

# Anchor Hanover Group Ridgemount

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ridgemount is a care home service without nursing which can support up to 66 people. At the time of the inspection 37 people lived in the home, some of whom lived with dementia. The home had four units spread over three floors with lift and stair access. Each unit had separate communal lounge and dining areas as well as kitchenettes. The ground floor also contained a large conservatory where group activities could take place.

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

People told us there were insufficient activities to engage them and some of the activities we observed were not meaningful to the person. Staff told us they did not always have the time to initiate the activities which the provider expected them to manage. Following inspection, the provider told us their wellness coordinator was supporting staff to improve on this. We made a recommendation that the provider supports staff in a way which enables them to provide care for people, as well as being able to deliver activities of people's choosing.

The provider was part of the local authority's 'provider support and intervention' programme since April 2021, following concerns about risk management and safe care of people. The current leadership team embraced the support offered by the local authority to improve the service, attended all required meetings and submitted regular updates on their improvement plan. Despite this, we found the provider's audits did not always identify areas for improvement including how records were kept. We made a recommendation that the provider should maintain close oversight of the service until such time as the current improvements are embedded.

People were supported to keep safe. Staff were using personal protective equipment correctly and there were appropriate systems in place for the testing of staff, visitors and people living at the service for the COVID-19 infection. People received their medicines safely and as prescribed.

Staff were knowledgeable about the risks associated with people's care. There were plans in place to protect people in the event of a fire or if the building had to be evacuated. Care plans were personalised in recognition of people's individual needs and care staff spoke positively about the quality of information they contained.

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. People told us staff were kind, caring and respectful towards them. Relatives and visitors were welcomed into the service. People and relatives knew how to raise a complaint and were confident that complaints would be listened to and addressed.

People, relatives and staff said the current leadership of the service was supportive and managers were

frequently seen around the home. Staff told us that they were encouraged to report any incidents or matters of concern and to share their views and ideas on the running of 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 good (published 2 September 2019).

#### Why we inspected

The inspection was prompted due to concerns received about poor monitoring of people's nutritional intake, reduced social activities for people and a poor staff culture. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Responsive and Well-Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ridgemount on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Ridgemount

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

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

At the time of inspection, there was no registered manager in post. This meant that until there is a registered manager, the provider is 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. We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the district manager, senior care workers, care workers and the chef. We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse. We saw evidence that potential safeguarding events had been reported to the local authority where necessary, including unobserved falls, pressure wounds and skin tears.
- The provider had implemented improved systems to ensure potential safeguarding concerns were dealt with promptly. One person told us, "Of course I feel safe; staff do their best and are very kind in every way." Another said, "I guess I feel safe because staff are around."
- Staff had received safeguarding adults from abuse training and knew how to recognise and report suspected abuse. The local authority safeguarding lead had recently provided face to face training for staff to reinforce this learning. A member of staff told us, "It [safeguarding] is a whole home approach about protecting those who are vulnerable. We must make sure we report things if anything goes wrong." Another said, "I would not hesitate to whistle blow if I thought a resident was unsafe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were appropriately assessed, and the provider implemented evidence-based tools to identify these.
- Following concerns raised with the provider by the local authority in April 2021, the provider introduced an improved system of monitoring and risk management which gave better oversight of potential trends. Measures were put in place to manage those risks as they emerged. The district manager told us that as a result of this, trends were more readily identified, and learning was shared with staff in meetings and handovers.
- There were risk assessments specific to people's individual needs. For example, people assessed as being at risk of malnutrition were weighed regularly, and the chef followed guidance issued by healthcare professionals. Those at risk of dehydration, had their fluid charts sent to the GP for their oversight and assessment. People who smoked had a risk assessment which outlined how to keep them and others safe.
- A member of staff told us, "There's a better system in place now to help us keep track of accidents. We discuss things like falls in meetings and understand the importance of better recording. This helps us get to the bottom of why [the person fell]."
- Health and safety checks were carried out which included environmental checks as well as checks of the equipment used to support people with their mobility.

Staffing and recruitment

- People told us they were happy with the staffing numbers and said there were enough staff. One person said, "Staff are usually around, and I don't have to wait too long." Another told us, "Oh yes, the girls always come even though they are kept really busy."

- Staff told us they did not have concerns about staffing levels and felt they had enough support to be able carry out their caring duties. One staff member told us, "It is busy but there are enough staff to provide care to people. I've never been in a situation where I have struggled on shift."
- During our inspection we saw staff attended to people promptly when they called for assistance. The provider told us they reviewed people's needs each month to ensure there were sufficient staff. They minimised the use of agency staff in order to maintain the consistency and familiarity of staff for people who used the service.
- The provider had systems in place to ensure safe recruitment of staff. Required safety checks had been made before staff started work. This ensured the provider could determine if staff were suitable to provide care and support to people.

#### Using medicines safely

- Medicines were managed safely. Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice. One person said, "I have lots of tablets to take, much too complicated for me to manage. I always get them from staff at the same time."
- Staff recorded support they provided to people within medicines administration records. The manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. The sample of medicines administration records we checked were up-to-date and accurate. Medicines were audited each month by the management team and periodically by an independent pharmacist. These audits confirmed that staff managed medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 has deteriorated to Requires improvement. This meant people's needs were not always met.

