

C.N.V. Limited

# Ridgeway Manor Residential Care Home

## Inspection report

Barrow Green Road  
Oxted  
Surrey  
RH8 9NE

Tel: 01883717055

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 13 October 2016 and was unannounced. This was a comprehensive inspection.

Ridgeway Manor Residential Care Home is a residential home providing support to older people, some of whom are living with dementia. The home is registered to provide care for up to 43 people. At the time of our inspection there were 26 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff present to safely meet people's needs. Staff had undergone checks to ensure that they were of good character to be working with people. Staff had appropriate training and support to meet the needs of people living at the home.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty.

People's medicines were stored and administered safely and staff worked alongside healthcare professionals to ensure that people's health needs were met. Staff responded quickly to changes in people's healthcare needs.

Accidents and incidents were recorded and measures were taken to prevent a recurrence. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. Staff understood their responsibilities in safeguarding people and knew what to do if they suspected abuse had occurred.

Systems were in place to keep people safe in the event of an emergency. A contingency plan was in place to ensure people's care could continue in the event of evacuation.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being consulted on food during meetings and reviews.

People lived in an inclusive atmosphere in which they had access to a range of meaningful activities and were involved in making decisions about their home. Staff provided care in a way that was personalised and caring.

Staff felt well supported by the registered manager and had input into how the home was run. Systems were in place to ensure care at the home was of a good quality. People's feedback was regularly sought and

complaints were responded to appropriately.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff deployed to meet people's needs.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Measures were in place to keep people safe in the event of emergencies and there was a contingency plan in place.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

Staff knew people's food preferences and people were offered choices appropriate to their dietary requirements.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and got

along with them.

There was an inclusive atmosphere at the home and people were involved in decisions about the home.

Staff provided care in a way that promoted their privacy and dignity.

### **Is the service responsive?**

People had access to a wide range of activities. People were involved in choosing what they wished to do.

Assessments and care plans were person centred and reflected people's needs.

Systems were in place to ensure people received regular reviews and staff could identify where people's needs had changed.

Complaints were responded to by the provider.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The registered manager created an open culture in which staff could be included in decisions about the home.

People's feedback was gathered and people were involved in important choices about their home.

Robust quality assurance measures were in place.

**Good** ●

# Ridgeway Manor Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 13 October 2016 and was unannounced.

The inspection team consisted of one 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to six people and two relatives. We spoke to the registered manager and three members of staff. We observed how staff cared for people and worked together. We read care plans for four people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits.

We also looked at minutes of meetings of staff and residents.

Our last inspection was in January 2014 where we identified no concerns.

## Is the service safe?

### Our findings

People told us that they felt safe. One person told us, "Yes, I feel safe because of the staff around keeping an eye on me." Another person told us, "Yes, people (staff) around me keep me safe." Another person said, "I feel absolutely safe."

There were sufficient staff present to meet people's care needs. One person told us, "I feel there is enough staff here. They always get to me when I need them." A relative told us, "There's a very good ratio." Staff numbers were calculated based on people's needs which were assessed and reviewed regularly. We observed that staff were able to take time to attend to people's needs. When people asked for help they were responded to quickly. Staff attended call bells within a very short time which showed that there were sufficient numbers to respond to people. People told us that staff were unhurried and patient, and they had time to talk to people. One staff member told us, "It's nice not to be rushed. We're all busy but there's always time to help people."

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I would speak to the senior or the manager. I'd also inform social services or CQC." Records showed training had been attended and refreshers given when required. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. At the time of our inspection, there had been no safeguarding incidents.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person had suffered two falls in a month. Staff updated the person's risk assessments and referred them to the local falls team. The falls team are a community healthcare service that support people who have suffered falls. The person was provided with walking aids and staff supervised all transfers. The person had not suffered any further falls since these measures were put in place.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Care records contained risk assessments and risk management plans to keep people safe. These were detailed and covered a number of risks people faced with details for staff on how to prevent harm. One person had a history of falling out of bed. In response to this staff placed a mat on the floor by the person's bed and they increased the frequency of checks on them at night. The person had suffered no falls since these measures

were put in place.

