

West Northamptonshire Council

Ridgway House

Inspection report

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Date of inspection visit:
27 September 2022

Date of publication:
31 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Ridgway House is a residential care home providing accommodation and personal care for up to 25 people. The service provides support to older and younger people, people with sensory impairments, people with physical disabilities and/or people with dementia. At the time of our inspection there were 18 people using the service.

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

We have made a recommendation to review the dependency tool used to identify staffing levels required to meet people's needs. Staff and people told us that at times staff were not available.

Medicine management required improvement to ensure medicines were recorded as administered. Staff had the information required to administer as required medicines to people who needed them.

Records of support offered to people were at times inconsistent. For example, oral hygiene and bathing records did not evidence consistent support was offered.

The oversight governance of the service required improvement and embedding into practice. Not all issues found on inspection had been identified previously.

Risks to people had been assessed and mitigating strategies had been implemented. However, some risk assessments required further information recorded to ensure new staff could understand specific health concerns.

People were protected from abuse. Systems and processes were in place to ensure safeguarding concerns were recorded, investigated and mitigated. Staff received training and understood safeguarding procedures.

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 were supported by kind caring staff who received an adequate induction, training and support to meet people's needs. Staff knew people well and care plans were generally reflective of people's needs.

People's needs were assessed, and staff promoted people's independence and respected their privacy and dignity.

People, relatives and staff knew how to complain and felt able to raise issues with managers.

Significant people were kept updated on any incidents, accidents or changes to peoples need. When required staff referred people to appropriate healthcare professions.

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

Rating at last inspection and update

This service was registered with us on 1 April 2021 and this is the first inspection under a new provider. The last rating for the service under the previous provider was requires improvement, (published 12 January 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ridgway House

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 Health and Social Care Act 2008.

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 completed by one inspector.

Service and service type

Ridgway House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ridgway House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care workers, kitchen staff and care workers.

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 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider used a dependency tool to identify staffing levels. However, staff and people told us there were not always enough staff deployed to meet people's needs. One person said, "Staff are busy, they don't always have time to talk to me." A staff member said, "We do not always have enough staff, the residents don't get enough attention, we never have time to sit and chat with them."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We recommend the provider reviews the dependency tool used to ensure there are sufficient staff to meet people's holistic needs.

Using medicines safely

- Medicine management required improvement. People's medicine administration records had not been consistently signed to evidence people had been administered their medicines as prescribed. However, the registered manager investigated these and found they were missed signatures not missed administration. A new checking system to reduce the risk of reoccurrence was implemented immediately after inspection.
- When a person was not given their medicine for a month due to being asleep, alternative times had not been considered to ensure medicines were administered as prescribed.
- Staff had clear guidance for people who had medicines on a 'as required' basis, such as for pain relief. Records showed when these had been administered and the outcome was recorded, to ensure they were being used in line with the prescribed reason.

Assessing risk, safety monitoring and management

- Some risk assessments relating to people's health needs lacked sufficient detail to ensure all staff understood the signs and symptoms to look for. The registered manager implemented these during the inspection and most staff were able to identify the risks and knew how to mitigate them.
- Environmental risks were assessed, and mitigating strategies implemented. For example, radiators were covered, and fire and water safety checks were regularly completed.
- People who required specific tasks to be completed to reduce risks had these completed. For example, when a person was at risk of skin pressure damage, repositioning support was completed within the required timescales.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. The registered manager told us if a person had an unexplained injury an investigation would be completed to identify a cause and reduce the risk of reoccurrence.
- Staff were trained in safeguarding procedures and understood the signs of abuse and how to report any concerns.
- People told us they felt safe at Ridgway House.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- Incidents and accidents were analysed to identify trends and patterns. For example, incidents of falls were reviewed to identify time, place and person. The registered manager then put an action plan in place to reduce the risks identified. Information was then shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's oral health records were not consistently completed to evidence staff supported people with oral hygiene as per their care plans.
- Staff worked well with other professionals such as speech and language therapists or dieticians, when required. Staff recorded outcomes and followed advice as needed. When people needed to access health care professionals such as doctor, dentist or optician staff arranged and supported these appointments.

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

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs. Relatives told us they were involved in pre-assessments and shared important information about their loved one.
- Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received an induction, training and completed shadow shifts before lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member) Staff received ongoing training in fire, health and safety, moving and handling, dementia, communication and safeguarding. Staff told us they were able to access additional training if needed.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- People's dietary and fluid needs were assessed and monitored. For example, when people were at risk of dehydration records evidenced that staff monitored and offered sufficient fluids.
- People told us they had choices for meals and drinks throughout the day.
- When required, people were weighed regularly to ensure they remained healthy.

