

Sudera Care Associates Limited

Ridgeway Nursing Home

Inspection report

Crich Lane
Ridgeway
Belper
Derbyshire
DE56 2JH

Tel: 01773851759

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ridgeway Nursing Home is a residential care home providing personal and nursing care to up to 37 people. The service provides support to older people, including those with dementia. At the time of our inspection there were 26 people using the service. The home accommodates people over 3 floors, with 2 being used at the time of inspection. There are communal spaces and quiet areas for people to use. People have access to a secure outdoor space.

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

The registered manager had worked hard to make significant improvements at the service and demonstrated a commitment to continuous learning. Robust governance systems were in place to ensure the registered manager had effective oversight of the service. Where areas for improvement were identified, these were discussed with relevant staff and acted on. There was a warm and welcoming atmosphere within the service and staff put people first. Feedback was encouraged and acted on and people, relatives and staff had different opportunities to share their views. Staff worked collaboratively with a range of professionals, which helped people to achieve good outcomes.

Staff were safely recruited. There were enough staff to meet people's physical and emotional needs. Staff were able to support people safely because they had clear and up to date guidance on how to do so. People received their medicines as prescribed from kind and patient nurses who followed best practice medicine administration guidance. The service was clean and well-maintained. People were protected from the risk of abuse. Records relating to accidents and incidents at the service were recorded and reviewed regularly, so lessons could be learned when things went wrong.

Staff were suitably trained to carry out their roles. An online training platform was used which helped the registered manager oversee training compliance within the service and support staff to complete courses when training was due. The service worked well as a team, and with other organisations to provide joined up care for people. Where referrals to healthcare professionals were required, these were done in a timely manner and recommendations were followed. People liked the food at the service and had plenty to eat and drink.

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 received person-centred care, and staff knew people well. People had opportunities to get involved in activities and celebrate a range of events. There was a complaints policy in place which people knew about and complaints which had been raised were dealt with in line with this policy. Staff understood how to support people at the end of their lives.

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 requires improvement (published 19 October 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance, safe recruitment and staff training. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ridgeway Nursing 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 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

This inspection was carried out by 2 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

Ridgeway Nursing Home 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. Ridgeway Nursing Home is a care home with 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 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 4 people who used the service and 12 relatives of people who used the service. We spoke with members of staff including the registered manager, deputy manager, nurses, care assistants, kitchen staff, domestic assistants and the activities co-ordinator. We spoke with 2 visiting health care professionals. We completed observations of communal areas. We reviewed a range of records including 6 people's care records, medication administration records and some records relating to the management of the service were also reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure there were always safe recruitment procedures in place. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were safely recruited. This included the provider obtaining at least two satisfactory references and Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to meet the needs of people safely. This included staffing for people's commissioned one to one support. Staff and relatives felt there were enough staff, one relative told us "There always seems to be a member of staff in the day room and they are good at getting people to the toilet regularly and thinking of the residents."
- Staff spent time meeting people's emotional needs. One relative told us, "There is a good staff ratio and people talk to [relative]."
- The registered manager regularly assessed people's level of dependency. This information was inputted into a dependency tool which calculated safe staffing levels. Rota's showed staffing levels did not fall below the safe level.

Preventing and controlling infection

At our last inspection we recommended the manager review the requirements for PPE with staff and ensure staff were supported to understand current government guidelines. The provider had made improvements.