Peoples' medicines were managed and administered safely. Medicines records contained pictures of people and protocols were in place for PRN (as required) medicines, these were personalised plans instructing staff when to administer people with PRN medicines. Guidance from healthcare professionals was clearly documented and staff followed these. In their PIR, the provider told us that, 'All seniors have had medication training. Competency assessments have been carried out on the staff to ensure they remain up to date and confident when administering medication.' Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. Senior members of staff administered medicines to people to ensure that people received their medicines from staff with training and experience. We observed medicines being administered. Staff did this carefully and safely. Best practice was followed when medicines were signed off on the Medicine Administration Record (MAR) sheet after staff had administered them. Medicines were stored safely in locked cabinets or a medicines fridge where necessary.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required. Fire drills were carried out every three months and a monthly fire audits took place to ensure safety equipment was in place and working. The fire alarm system was tested weekly. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

## Is the service effective?

### Our findings

People told us that staff had the skills and knowledge to provide effective care. One person told us, "The staff are skilled enough for me." Another person said, "The staff take excellent care of me." Another person said, "The staff's skills are no problem for me."

Staff told us that they had completed mandatory training in areas such as safeguarding, health and safety and medicines management. Staff told us that the training was informative and supported them in their roles. One staff member told us, "I'm doing NVQ level 5. The training is good and I get refresher training. I did a course in dementia care that was helpful." NVQs are national Vocational Qualifications. The registered manager kept a record of training that staff had completed and a list of when training needed to be refreshed. Staff were up to date in all training modules. Staff told us that they received a thorough induction. A new staff member told us, "I shadowed other carers until I knew the routine and the people and was confident. I got lots of training before I started working on my own."

Staff told us that they received regular supervision and it was a good opportunity to discuss training. One staff member said, "They do regular supervision. Anything you want from training is sorted out." Records were kept of one to one supervisions and showed that staff had regular supervision. One staff member had asked about developing their knowledge of diabetes. The registered manager was arranging for visiting healthcare professionals to provide a session on this for staff. There were some gaps in supervisions and only two staff had received appraisals. However, staff told us that they had constant access to management and this was apparent during our inspection. Staff had daily handover meetings and told us they could speak to management regularly.

We recommend the registered provider ensures that staff have access to a regular appraisal in order to encourage career development and identify training opportunities.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work.

The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by the local authority. One person moved to the home and a mental capacity assessment established that they lacked the capacity to make the decision to have their care needs met there. A best interest decision was recorded with input from relatives, staff and healthcare professionals. The registered manager had submitted a DoLS application to the local authority.

People told us that they were happy with the food on offer. One person told us, "The food is really good and we get two roasts a week." Another person said, "The food is nice, I'm quite happy." Another person told us, "There's very good food and I can always ask for more if needed. Drinks are available constantly."

During our inspection we observed staff speaking to people before lunch to confirm their menu choices. People could choose from two choices each day. Where people did not wish to have either choice, the kitchen could prepare them something. Staff held a list of resident's favourite foods and food was discussed at residents meetings. People made suggestions and these were actioned by staff. People had requested home made scotch eggs and these had been introduced. Where people had requested a wider range of fruit on offer, staff had actioned this. The food served on the day of our inspection looked appetising and people all finished their meals. Staff offered people second helpings which some people took. People chose where they sat and there was a pleasant social environment in the dining area.

People had meals in line with their dietary requirements which were in their records. There were options on the menu for people with diabetes and softened or pureed food was served to those who needed it. One person had seen a speech and language therapist (SALT) who had recommended that they have a pureed diet in order to reduce the risk of choking. This was clear in their records with examples of foods that they could and could not eat. Staff were aware of this person's dietary needs and on the day of inspection they were served food that was suitable. Care records stated where people needed staff support with eating and during our inspection people who needed support got it from staff.

Staff worked alongside healthcare professionals to ensure that people's health needs were met. One person told us, "Our medical needs are met. If there's any problems they call the doctor in." One person was diabetic and received insulin injections. District nurses visited daily to administer these. Staff took blood sugar readings daily for one person and fed back to nurses when there had been any changes that they should be aware of. This was discussed at the person's reviews and their blood sugar readings were stable. Staff had also noted changes to this person's feet and they referred them to a chiropodist. People told us that they had access to a GP and where people had become ill staff had got them quick contact to healthcare.