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 not always consistently provided with activities which were meaningful to them. For example, one person told us, "I get fed up more than bored. It's been difficult during the pandemic. There's not been a lot going on. The staff sometimes do things, but I'd like to go out more." Another told us, "I sit here all day doing nothing. Bored, bored, bored."
- The provider adapted a 'whole home approach' to activities and expected all staff to be confident and competent to engage people in activities of their choice alongside delivering personal care to people. However, one member of staff said, "By the time we do all the caring and write notes up, there isn't much time to do activities even though I know it is meant to be part of our daily schedule." Another told us "Carers can find it a bit tight to deliver activities, especially in the morning."
- Activities as recorded on people's 'weekly activity and engagement diary.' were often repetitive and did not always explain how engaged people were in an activity. Diaries said for example, 'watched television', 'relaxed in room' and 'read the newspaper.'

We recommend that the provider ensures people are offered activities relevant to their needs and preferences and staff are deployed in such a way as to enable them to deliver activities, in addition to their caring role.

- During the inspection, we saw photographic evidence of how people were engaged in a weekly 'no bake' session with the chef, as well as a seated cycling challenge which was in competition with other care homes within the organisation.
- Following the inspection, we were offered assurances that the provider's well-being coordinator continued to work closely with the home to address the issues found on inspection as well as to offer support and guidance to staff in a bid to increase their confidence with engaging people in activities relevant to the person.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were person centred and contained information about people's daily routines and specific care and support needs. They also contained a detailed life history which helped staff to understand more about the people they cared for.
- Care plans had been developed where specific needs had been identified in areas including personal care, mobility, continence, skin care and nutrition.
- Staff knew people well and care plans guided them how to provide people with a person-centred support.

A care worker told us they referred to people's care plans in order to provide them with person-centred care and said, "The care plans are good. They have lots of information and are easy to understand. Updates are done by team leaders and we are told of any changes during handover as well as being written on the handover sheets and into the care plan."

- There was no one living at the home receiving end of life care at the time of our inspection. However, we saw that people's end of life care wishes had been discussed with them or their family members and documented.

#### 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.

- People's communication needs were recorded as part of the initial assessment and care planning process in a separate communication needs care plan. Information could be provided to people in different formats and print size to enable them to engage with staff and other professionals
- There were food and drink communication cards which presented the food or drink in picture and word form for staff to use to assist people to choose. These same cards were available in the language of a person who occasionally reverted to their first language.
- We heard staff used people's preferred form of address which was in accordance with their communication care plan.
- Individual communication plans had been developed to meet people's needs where necessary. Information about the home, such as the service user guide and the complaints procedure, was available in accessible formats.

#### Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. This detailed how complaints could be raised, timescales for a response and how actions would be communicated. We saw that complaints were responded to in line with this policy.

# 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 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; Continuous learning and improving care

- Although there were management systems in place, we found these did not always identify concerns and areas for improvement found at this inspection. For example, the provider did not identify inconsistencies in how people were supported to engage with activities. Please refer to the Responsive key question of this report for further detail.
- An audit of care plans did not identify omissions in some records which we found on the day of inspection. However, a healthcare professional we spoke with confirmed this did not impact on the well-being of that person.
- It is a condition of registration that the registered provider must ensure that the regulated activity is managed by an individual who is registered as a manager in respect of that activity. There was no registered manager in post at the time of our inspection. However, since March 2021, the provider installed a management team which consisted of a district manager and a registered manager from a nearby home to oversee the service and introduce improvements. A new manager for the service was expected to join the service soon after this inspection.

We recommend that the provider continues to maintain close oversight of this service until such time as the recently introduced improvements become embedded and are sustained so that they become part of the everyday safe and effective operation of the service.

- The provider cooperated with both the local authority and CQC from April 2021 as part of the local authority's provider support engagement process. The provider imposed an embargo on new admissions until such time as the local authority had confidence in the safety and efficiency of the service provided and until the newly appointed manager took up their post and completed their registration. It was agreed by all parties that this would help to provide stability and embed good practice throughout the home.
- We found evidence of improvements initiated by the management team such as greater oversight of risk to people using the service and transparency when things went wrong.
- Staff told us the provider encouraged them to be open and transparent when something went wrong, one told us, "There is always something to learn from our mistakes, so it is important that we report it immediately."

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

outcomes for people; 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

- People and staff told us the current leadership team had improved communication and welcomed feedback, which led to improvements in the overall care people received.
- Residents' meetings took place and one person told us how their views on food were sought by the chef, "I like to be able to give my views."
- A member of staff told us, "When I first started, the atmosphere was not nice - I didn't 'fit in'. Now these managers have been fantastic since they came here and are so supportive, they are always in the office or at the end of the telephone."
- The provider understood their responsibilities toward duty of candour and the requirement to submit statutory notifications when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- The provider told us that during the COVID-19 pandemic, they maintained contact with family members via email or telephone calls and the previous registered manager hosted a meeting via video for family members to seek their views on the service provision.
- Staff completed a quality assurance survey in September 2020. The common themes which emerged were that they did not feel listened to, appreciated or were given feedback by the management team.
- In response to this, the current management team introduced structured, regular staff meetings. One member of staff told us, "The current management team encourage us to share ideas in these meetings about improvements and how we can take on greater responsibility for some aspects of the home."
- Staff also told us the current management team operated an 'open door policy', which one staff member told us, "The office door is always open. Working here is a fantastic opportunity because I am supported to develop my skills and members of the management team are always giving us encouragement."
- Effective working relationships were developed with other professionals involved in people's care, such as GPs, speech and language therapists and dietitians. The provider also invited local authority staff in to provide training around safeguarding and incident reporting to care staff.