Midland Property Investment Fund Limited

Ridgeway Court Care Home

Inspection report

2-4 Dudley Road
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Tel: 01902883130

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Ridgeway Court Care Home is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

The provider's systems to monitor quality had not always identified where there were errors in people's care records. People knew who the registered manager was and told us the service was well led. People were given opportunity to feedback on the quality of the service.

People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe. Although medication recording required further work, there was no indication that people had not had their medication as required. There were sufficient numbers of staff to support people and staff were recruited safely.

People were supported by staff who had received training relevant to their role. People's dietary requirements were met and they had access to healthcare services where required. The design of the service met people's needs. 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.

Staff were kind and caring to people. People were involved in decisions about their care and were treated with dignity. People's independence was encouraged.

Staff knew people well. People had access to activities that met their preferences and complaints made were investigated and resolved. People's end of life wishes had been explored with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 15 February 2017).

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?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-Led findings below.

Ridgeway Court Care Home

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
The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ridgeway Court Care Home 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who live at the service, two relatives and one visiting health professional. 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 also spoke with two members of care staff, a senior carer, the deputy manager and the administration staff member.

We reviewed a range of records. This included three people's care records and multiple medication 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.

After the inspection –
The registered manager was unavailable at the time of the inspection and so a telephone conversation was held with them on 17 July 2019.

Good

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 this key question was rated as Good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Using medicines safely / Learning lessons when things go wrong

- Although medication was seen to be given safely by staff, the recording of medications w noast clear and did not always evidence that medication had been given as prescribed.
- Staff were not always recording when medications had been given. We saw missing signatures on Medication Administration Records that meant we could not determine if the person had been given their medication.
- Where people required pain relief patches, staff had not consistently recorded where the patch had been applied. For some of these medications, the placement of the patch on the body requires changing to ensure the medication works. As staff were not recording where they had placed these patches, there was a risk that the patch may be applied incorrectly in future and its effectiveness reduced.
- We raised these issues with the registered manager. The registered manager displayed a commitment to learning lessons and informed us that the issues around accurate recording of medication had been identified and they had taken action to improve staff practice in this area. The registered manager had requested the support of the local Clinical Commissioning Group to work with staff on their medication recording to ensure safe practices were followed. The registered manager had also commenced observed practices with staff to monitor their completion of medication administration. The registered manager acknowledged that this work was ongoing at the time of the inspection and that they continued to work on improving their medication systems.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report any concerns they had about abuse. One staff member told us, "I would report my concerns to a manager or a senior".
- Where concerns had been raised about people's safety, the registered manager had responded appropriately and referred the concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. We saw that risk assessments were in place that detailed the risks posed to people and how these should be managed. Staff knowledge of risk reflected what was in the risk assessment. For example, where people required support to reposition to reduce the risk of pressure areas occurring, staff understood their role and the equipment they would need to provide to reduce the risk of pressure areas.
- Staff knew the actions they should take to keep people safe in an emergency such as fire. Risk assessments detailed the level of support people would require to evacuate in an emergency.

Staffing and recruitment

● Staff had been recruited safely and had been required to provide references from previous employers and complete a check with the disclosure and barring service.
● People told us there were enough staff to meet their needs. One person told us, "I think there are enough of them [staff]".
● Staff however told us that due to people's care needs increasing, they at times felt rushed in their work and told us that they would like more time to spend with people. Our observations reflected that people had their care needs met in a timely way as there were always staff present in communal areas, but that staff did appear busy. This was shared with the registered manager who took the feedback on board and assured us they would look at this.

Preventing and controlling infection
● There were safe infection control practices in place. One person told us, "The home is cleaned through the night and our rooms are cleaned during the day".
Staff wore personal protective equipment where required. The provider had employed cleaning staff who kept the home clean, tidy and odourless.

Good

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 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 had been assessed prior to them moving into the service. These assessments were then updated regularly or as people's needs changed. The assessments had taken into account people's protected characteristics under the Equality Act. For example, people had been asked about any religious or sexuality needs.

Staff support: induction, training, skills and experience

● Staff told us they were provided with an induction that involved completing training and shadowing a more experienced member of staff. New staff had also completed the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too. Staff told us that this induction prepared them for their role.

● Staff received annual training updates to ensure people were supported effectively. One member of staff told us, "We do get training, the community nurses came and did some sessions with us too and that was good. The training is interesting and its updated annually".

● The registered manager showed us that she sought additional training for staff to improve their practice. This had included bespoke training from the local Clinical Commissioning Group where medication errors were being found.

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

● People gave positive feedback about the meals available at the service. One person told us, "The food is nice and there is plenty of it". Another person added, "The cook will always make something else if I don't like what's on the menu for today".

● At mealtimes we saw that people were given choice. Meals looked and smelt appetising. Where people had specific dietary requirements, such as a gluten free diet, staff were aware of these and ensured these requirements were met.

● People were provided with snack boxes so that if they wanted food in between meals, this was readily available for them.

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

● The service was undergoing a redecoration programme. While the work was being completed, the dining area had been changed into a lounge so that people continued to have adequate living space. Although this was a smaller space than the usual living area, people were happy with the work being undertaken and had been kept up to date on developments.

● The redecoration plan included plans to make the environment dementia friendly. People's bedroom

doors were being painted in bright colours to aid people's orientation around the building.

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

● People told us they had access to healthcare services where required. One person said, "I go to doctors for appointments. Hearing test is done, opticians visit as well".

