

Bupa Care Homes (HH Northumberland) Limited Ridley Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ridley Park is a nursing home for up to 59 people. Most people using the service were older adults. Some people were living with the experience of dementia. At the time of our inspection 57 people were living at the service.

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

People felt safe, and staff followed safeguarding procedures to protect people from harm. Staff had received safeguarding training. However, there was a safeguarding investigation currently underway which indicated there was a lapse in some staff following the providers safeguarding policies and procedures, including the previous registered manager.

Medicines were generally well managed. We have made a recommendation to enhance procedures. Quality assurance checks were in place, and we have recommended the medicines audits are also reviewed as part of the evaluation.

There were enough staff and they had been recruited safely.

Staff had not always felt supported by the previous registered manager. Staff and people's meetings had not always taken place as often as the provider required. Staff felt better supported by the current acting manager.

Risk assessments were in place to mitigate any harm to people. The service was well serviced and had emergency procedures in place should an untoward event occur.

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

The last rating for this service was outstanding (published 3 December 2021).

Why we inspected

We received concerns in relation to the management of medicines and safeguarding people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 to good based on the findings of this inspection.

Recommendations

We have made a recommendation in relation to medicines management.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Ridley Park

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.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ridley Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Ridley Park 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 not a registered manager in post. The previous registered manager had recently resigned, and the deputy manager was acting manager and overseeing the service until a new manager was recruited and an application to register was made.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we already held about 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 contacted the local authority safeguarding and commissioning teams, the local fire service, local infection control teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to support our planning process.

During the inspection

During the inspection we spoke with 9 people and observed numerous other people's interactions with staff. We spoke with 15 relatives or visitors in person or via telephone.

We gained feedback from 31 staff, including the acting manager, regional director, peripatetic manager, regional support manager, quality assurance manager, nurses, senior care, care, administration, kitchen, and maintenance staff.

We spoke with 2 district nurses during our visit and contacted the local GP and 4 other health care professionals to gain their feedback on the service.

During our visit we looked at 3 care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff support. We also viewed a variety of records relating to the management of the service, including policies and procedures.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed well. There had been some recent concerns regarding missed medicines brought to light and this was being investigated appropriately by the provider. No person had come to harm.
- Medicines documentation was reviewed and updated after feedback, including issues with 'as required' protocols and topical (creams/lotion) documentation.
- Staff had received training and had their medicine competencies checked.
- Thickeners used to help people with swallowing difficulties were not always stored securely. The provider was going to replace key operated locks with key coded locks to rectify this.

Systems and processes to safeguard people from the risk of abuse

- The provider had a robust safeguarding policy in place. There had been some recent concerns which had been reported to the relevant authorities and were currently being investigated.
- Staff had received safeguarding training and understood their roles and obligations in reporting safeguarding concerns. This was being further reviewed by the provider after recent concerns came to light.
- People and relatives told us they felt safe with current staff. Recent events had been discussed with families.

Assessing risk, safety monitoring and management

- Risk assessments formed part of the initial assessments process.
- Arrangements to deal with emergencies were in place. People had personal emergency evacuation plans which gave guidance to staff and the emergency services on the support people would require in the event of an evacuation.
- The environment was safe. The home was well maintained, and health and safety checks were up to date.

Staffing and recruitment

- Safe recruitment procedures were in place. Appropriate checks were undertaken, including requesting 2 references and conducting Disclosure and Barring Service (DBS) checks.
- There were enough staff to meet people's needs. One person said, "Yes I would say there are enough staff on the shifts." Agency staff were used at times due to shortages, including sickness or holiday, but the provider had a continuous recruitment drive in place to employ bank staff to fill any staff shortages.

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 was taking place in line with current government guidance.

Learning lessons when things go wrong

- The provider had systems in place to monitor care and learn lesson when things went wrong.
- Accidents and incidents were monitored and reviewed.

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.

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 outstanding. 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; Continuous learning and improving care

- The service had not been consistently well led.
- The acting manager and staff team had a clear understanding of roles and responsibilities. However, a safeguarding investigation was taking place which indicated some staff had not always acted in line with the providers policies and procedures, including the previous registered manager.
- Internal and external audits and quality assurance checks were in place to monitor the service being delivered. We found some issues in medicine's records which had not always been identified through quality monitoring. These were addressed immediately.

We recommend the provider further review medicine management procedures, including quality monitoring in line with best practice.

- The management team accepted our feedback and were going to put an action plan in place to address or enhance issues raised.
- Incidents reportable to the CQC and other authorities had been reported appropriately. However, this was being reviewed as part of the ongoing investigation.

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

- Staff were not always positive about the previous registered manager and their openness and transparency. A staff member said, "I know that staff brought issues to [registered manager] and she did nothing with it. [Acting manager] is great, at least staff are being listened to properly now and it's getting acted on straight away."
- Relatives were not always confident in the previous management team. When we asked relatives if they thought the home was well managed, one relative commented, "I didn't (think it was well managed) and it definitely deteriorated when [previous registered manager] was the manager, but it has improved since the new manager has come on board."
- People and the staff team were observed to have good relationships with each other. Staff were respectful and kind towards people, relatives, and each other. A relative said, "I find the care excellent in the home. The staff always know about [person] and their little quirks. We always get updates on [person's] care when we visit." We did receive some negative comments from relatives relating to recent safeguarding events and how upset relatives were these had occurred.

- The management team expressed a commitment to provide people with quality care and were very apologetic about recent concerns.

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

- The previous registered manager had not engaged with staff as well as they should have. This included having no general staff meetings for an extended period, which would have allowed care staff to share their views or concerns. Regular staff meetings had been planned by the acting manager.
- Meetings for people and their families had been limited. This was being addressed by the current management team.
- Staff had not always felt supported by the previous management team. Staff had not always felt engaged or listened to.

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 provider and acting manager were aware of their responsibilities to be open and honest when things went wrong, including providing an apology.

Working in partnership with others

- The service worked in partnership with other services and had good relationships with a variety of healthcare professionals. A visiting healthcare professional said, "There was a lady discharged from hospital and the staff pushed for a physio appointment" and, "This is one of the better homes we come to." Another healthcare professional said, "The staff who I have liaised with have been kind, caring and supportive towards the residents. Having a good knowledge of individuals."