- We were assured that the provider was using PPE effectively and safely. Up to date PPE guidance was available for staff to help understand current government guidelines. Staff were observed to follow correct guidance in relation to PPE at this inspection.
- 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 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 was supporting people to receive visits in line with current government guidance. There were no restrictions on visitors to the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People told us they felt safe living at the service.
- The provider had an up to date safeguarding policy in place which was easily accessible for people and staff. Staff had also received training in safeguarding and understood how to recognise, and report concerns about abuse.
- Safeguarding referrals were made where required. The registered manager worked alongside the local authority to investigate any concerns, however completed their own internal investigations so immediate action could be taken to keep people safe. For example, additional training for staff was implemented after moving and handling concerns were raised.
- Lessons were learned when things went wrong. Accident and incidents were recorded in detail, including body maps of any injuries where required.
- All accidents and incidents were regularly reviewed, and a monthly analysis of all accidents and incidents was completed which allowed themes and trends to be identified so action could be taken to prevent reoccurrence. For example, one review had picked up on a change in a person's mood and created a follow-up action to liaise with their GP to review this.

Assessing risk, safety monitoring and management

- Risks to people were clearly identified and assessed. Since our last inspection the registered manager had updated all care plans to a new format. Staff had enough guidance to support people safely and told us this information was easy to access.
- Staff were observed to support people in line with the guidance in their care records, for example one person required different levels of moving and handling support depending on how they felt. Staff spoke with the person before transferring them to assess how much support was needed for them.
- Regular maintenance and safety checks were completed on the environment. People had clear and up to date personal emergency evacuation plans (PEEP) in place. PEEP's detail how to support someone safely in the event of an emergency.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Staff had good links with the GP and local pharmacy which helped to make sure people's medicines remained safe and effective.
- Where people were prescribed 'as required' medicine, detailed protocols were in place to support staff in understanding when to administer this medicine and how to monitor its effectiveness.
- Staff consulted with people around their medicine and met their preferences wherever possible. For example, nurses regularly checked in with people regarding any pain and if they needed pain relief medicine where appropriate. One person using the service preferred to have their topical cream applied at night-time, so staff facilitated this.
- Covert medicines were managed safely. Where people needed their medicines giving covertly, the service

worked with the GP and pharmacy to ensure these could be administered safely. Where people did not have capacity to consent to covert medicine, capacity assessments and best interest decisions were made.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff were supported to undertake training to enable them to fulfil the requirements of their role. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were suitably trained to carry out their role. Staff had completed training in line with the Care Certificate. The Care Certificate is a nationally agreed set of standards for staff working in health and social care.
- The provider had signed up with an accredited online training provider. Access to the online platform enabled the registered manager to have ongoing oversight of staff training compliance, meaning they could take swift action if training became expired.
- Staff told us they enjoyed the training, and felt the training gave them the skills and confidence to carry out their roles. One told us, "We have lots of refresher training."
- In addition to online training, face to face training was also provided for some topics. A senior care assistant had been trained to provide in-house moving and handling training. The registered manager told us they felt it was important to use a variety of training methods to support all learning styles.
- Staff received an appropriate induction when starting employment. They received ongoing support in their roles in the form of supervisions, and appraisals.

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.

At our last inspection we recommended the provider improve records relating to DoLS to ensure staff understood the related conditions and ensured they always worked within these. The provider had made improvements.

- Clear and up to date records relating to DoLS were maintained. Information regarding conditions on DoLS were kept within people's care files. Staff told us they knew where to find this information.
- The provider was working in accordance with the MCA. MCA and best interest decisions were completed. We reviewed documentation and found capacity assessments and best interest decisions were in place for people who required them.
- Staff had received training on understanding the MCA. Staff supported people to make their own choices wherever possible.

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

- Holistic assessments of people's needs and choices were completed. People's care plans and risk assessments detailed how they may wish to be supported on a good day, and a bad day.
- A pre-admission assessment was carried out prior to people's admission to the service. This assessment looked at people's support needs, but also what was important for the service to know about the person, such as their social history.
- The provider used a range of nationally recognised tools to assess people's needs. For example, a tool was used to assess people's skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.