## Is the service caring?

### Our findings

People told us that staff were caring. One person told us, "The staff are all really nice. (Staff member) is especially, the nicest person I've ever met." Another person said, "Very friendly. They're my friends and they're all lovely." A relative told us, "Staff are dedicated to (person), really caring." Another relative told us, "It's the staff that make it a fantastic place."

Staff interacted with people throughout the day in a way which demonstrated kindness and compassion. During an activity, one person was sat near the door where it was a bit cooler. Staff noticed this quickly and asked if the person wished to sit nearer the middle of the room. The person declined so the staff member got them a blanket and said, "I know you like the red blanket, let me get that for you." The person told us that the staff always supported them in a kind manner and they liked sitting away from the crowd.

People were supported by staff that knew them well. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. Staff were aware of the circumstances of people's admission to the home. Records contained information to ensure that staff got to know people's personalities and could provide support in a way that was sensitive to their needs. One person who was living with dementia's care plan stated, 'Requires a lot of reassurances and may ask the same question. Staff to answer with patience or to write answer on a piece of paper for (person).' Staff had an understanding of this person's communication needs when they spoke to us about them.

We noted that records did not all contain thorough life histories, but did cover basic information about people's backgrounds. However, staff still knew the people that they were supporting. One staff member told us, "We read the care plans, but I love talking to people. We'll talk about things when I'm doing their fingernails for example. We always chat to family too. There's some really interesting and talented people here." We observed staff joining in singing activities with people. A staff member knew the favourite songs of a number of people. Staff demonstrated a good understanding of people's needs throughout the day which evidenced that despite not having full written life stories, people were supported by regular staff who got to know them well. A relative told us, "There's constant staff here which is better, it's more personal."

People lived in an inclusive atmosphere. One person told us, "We are all a big family here, it's lovely." People and staff sat together in communal areas and chatted which created a warm homely atmosphere. People and staff took part in activities together which created a welcoming and inclusive environment for people. In their PIR, the provider told us, 'The activities organiser ensures birthdays are special. Presents, cards and birthday cakes are made, one resident recently had a cake made in a shape of a whiskey bottle, another (had) a handbag (made).' People told us that they valued these personal touches. People had input into important decisions around the home. Minutes of residents meetings showed that people could choose activities and these were added to the timetables. People could also have input into the menus. People had requested a greenhouse so that they would be able to grow vegetables and these could also be added to the menu. The registered manager had arranged this for people.

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "I'm happy to be here. I have privacy in my bedroom whenever I shut the door." Where people needed support with personal care, we observed staff handling this discreetly and sensitively. Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "I put a towel over their lap and always ensure doors and curtains are closed. Before I go into any room I always knock on the door." In a recent survey, all residents had answered to say that they felt their privacy was respected by staff.

People's cultural and spiritual needs were met. People were asked about their religion and culture when moving into the home and where people had needs these were met. One person's records stated, '(Person) attends fellowship at the local church which they enjoy.' Staff talked to us about this person's religious needs and daily notes confirmed that this person was able to continue practicing their religion whilst living at the home. A local church also visited the home regularly to provide people with a church service.

## Is the service responsive?

### Our findings

People told us that they enjoyed the activities at the home. One person told us, "I do reading, crosswords, quizzes and watch television." Another person said, "I always participate in activities." Another person told us, "I do enjoy the activities with my friends." A relative told us, "Sometimes I come in and there's piano music and singing. It's lovely."

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were on display in the home. There were games, quizzes, films, visits from entertainers and arts and crafts. Records contained information on people's interests and what types of activities they enjoyed and these were included in the timetable. One person's records stated, "(Person) will sing along to well known songs." We observed this person taking part in a singing activity. Activities that we observed during the day were well attended and people engaged and joined in. An entertainer came from outside which people told us that they looked forward to. There was a lively and warm atmosphere as people took part in a singing activity. Each person had their own activity plan which included group activities and things which they could do on their own such as reading. People gave feedback on activities and this was documented, where suggestions were made by people these were recorded and actioned. Some people had requested special activities such as apple bobbing for Halloween and staff had arranged this.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Assessments contained information on health needs, including information from healthcare professionals. This ensured a smooth transition of care for people coming to the home from their own homes or hospital. Assessments also covered people's interests and the circumstances by which they came to live at the home. One person's records detailed that they had been admitted hospital before coming to live at the home. It detailed the additional support that they would need whilst recovering from their time in hospital.