● A visiting health professional spoke positively about the working relationship they had with the home. They told us that staff made timely and appropriate referrals where they had concerns about people and that staff consistently acted on their health advice. The professional told us, "They [staff] are superb in that remit. They will always call if they are worried".

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

● Staff understood the importance of seeking consent and could explain how they do this. One member of staff told us, "We will always ask for consent and most will tell you. We do write things down for one person as they do not always hear well and then they will read it and verbally tell you if they consent". We then saw that staff asked people for consent before supporting them.

● Where DoLS applications had been made, these were done appropriately. Staff we spoke with knew what DoLS were and how this would impact on the support the person required.

Good

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 this key question was rated as Good. At this inspection this key question has 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 that staff were kind and caring to them. One person told us, "I know the carers very well and they know me. I guess we are more like friends now". A relative added, "There isn't any bad staff in here they are all really caring".
- We saw positive interactions between staff and people. It was clear from these interactions that staff had taken time to get know people and would spend time discussing things that were of interest for people. For example, one person had an interest in politics. Staff appreciated this interest and were seen spending time speaking to them about current affairs.
- People's diversity was respected. Where people had specific religious requirements, staff were seen to be respectful of this and provide encouragement to the person so that they could continue practising their faith.

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

- People told us they were given choices and were involved in their care. This included where they would like to eat, what activities they wished to take part in and what time they wish to get up each day. One person told us, "I Go to bed and get up when I like". Other people told us they were an active partner in planning for their care. One person said, "Yes there was a care plan made when I first came".
- Staff gave detailed examples of how they ensured people were given choices about their care. For example, one staff member told us, "We are respectful. We always ask and never presume".

Respecting and promoting people's privacy, dignity and independence

- People felt that they were treated with dignity. One person told us, "Staff are very respectful of my privacy and dignity". We saw staff support people to have privacy in their room where they requested this. Staff were seen to knock people's doors and wait for permission before entering rooms.
- People's independence was encouraged. We saw that people visited the local shops independently where able and staff told us how they encouraged other people's independence. One member of staff told us, "We always let people do things for themselves, we would never take that away from them".

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

● People felt that staff knew their likes and dislikes. One person told us, "The carers are jolly and upbeat I feel they know us well". Staff displayed a good understanding of people's needs and had clearly taken time to get to know people's preferences. For example, staff knew about people's life history, family and food preferences. This information was also reflected in people's care records.

● People had been asked about their wishes in relation to who deliver's their care and this was respected. Records clearly stated where people preferred to have a male or female carer and people said this was acted upon. One person told us, "I have a male Carer to shower me I do prefer that".

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.

● The provider had met the AIS. Where people had hearing difficulties, staff ensured that information was presented to them in a way they understood. This included writing things down for the person to consider.

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 were happy with the variety of activities available to them. Comments included, "We have outings, Black country museum and Dudley castle, we all enjoy it very much" and "I Shall be off out to Sedgely later". For people who chose to stay indoors, there were activity co-ordinators who supported people to take part in activities such as arts and crafts, singing and discussing politics.

● We spoke with people who were supported to visit local places of worship to enable them to practice their faith. This has a positive impact on people who spoke positively about continuing this practice.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint if needed. One person told us, "I would see the manager if I had a complaint".

● Records held on complaints showed that concerns raised were investigated by the registered manager. The outcome of complaints was shared with the complainant so that they were aware of action taken.

End of life care and support

● The registered manager had explored people's preferences should they require end of life care. Each

person had an end of life care plan in place that detailed and specific wishes people may have should they pass.

Requires Improvement

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 this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements / 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

- Although there were systems in place to monitor the quality of the service, this had not always identified where records were not accurate. For example, records held in relation to pressure area care were inaccurate. Although audits completed looked at the number of pressure areas, they did not look at the completion of records by staff. This meant the recording errors had not been identified. We raised this with the deputy manager and the registered manager who advised us that a system error in the electronic recording system may have caused these errors. This was subsequently raised with the system operator.
- Similar recording errors had been identified in the management of medications. This had already been identified by the registered manager and action was being taken to improve practice. However, there continued to be recording issues in the recording of medication that meant that the registered manager would be unable to effectively ensure safe medicines practice as recording was not clear.
- The registered manager understood and met the regulatory requirements of their role. Notifications of incidents had been sent to us as required and where concerns were identified, the provider had been open, transparent and shared these with the relevant agencies.

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

- People knew who the registered manager was and spoke positively about them. One person told us, "Can't remember her name but I do know who the manager is. She is very nice too. She is always coming round for a chat".
- Staff felt well supported in their role. Staff told us they felt comfortable in raising concerns to the registered manager and were confident that she would act on any concerns raised.

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

- People were engaged with the service. One person told us, "Do have meetings; let us know all the things going on". Another person added, "We do have residents meetings but I have not been to any". Records we looked at showed that people also were provided with questionnaires to provide their feedback on the service. As these had recently been sent out, the registered manager had not had opportunity to review these but the few completed questionnaires indicated that people had given positive feedback about their

care.
● Staff were also engaged with the service and told us they were given opportunity to make suggestions for improvement via regular staff meetings.

Continuous learning and improving care / Working in partnership with others
● A visiting health professional spoke positively about the working relationship they had with the service. They told us that they worked well with care staff to improve health outcomes for people who were at risk of developing pressure areas.
● Where the registered manager had identified areas for improvement in areas such as medication, she had been proactive in seeking support from others. She had commenced competency checks on staff and arranged a full medication review by the local Clinical Commissioning Group to identify where improvements could be made.