide staff as to when these medicines

should be given.

- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.
- Medicines incidents were recorded and investigated. Records did not always show the actions taken to prevent re-occurrence. We spoke with the registered manager who took action to address this issue.

#### Preventing and controlling infection

- The service was clean and free from malodours. There were systems in place to ensure all areas of the service were kept clean.
- Staff understood the importance of effective infection control practice. Staff used personal protective equipment to minimise the risk of cross infection. This included disposable gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured learning was shared across the staff group following incidents. One member of staff told us, "If we make mistakes it is dealt with well and told that we learn from our errors to avoid them happening again."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection of the previous registration of this service this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to the service. Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's life histories.
- The registered manager ensured that people were supported in line with good practice guidance. One member of staff told us, "We use national guidance such as NICE (National Institute for Health and Social Care Excellence). The registered manager is always flagging up items for us to read in relation to best practice and new guidance. For example, we have had some recent repositioning guidance which we referred to. We also get medicines updates."

Staff support: induction, training, skills and experience

- Staff were supported through regular supervisions and an annual appraisal. One member of staff told us, "I've had one supervision since new management. I'm not good being over managed. I do feel supported and comfortable to go to management for support whenever I need it. Not just at supervision sessions."
- Staff received training to ensure they had the skills and knowledge to meet people's needs. One member of staff said, "Training is good. Lots of training included in the induction. Usual training where needed for moving and handling and using the hoist safely. I have just had training on end of life care recently. [Registered manager] ensures she books relevant training and encourages our development."

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food they received. One person told us, "Chef's amazing. He knows what I don't like. Always does extra things for me if I don't want what's on the menu."
- Care plans detailed people's specific dietary requirements and we saw that people received food and drink in line with their care plans. One person who was at risk of choking required thickened fluids and a specific consistency of food. This was provided.
- The lunchtime meal was a relaxed sociable experience. Where people require support, this was offered, and people were supported at a pace suitable to them. Staff offered assistance and were respectful of people's independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans showed that people were supported to access additional health and social care support where this was needed. This included access to G.P, occupational therapist and speech and language therapist

(SALT).

- One visiting health professional told us the service referred people to them appropriately and followed guidance given to ensure people were supported effectively.

Adapting service, design, decoration to meet people's needs

- The environment was well decorated. Some areas of the home were being refurbished to improve the quality of the décor.
- People's rooms were personalised. This included photographs and items that were important to people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff who understood how to support them in line with the principles of MCA. One member of staff told us, "I presume capacity unless proven otherwise."
- The registered manager had identified that information regarding people's capacity was not always consistently recorded. Additional training had been arranged to support staff understanding in relation to MCA.
- Where people had appointed a legal representative to act on their behalf this was recorded in people's care records.
- The registered manager had submitted DoLS applications to the supervisory body where required. Where DoLS approvals contained conditions, these were documented in care plans and were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection of the previous registration of this service this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. People described staff as 'lovely' and people felt they were listened to.
- Staff showed compassion and understanding when supporting people. Staff responded to signs of distress, taking time to calm and reassure people.
- Staff understood the importance of treating people as individuals and respecting them for who they were. Staff used their knowledge of people to engage with them in a way that valued and respected them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People were given choices and their choices respected.
- Where appropriate, relatives were involved in decisions about people's care. One relative told us, "They always contact me if needed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People were addressed by their preferred name. Staff knocked on people's door before entering and ensured people's privacy was protected when they were receiving personal care.
- Staff encouraged people to maintain and improve their independence. One person wanted to make themselves a drink, the member of staff guided and supported the person. The member of staff recognised the importance of the person being able to make their own drink and only stepped in to prompt the person when needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection of the previous registration of this service this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and reflected people's history, hobbies and those who were important to the person. Care plans detailed people's needs and how needs should be met.
- People and relatives were involved in regular reviews to ensure care plans reflected people's current needs and were updated when needs changed.
- Staff knew people well and used their knowledge to support people in a way that ensured their needs were met. One person was showing signs of distress, a member of staff stepped in and held the person's hand, talking to them which immediately reassured and calmed them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans reflected people's communication needs and detailed any support people required as a result of those needs. This included the use of aids, for example hearing aids and glasses.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them. One member of staff told us, "I can recognise when [person] is in pain from his facial expressions. There is information in the personal care section of the care plan."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed living at the home and were supported to maintain important relationships. One person told us, "Very good (the service), I am happy this is my home. I've got a phone in my room, I can call my family and they can call me. I like the routine I have here."
- The service aimed to create a family atmosphere. Two members of staff had recently got married and the service had organised a surprise wedding reception at the home for the couple. People had been involved in organising the event and photographs showed people lining the red carpet to welcome the couple into the reception.
- The provider had recruited two activity staff to ensure people had access to a range of activities that interested them. Although the members of staff were new in post, they were already having a positive impact on people. One person enjoyed walking arm in arm with a member of the activity staff, singing