Care plans were personalised and information on what was important to people was clear. Records contained information on what support people needed from staff to meet their needs, as well as their preferences and daily routines. They contained information on what would improve people's wellbeing. Where people were less able to contribute to their care plans, staff observations of what worked for people ensured that they got the support they needed. One person's records stated, "Visits from the hairdresser have improved (person)'s self esteem." Records demonstrated that this person was having regular visits from the hairdresser. Information was clear and up to date and staff demonstrated a good understanding of people's needs.

People told us that they got regular reviews. One person said, "We sit and discuss things regularly." A relative told us, "(Person) has a care plan and we review it regularly." Records were up to date and reviews were recorded and any changes were documented. At one person's review staff and relatives had discussed that the person had been becoming more agitated. This prompted staff to contact healthcare professionals to look at changing their medicine.

People told us that they knew how to make a complaint. One person told us, "If I had to (complain) I could

easily just go and speak to them (staff) myself." Another person said, "I've never complained but you can just talk to them about things." The complaints policy was visible within the home. Staff told us that they would report complaints to the registered manager or senior staff. There had been no complaints at the time of our inspection and the registered manager was aware of their responsibility to respond to complaints.

## Is the service well-led?

### Our findings

People told us that they felt the home was well-led. One person told us, "The manager is here every day and we talk sometimes. I find them friendly." Another person said, "The home is well managed." A relative told us, "The management are what make the home so good." A staff member told us, "The office is always open. If you have a problem you can ask, the manager is friendly."

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. At a recent meeting a member of staff had identified that the medicines records were coming apart and needed to be reinforced. This had been actioned. Another member of staff had reminded staff that one person likes a hot drink before bed. This demonstrated that staff were comfortable in making suggestions or raising things in order to improve people's lives. The registered manager told us that they had an 'open door' policy. People came and went from the manager's office throughout the day and staff told us that they felt comfortable approaching management at any time.

People had opportunities to make suggestions and provide feedback on how the home was run. Regular residents meetings provided people with an opportunity to raise any concerns they had or to make suggestions. People used meetings to make a variety of suggestions, particularly around food, events and activities and staff responded to these by implementing people's requests. The registered manager sought the feedback of people and relatives annually and made a record of this to try to identify any further improvements that could be made. The most recent feedback was overwhelmingly positive, with one relative writing that staff were, "highly professional with an ability to balance difficult situations with touches of humour."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Audits covered areas such as food, medicines and care plans as well as the home environment and health and safety. The registered manager was in the process of arranging redecoration and modernisation in order to improve people's home environment. Bathrooms had recently been renewed and carpets replaced. This demonstrated a commitment to driving improvement at the home to improve people's lives.

Auditing systems played an important role in ensuring that people were kept safe. The registered manager had a system analyse accidents and incidents to identify patterns in order to keep people safe. Where patterns emerged then action was taken to keep people safe. For example, there was a regular falls audit that ensured that where people had fallen more than once this was identified and the registered manager could ensure action had been taken.

The registered manager understood the challenges facing the home and was taking proactive steps to address them. In their PIR, the registered manager told us, 'Increased work load is a concern of mine, very little time is spent on the floor with residents and staff.' The registered manager had found ways to minimise this concern. Staff were deployed to ensure that people who required one to one care had it whilst staff had

time to spend with other people. Senior staff looked after medicines which meant other staff members could concentrate on people's care needs. People and staff told us that staff had enough time to provide support to people and also to spend time together. This matched our observations on the day of inspection. Recruitment was another a challenge that the registered manager identified to us. The registered manager had found ways to improve this with support from local organisations as well as by considering practical support that might make commuting to work at the home easier for staff.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.