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

- People had enough to eat and drink. People had a choice in what they wanted to eat and drink. The mealtime experience was relaxed, and people enjoyed their meals.
- Kitchen staff understood the dietary needs of people using the service. This included how to modify diets to ensure people were receiving their nutrition safely.
- Meals were of good quality and presented well. We received consistent positive feedback on the food at the service. One person told us, "The food is fabulous." Another said, "The food here is excellent and the chef here goes out of their way to help me." A relative said, "The meals look nutritious and appetising and [relative] is happy to eat them. The chef seems to cater for people's needs, soft diets and such and I have seen there is juice, crisps, fruit and snacks available in the lounge at all times and they have elevenses too."
- People's weight was regularly monitored and swift action was taken when people lost weight. For example, referring to dietician or fortifying their diets to increase calorie intake.

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

- People were supported to achieve good outcomes in relation to their health and wellbeing. For example, one person was being supported to move on to independent living. Staff were liaising with relevant professionals to support a smooth transition for the person. The person told us, "I am moving onto another place, a retirement complex near where I used to live. This place is supporting me to move there."

- The service referred to healthcare professionals in a timely manner. Healthcare professional recommendations were followed appropriately. One visiting professional told us, "[Person] would likely struggle in lots of other environments, but here there are no concerns. Staff accept any help that is offered and will make sense of it from the support workers to the nurse in charge. They try very hard with [people]."
- People and their relatives felt the service supported people to maintain good health. One relative told us, "Deputy will ring if there is a problem or if there is something we should know and there is a very good link with the GP and link Nurse. They rang me last week to let me know there was an abnormality in [relatives] blood and the way forward with it."

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

- The provider had considered the needs of people with dementia within the environment. For example, memorabilia was displayed around the home to promote a sense of familiarity and people had personalised bedrooms.
- People had access to specialist equipment where needed. Aids such as hoists, wheelchairs and sensor mats were well-maintained and easily accessible. One relative told us, "[Relative] has sensor mats and rails on their bed as they are prone to falling out, it lets staff know and they can get to [relative] quickly."
- People were able to enjoy a secure outdoor space. This was enjoyed by people and their visitors. One relative shared, "They have a great inner courtyard bit where they kept bunnies and the residents can feed the birds, its enclosed and safe for residents and they can be outside."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. Staff knew people well and provided support in line with their preferences. For example, when people became distressed staff knew how to re-direct and reassure people.
- The service considered the person's whole life, goals, skills and any protected equality characteristics. For example, we reviewed a personal history for one person which was written in conjunction with their family.

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.

- The service was meeting the Accessible Information Standard. The registered manager told us they were able to make service information in various accessible formats, such as large font or alternate languages, if requested. Some information around the service was seen to be in accessible formats, for example menus were in picture format.
- People's communication needs were assessed, and care plans provided clear information on the support people needed in relation to their communication. For example, one person's care plan explained how a person's communication may change depending on how they are feeling. It also guided staff on being aware of their body language and facial expressions.
- Staff understood how to meet people's communication needs. For example, guidance was available to support staff in communicating with someone with dementia, advising on using short clear sentences. Staff were observed to follow this guidance during their interactions with people.

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 had opportunities to take part in activities and events, this included both one to one and group activities. The provider had purchased an interactive table which was enjoyed by people.
- Activities and events had been planned in for the year, for various cultural celebrations such as Remembrance Day, Easter and Independence Day. Other plans included a valentine's day afternoon tea, celebrations for the king's coronation, singers and visits to the local garden centre.
- People were encouraged to maintain relationships with their loved ones. For example, two people living at the home were family members. Relatives told us, "My [other relative] is also at the home, when we visit

them both we find them in the lounge sitting together which is nice."

- Many relatives felt the service supported them to keep connected with people. One told us, "I get feedback from the home about how [relative] is doing and updates about activities and how they had been joining in with the choir singers." Another said, "We get involved with the events and bake cakes or make Christmas decorations."

Improving care quality in response to complaints or concerns

- Complaints were dealt with in line with the provider's policy. The registered manager had also introduced a 'niggles' book to encourage reporting of any smaller issues which needed raising.
- Whilst no-one we spoke with needed to make a complaint, they told us they were aware how to if needed. One relative told us, "We have never had any concerns or needed to make a complaint but would know who to go to if there was a problem."