together as they walked along.

- A member of the management team had developed a 'dream catcher' event, this enabled people or relatives to suggest something that a person wished to achieve, and the service supported it to happen. One person had been a long-term fan of a particular football team. The service had arranged for some of the team to visit the person. They gave the person a signed football shirt and invited them to one of their matches. Another person who was no longer able to walk had wished they could take a walk in an area of the country they loved. The member of staff had contacted a company specialising in virtual reality equipment and was working with them to try and provide a virtual experience for the person that would make their wish come true.
- People enjoyed visits from various community groups, this included the local cubs and scouts and local schools.

Improving care quality in response to complaints or concerns

- People and relatives were confident to raise concerns and felt they would be listened to.
- The provider had a complaints policy and procedure in place, which was displayed in the service.
- Records showed that all complaints had been investigated and responded to in line with the providers policy.

End of life care and support

- The service provided people with end of life care. There was no one receiving end of life care at the time of the inspection.
- Care plans detailed people's wishes in relation to their end of life care and where appropriate there were anticipatory medicines in place to ensure people were kept free from pain.
- Following the experience of one relative, the service was developing, 'dove boxes', these would include small items to support a relative when they were with a loved one at the end of their lives. The service was running a competition with local schools, for children to write meaningful stories and poems that would be included in the boxes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection of the previous registration of this service this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience.
- People and relatives told us of the improvements made by the registered manager. One relative told us, "Management are now very involved. I can go to [registered manager]. It is 100% better."
- Staff were equally positive about the changes made by the registered manager. One member of staff said, "All calmed down now and much better. Expectations are clearer now and I know exactly what I'm doing." A member of the nursing team told us, "The registered manager has really, really made a big improvement here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm.
- The registered manager had notified CQC about certain incidents as required under their registration with CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. An assistant manager had recently been appointed who was providing additional support to the registered manager in the day to day running of the service.
- There were effective systems in place that enabled the provider and registered manager to monitor and improve the service. A range of audits were completed which identified any concerns relating to the quality of the service. An action plan was developed as a result of audits to ensure action was taken to address issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to enable the provider to gain feedback about the service. This included regular meetings, quality assurance surveys and regular review meetings.
- Staff felt valued and listened to. The registered manager had implemented an 'employee of the month'

scheme that recognised staff for their input into the service. The registered manager had also arranged the first staff Christmas party. One member of staff told us, "The registered manager interacts really well with people and knows how to take care of people and staff."

- There was a significant emphasis on engaging with the public and promoting community engagement. The service hosted a bi-monthly community lunch to support the campaign to end loneliness. They also welcomed informal carers from the carer centre to hold their meetings at the service and arranged activities for their loved ones while the meeting was taking place.
- The service also provided learning events to improve community understanding for people living with dementia. This included training in dementia for local taxi drivers and estate agents.

#### Working in partnership with others

- The service worked closely with visiting health professionals to improve outcomes for people. The service had worked closely with the local authority and had valued the support provided in the improvements made to the service.
- The management team had developed strong links with local schools and colleges. This included supporting young people with disabilities to work in the service as work experience. A member of the management team told us, "We are all about equality."