

Prestige International EC Limited

Ridgewell House

Inspection report

95 Dulwich Road
Holland-on-Sea
Clacton On Sea
Essex
CO15 5LZ

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Tel: 01255815633

Website: www.ridgewellhouse.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ridgewell House is a residential care home providing personal and nursing care to up to 16 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 12 people using the service. The service accommodates people in one adapted building.

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

People were not always protected from the risk of harm. The service was not always well led. The quality assurance processes were not robust, and the provider did not always have complete oversight of the service.

The provider completed relevant recruitment checks for new staff; however, minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. Improvements were required to some aspects of medicines management and actions to update their practice.

We have made recommendation to the provider around safe recruitment practises and about the management of some medicines.

The manager was new and committed to driving improvement. They responded to the concerns raised and sought to rectify them.

People were protected from the risk of abuse. Staff knew how to identify signs of abuse and felt comfortable raising concerns with the registered manager. 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.

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

The last rating for this service was good (published 31 March 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is

based on the findings at this inspection.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ridgewell House on our website at www.cqc.org.uk.

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 within safe findings above

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in the well-led findings above

Requires Improvement ●

Ridgewell 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 team consisted of two inspectors 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

Ridgewell 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. Ridgewell 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 August 2022 and ended on 14 September 2022. We visited the service on 22 August 2022

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 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 observed the care provided to help us understand the experience of all people, in particular those who could not talk with us. We reviewed a range of records, including four people's care 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.

Following the inspection we spoke to twelve relatives and five staff members. We continued to seek clarification from the provider to validate evidence found. We looked at training and 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- Staff had received medicines training and their competency assessed to administer medicines safely. However, staff were not clear about their shared responsibilities as a team, in relation to medicines and communication between staff, to support safe practice.
- People were supported by staff who followed systems and processes to administer and record medicines safely. However 'as required medicines' such as paracetamol, had been provided via homely remedies for an extended period when a prescription had run out.

We recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

- The provider had not always ensured the documentation in people's medicines folders was up to date and reflected their current support needs. For example, we found medicines care plans provided information that was inconsistent and not always completed, such as specific allergies were not documented.
- The manager was aware of the concerns raised and actions were being taken to rectify medicine management systems and processes.

Staffing and recruitment

- The provider had processes in place to recruit staff safely. However, applicants' references were not always checked or verified in line with best practice and gaps in employment were not always explained.

We recommend the provider follows best practice around recruitment checks, to ensure they have the necessary information about applicants.

- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service did not have enough permanent staff and relied on agency workers to meet the staffing levels required. There was no impact on people as the provider used agency workers familiar with the service.
- Relatives' comments relating to staffing levels at the service were variable. Where these were positive, comments included, "Have never found that a member of staff was not around if I needed one," whereas less positive comments included, "Staff don't stop, they seem overworked, are running around, that must impact on the residents."

- The manager told us they continued to recruit to increase staff capacity to ensure they can continue to meet people's care needs.

Assessing risk, safety monitoring and management

- Care plans did not always give staff the information they needed to provide safe care. For example, care plans had not been regularly reviewed to ensure they were up to date and continued to reflect people's current support needs. However, there was no impact for people using the service because staff knew people well.
- People had risk assessments in place which were personalised for their needs; however, these had not always been revisited to ensure they remained current. For example, changes in people's diagnosis which affected mobility, had not been re-assessed, recorded or provided enough detail as to how identified risk should be mitigated. Nonetheless, staff were aware of the changes in people's needs.
- People had personal emergency evacuation plans (PEEP) to ensure staff knew what support people needed in the event of an emergency.
- Areas of the property and garden needed improved maintenance. The manager told us they had an ongoing action plan for the service to improve the safety, decoration and hygiene. Since our visit to the service, the manager provided evidence of risks identified in the garden had been rectified and made safe.

Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. We were told by relatives of the checks completed prior to being admitted to the service; however, staff failed to request evidence of the inspector's proof of their rapid lateral flow test.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, the manager has since made improvements where concerns had been identified.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff confirmed there were always enough supplies of PPE available. Staff wore PPE when supporting people and there were measures in place to ensure the safe storage and disposal of PPE. However, during our inspection we observed staff wearing PPE incorrectly. One relative told us, "Masks they wear them all the time, just now and then you see them around their necks."
- The provider had an infection prevention and control policy in place, although this had not always been reviewed to ensure it reflected the most up to date government guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm and improper treatment. One member of staff told us, "Each individual is treated as an individual and they come first. If I see or hear anything I will report it," and another told us, "If I felt the concern was not acted on appropriately I would have no worries about taking it higher."
- There were policies and systems in place to keep people safe. The provider understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Visiting in care homes

- People's relatives were supported to visit the service. We observed visitors with people during our inspection. Relatives confirmed there were no restrictions to visiting and that government guidance was being followed.

Learning lessons when things go wrong

- The provider investigated incidents and shared lessons learnt.
- The manager was open and honest about the concerns within the service and acknowledged they had work to do to improve the shortfalls identified. Action plans had been created and was being shared with staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Though audits were in place, they needed to be used more effectively, as they failed to pick up the issues identified as part of this inspection, as recorded within the 'Safe' section of this report. This included the provider's arrangements to ensure people's care plans were available, updated and reflective of current care needs, gaps in people's medicines protocols, the safe recruitment of staff or the management of risk.
- The provider had a service improvement plan which highlighted shortfalls in the service and identified actions needed. Some of the entries were old and actions not completed. For example, issues identified in August 2021, such as the safety risks in the garden, remained incomplete and were still listed as unresolved actions in June 2022. The new manager was now resolving these issues.
- The staff we spoke to were clear about their role and understood regulatory requirements to provide safe care to people.
- The provider understood their regulatory responsibilities to submit the relevant notifications to CQC. When incidents happened or things went wrong, the provider applied the duty of candour, where appropriate, and apologised to people and those important to them.
- The provider had taken satisfactory steps to recruit a new manager within a reasonable timescale.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service promoted people's individuality and enabled them to develop and thrive. One staff member told us, "we seem to have a lot more times with the residents. We get the opportunity to sit and socialise with them which is really nice and gives us the time to get to know each other."
- The provider sought feedback from people and those important to them. We received positive responses from relatives about how the provider communicated with them. One relative told us, "Communication is good I cannot fault them – they always phone me, I feel they are open and transparent."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "we all need to work in the same direction and I'm hoping it will improve with the new manager."

Continuous learning and improving care; Working in partnership with others

- The manager was committed to improving people's outcomes. The manager wanted to assign staff as key

workers for people to have staff champions in various areas, such as dementia. They were aware this was dependent of recruiting and retaining more permanent staff.

- Following the inspection, the manager responded promptly to the concerns raised, confirming what actions they planned to take and providing an updated development and improvement plan. For example, one staff member told us, "they started doing a few changes such as the kitchen has been decorated and it looks so much fresher and cleaner."
- The provider worked well in partnership with other health professionals to improve people's wellbeing. One staff member told us how the service is supported by the local hospice when providing the provision of end of life care.