End of life care and support

- People were supported to make decisions about their preferences for end of life care and these were recorded. Information about whether people wanted to be resuscitated, or if they would prefer not to be admitted to hospital if they became seriously unwell was also clearly documented.
- Staff had received palliative and end of life training. The registered manager had also signed up to support the service to achieve a local quality award in end of life care. This would support the service to learn more about how to deliver good end of life care and demonstrate their continuing professional development.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection we found the provider did not operate systems effectively to assess and monitor the quality of care. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager, or delegated leads, completed a range of monthly audits which supported oversight of key risk areas within the service. These then created action plans, which were monitored to ensure improvements were made where identified.
- Accidents and incidents were audited, and improvements had been made to ensure these audits helped to identify what the service could do prevent the same thing happening again. For example, refresher training for staff.
- The registered manager told us they met with delegated leads to discuss actions from any audits. This helped to ensure they had effective oversight of any current risks within the service. Audits and action plans were reviewed and signed off by the registered manager once completed.
- The provider and registered manager demonstrated a commitment to continuous learning. Since our last inspection, they had worked hard to make the necessary improvements and listened to feedback. One relative told us, "They did contact me after the last CQC inspection with a request for feedback and any suggestions on how the home could improve." An ongoing service improvement plan was in place to support ongoing improvements at the service.

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

- The service was well-led. The registered manager was dedicated to driving change at the service in order to improve the lives of people living there. People told us they liked living at Ridgeway Nursing Home.
- There was a positive culture within the service. The provider's statement of purpose stated their philosophy focused on supporting older people to feel valued and have a sense of belonging. Staff demonstrated an understanding of this philosophy when carrying out their roles.
- Staff placed people at the heart of what they did. We observed kind, caring and genuine relationships

between people and staff during our inspection. One member of staff told us, "I consider [people] as my family. I am enjoying it." Another said, " Good communication with a good team helps the residents a lot.

- Relatives provided positive feedback on the culture within the service. One told us, "The carers are angels, upbeat and seem happy." Another said, "The home is fantastic, and they spoil [relative] rotten, I have told them I am coming to stay for a few weeks so I can be looked after by them. The carers really care for [relative] and seem to love them very much. [Relative] is very happy and loves it there." One also said, "They made a good job of making [relative] feel welcome and they get the attention they need."

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 responsibilities under duty of candour. They apologised when things went wrong. Relatives told us they were informed when people had accidents or incidents.
- The provider understood their regulatory responsibilities to submit notifications to CQC when significant events occurred within the service.

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

- People, relatives and staff had opportunities to be engaged in the running of the service. For example, through regular meetings or surveys. Relatives felt able to raise suggestions with the service, one told us, "I have no concerns or problems and have found the home open to communication and available if and when I need to contact them."
- Feedback was encouraged and acted upon. A 'you said, we did' framework had been developed to show how feedback was being used to make changes at the service. One person had wanted support to go outside more, so this was facilitated.
- The activities co-ordinator ran a committee with relatives to get involved in upcoming events. One relative told us about it, saying "I am on the events committee so am quite involved, currently planning the summer garden party."
- Staff felt supported in their roles. Staff told us the registered manager was visible, approachable and listened to them. One told us, "We can approach [registered manager], they are here, that is the main thing. We feel safe with them". Another staff member said, "[Registered manager] will sit and talk to me and find a solution and they are very approachable." One said, "[Registered manager] understands that if I am asking for something, I need it, I am not asking for the sake of it."

Working in partnership with others

- The service worked collaboratively with a range of external stakeholders and agencies. This included the local authority, commissioners and health and social care professionals.
- Systems were in place to ensure effective sharing of information where appropriate. This helped to ensure people received the right care and treatment. One visiting professional told us, "Ridgeway communicate with us very well."