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

- People's bedrooms were personalised and decorated to individual preferences.
- There were different areas within the service for people to use for their preferred activities. The service had multiple communal areas. People were seen using different areas of the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager kept a record of everyone DoLS status and recorded any conditions that required actions to be completed.
- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good: 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

- Staff we spoke with had a good knowledge and understanding of the people using the service. Care plans included important information such as, likes/dislikes, preferences and routines.
- People also told us staff knew them well. However, some people and relatives felt when new staff started, they were not always introduced to ensure people and relatives knew their names.
- People and relatives told us staff were kind and caring. One relative said, "The staff are amazing, outstanding." A person told us, "Staff are very good here." Throughout our inspection we saw positive interactions between people and staff.
- All staff received training in equality and diversity and were supported by a detailed policy.

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

- People were fully involved in making decisions about their care. People understood their rights to refuse specific tasks and staff respected people's choices. Care plans and risk assessment had been signed by the person when appropriate.
- People told us they were offered choices. One person said, "I pick what I want, and staff then sort it out." Another person told us, "Staff always listen to me. I tell them what I want, and it is done."
- People's communication needs were fully documented in all care records; this supported staff to understand and communicate effectively with each individual person.
- People were offered the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the provider would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to privacy and dignity and were able to describe how they maintained people's privacy and dignity. For example, when supporting people with personal care, they closed doors and curtains and not discussing other people's needs in front of others
- People told us staff respected their privacy. We saw staff working in a way that promoted people's dignity. Knocking on doors before entering and speaking discreetly to people when offering personal care.
- People were encouraged to be as independent as they were able. The service provided equipment to support people's independence. For example, sensor mats were in place to reduce risks, so staff did not have to disturb people at night to check their safety.
- Care plans included information on what people were able to do themselves and what they required support with. This enabled staff to support people with their independence.

- Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Records did not consistently evidence people were supported with specific personal care tasks in line with their preference. For example, records of people being supported to shower or have a bath were inconsistent. However, one person told us, "Staff offer me a shower once a week, but I can have one more often if I want, I just ask."
- People's religion and culture was identified, and strategies implemented to meet these needs. People told us of religious services arranged by the registered manager and support offered from staff for people to engage with their religious community.
- People told us staff knew them well and understood their specific needs. If people had a preferred gender of staff to support with personal care this need was met.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status. However, details of people's wishes and needs at the end of their life had not been recorded.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- The registered manager told us there had not been any complaints made. However, staff and relatives told us of issues they had raised that had not been recorded as complaints. These issues had been responded to and actions taken.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally. We observed staff communicating with people in their preferred way.
- The registered manager was in the process of translating some policies and procedures into an easy read format to support people with understanding the information.

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 supported to access activities daily when they wanted to. There was a daily activities board informing people of the days offered activities. Relatives told us that activities were always on offer.
- One person told us of their interest in dogs. The service supported a family member to bring a dog into the service so the person could have regular contact with animals.
- People were supported to stay in contact with their friends and relatives, through visits, phone calls and video calls.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems and processes to assess, monitor and improve the service required improvement and embedding into practice.
- Staff response to call bells had not been reviewed or analysed to ensure staffing levels were sufficient. People and staff told us that at times due to staffing, people had to wait for staff to respond. The registered manager implemented an audit on call bells immediately after inspection.
- Medicine audits had not identified the missing signatures on people's medicine administration records regarding creams. However, the registered manager implemented daily counts for tablets stored in boxes to ensure people received their medicines as prescribed.
- Audits had not identified the missing information found on inspection for support with tasks such as oral hygiene and showering or bathing records. We also identified some missing information in some people's care records. This information was added immediately to care plans and risk assessments.

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

- People and relatives were all positive about the service. We were told, the management was responsive, and staff were nice.
- We received mixed views from staff regarding the support they received from different managers. Some staff felt fully supported by the management team. However, some staff felt more work was required to ensure all staff felt supported and protected at work.

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 registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- The provider had systems in place to take account of staff, relatives and people's opinions of the service they received by reviewing care plans and residents meeting. The registered manager was in the process of implementing new strategies to support people to be able to feedback in different formats.

- Staff and people were offered regular meetings to share information about the service and discuss any issues. Staff and people told us they felt confident to raise any suggestions or feedback.
- Relatives were kept updated on the service by way of newsletters and a Facebook group.
- Relatives told us the staff kept them up to date on any changes, incidents or accidents relating to their loved one. One relative told us, "They (staff) update me fully on all situations, and always within a short time frame so I can attend if needed."
- The registered manager was committed to making improvements in the service and was engaged with the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection.