

The Governors of Ridgeway Home

Ridgeway Home

Inspection report

Ridgeway Home
88 Doods Road
Reigate
Surrey
RH2 0NR

Tel: 01737242926
Website: www.ridgewayhome.org.uk






Date of inspection visit:
04 October 2017

Date of publication:
27 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Ridgegate Home is a care home that provides accommodation and support for up to 25 people with a variety of physical conditions, disabilities and long term conditions. At the time of our inspection 20 people were living in the home and other people used the home as a day centre.

This inspection took place on 4 October 2017 and was unannounced.

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 and associated Regulations about how the service is run. The registered manager helped us during our inspection.

We carried out this inspection because during our inspection in July 2015 we made a recommendation to the registered provider in relation to making decisions in line with the Mental Capacity Act (2005). We found at this inspection some improvement had been made in this area, but further work needed to be done. We also identified at this inspection some other shortfalls in the service.

People who were unable to make their own decisions did not always have the necessary processes carried out to help ensure that any decisions made for them were made in their best interest. Although people received the care that they required in the way that they required it records in relation to people's care were not always up to date, contained incorrect information and lacked guidance for staff in relation to people's care.

People's medicines were provided to them when they needed them, however practices in relation to medicines records and storage required improvement.

Although quality assurance audits were carried out by staff and the registered manager they did not always identify shortfalls within the service.

People were cared for by staff who showed them kindness and attention. People were supported to be independent, make their own decisions and choices and have privacy if they wished it. There was a close, friendly atmosphere within the home. Relatives and visitors were greeted warmly by staff and they only had good feedback for us in relation to the care their family members were receiving.

People were offered choice in what they ate and staff were aware of people's individual dietary requirements. People could choose where they had their meal but staff encouraged people to eat together to help people to socialise. People told us they could have the care they wished, but still retain a sense of caring for themselves. People lived in an environment that was cosy and their rooms were personalised to their individual tastes.

People could take part in activities if they wished and staff actively encouraged this. Those who preferred to stay in their room told us that staff popped in and chatted to them and they did not feel lonely or isolated.

People were supported to remain healthy and some people had been enabled to regain their health and mobility. When people's health deteriorated or changed, staff ensured they had involvement from appropriate health care professionals.

People were cared for by staff who had access to relevant training and told us they felt supported and met with their line manager on a regular basis. We found the registered manager had a good working relationship between them and staff.

People and staff told us there were sufficient staff to care for people and we did not see people having to wait for their care on the day. Staff were aware of their role in keeping people safe so they would not be at risk of harm, either by an accident or from abuse. People told us they felt safe. Recruitment processes were in place to help ensure that there were only suitable staff working at the service.

Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency. Individual fire information was available should the emergency services require it.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made one recommendation to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People received the medicines they required. However, the practices in relation to medicines records and storage required improvement.

People's individual risks had been identified and where people had accidents staff took action to help prevent re-occurrence.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked at the service.

Staff knew what to do should they suspect abuse was taking place. People told us they felt safe living at Ridgeway Home.

In the event of an emergency people's care would continue with the least disruption.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always follow the legal processes in relation to the Mental Capacity Act (2005).

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate and people's dietary requirements were recognised.

People had access to healthcare professionals to support them to regain their full health.

Is the service caring?

Good ●

The service was very caring.

People were supported to make their own decisions and they told us they were cared for by kind, caring staff.

People's privacy was respected by staff.

People were encouraged to be independent and maintained relationships with people close to them.

Is the service responsive?

Good ●

The service was responsive

People had opportunities to socialise with other people and participate in activities if they chose to.

Staff responded well to people's needs and knew people's care needs well.

Complaint procedures were available for people and complaints were investigated.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance checks were completed by staff and the registered manager, however these did not always identify shortfalls within the service.

Care records relating to people were disorganised, not always accurate, reviewed often enough or contain sufficient information for staff.

People and staff were encouraged to be involved in the service and give feedback on the care.

Staff felt supported and valued by senior management and told us the culture within the staff team was good.

Ridgegate 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 was 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 was an unannounced inspection that took place on 4 October 2017. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has experiencing of caring for a family member or friend living in this type of service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider had previously submitted to us their 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.

During the inspection we spoke with eight people, four relatives and two visitors. We also spoke with the registered manager, the office manager, the head of care, the chef and seven care staff. Following the inspection we received feedback from one healthcare professional.

As part of the inspection we looked at a range of records about people's care and how the service was managed. We looked at nine care plans, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at five staff recruitment files.

Is the service safe?

Our findings

People received the medicines they required, however the record keeping relating to medicines required improvement. We found that each person had a Medicines Administration Record (MAR). This contained their picture for identification, however only some of the pictures were dated. Attaching a current photograph of the person to the MAR chart helps avoid the wrong person being given medicines. As people's appearance may change it is important that the photo is dated. We also found that some people who required PRN (as needed) medicines did not have a protocol in place. This is important as it can give information to staff on how a person may display they are in pain, what medicines can be given for it and the maximum amount they can have over a timed period. Furthermore, where hand written entries had been made on the MARs these had not been double-signed to help ensure that the prescription information had been correctly written by the member of staff.

There was a risk that people's medicines were not stored in the most appropriate way. We found that staff were not routinely checking the temperature in which the medicines were stored. The medicines trolley was placed in a small room/cupboard, but there was no thermometer either in the trolley or the room for staff to ensure the medicines were stored appropriately. We also found that the temperature of the fridge where some medicines were being stored was not checked. We were told by a senior staff member that this was because there was problem with the thermometer. The senior staff member told us that they had not been checking the temperature for over a month. However, when we spoke with the registered manager about this they were unaware there was a problem. We found a bottle of eye drops in the fridge which stated on the box, 'do not refrigerate'. We asked staff about this and they were unable to give us a satisfactory explanation as to why they were there. We found the fridge unlocked in an unlocked room. This meant there was a risk that people could have access to medicines that were not for them.

The lack of good practices in relation to the management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other practices in relation to medicines was good. We watched staff administer medicines. They checked the medicines they were dispensing to check they were in line with the person's MAR. They told people that they had brought their medicines, watched them take them and did not sign a person's MAR until they had seen that they had. The person administering the medicines wore a tabard to help ensure they were not disturbed during this time.

Where people had accidents these were recorded with good detail of the incident, together with any actions taken by staff. The registered manager audited the number of falls that occurred in the home to look for trends.

People told us they felt very safe with staff who attended to them. One person said, "Very safe. Too safe probably, when I first arrived I was quite frail and the staff followed me everywhere." Another said, "The place is brilliant – very safe." A visitor told us, "I feel she is safe because of how I know the staff. They are always kind, always smiling and I have never seen anyone being unkind."

People were helped to stay safe because staff understood people's individual risks. We observed people using mobility aids when walking around the service. Where people could not mobilise we saw staff use hoisting equipment competently and talking to people all the time about what they were doing. One person was at risk of pressure sores and we saw they sat on a pressure cushion when in the lounge. Some parts of the home had different floor levels and we saw that the floor had been made into a ramp for ease of access for people. One person smoked and we saw a risk assessment had been drawn up in relation to this. The person had also been provided with a smoking apron to help reduce the risk of them receiving a burn. A relative told us they felt staff kept people safe. They said their family member had not had one fall since moving into the home, despite having several just prior to this.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. We saw that staff had a policy in relation to safeguarding and whistleblowing and staff had received training. Staff were able to give us examples of what may constitute a safeguarding concern and what they would do about it. One staff member told us, "People can be mentally or physically harmed such as someone using poor moving and handling techniques. We have a policy to report it to a senior or the head of care. If they didn't do anything we'd escalate it." Another staff member said, "I've never seen anything bad happen. I would not tolerate it if I did." A third staff member told us, "If it was a member of staff I would whistleblow. We have a policy."

People were cared for by a sufficient number of staff. We saw staff were busy during the morning but we did not see anyone waiting for their care. Staff were very attentive to people and assisted them promptly when they needed it. People told us they did not wait for assistance. A person said, "I see staff going by all the time. I only have to stop them and they come in. If I ring the bell they come straight away." Another said, "As far as I'm concerned staffing is fine." A relative told us, "There is always someone floating around." A staff member told us, "There are enough staff most of the time. We are encouraged to spend time with people on a one to one or in a group." We found this to be the case during the day. Another said, "It's good and the seniors and management will help too." A third told us, "The mornings are okay. People here are more mobile and do things for themselves. They are quite independent."

People were protected from being cared for by unsuitable staff because the registered provider carried out appropriate checks to help ensure they employed only suitable people to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. A staff member confirmed they had to provide references and have a DBS check done before they started working alone.

People's information in relation to the assistance they would require in the event of an evacuation was kept in a 'grab' folder for easy access for the emergency services. We read that staff had noted whether people required assistance to leave the premises. The registered manager told us this information was updated weekly to help ensure it was accurate. We saw that fire extinguishers had been checked routinely, together with smoke alarms, emergency lighting and that fire drills were carried out. Should the home be unlivable in staff had arrangements in place to ring nearby care homes.

Is the service effective?

Our findings

At our inspection in July 2015 we found that staff had not been following the principles of the Mental Capacity Act (MCA) 2005. This was because people's capacity had not been assessed when specific decisions were being made. We found at this inspection some improvement had been made.

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 found the registered manager had submitted one DoLS application in relation to a person not being able to leave the home without being accompanied, which was a deprivation of their liberty. However, we found that the registered manager had not undertaken a mental capacity assessment on this person for this decision. They had also not held a best interest discussion with people involved in this person's care to help ensure that this was the least restrictive option for this person. Another person was recorded as having 'dementia' but there were no mental capacity assessments in relation to their care plan. A third person was being given their medicines covertly (disguised in food). Although we found that this had been authorised by their GP, there was no mental capacity assessment or best interest discussion around this. We discussed this with the registered manager at the inspection who told us they had been advised that one 'overarching' MCA was all that was necessary in order to meet the requirements of the Act. They said they had not understood that decision-specific MCAs were necessary and as such had not carried these out. However, we found staff had a good understanding of the MCA. One staff member told us, "It's about whether someone has capacity to make their own decisions. There is one person who doesn't have capacity. Everyone else has capacity make day to day decisions."

We recommend the registered provider revisits the code of practice in relation to the Mental Capacity Act (2005) to ensure they are complying with the Act.

We found where people were in control of their own medicines, they had signed their consent to say they were happy to do this. A relative told us, "She is always being encouraged to make her own decisions."

People received care from staff who had access to relevant training. One person said, "Some staff are trained well enough." The registered manager told us that staff were up to date with their training. They told us they had transferred over to a new training provider and an overarching training report could not be printed out at present. The registered manager told us that as of the beginning of this year staff were working through refresher modules in all areas and compliance with completion was being monitored by them and a senior staff member. We found however that staff appeared competent and well training. Staff demonstrated they were able to use hoisting equipment in a competent manner and staff who were

dispensing and administering medicines was able to describe to us the process they followed should someone refuse their medicines. When speaking to staff they demonstrated a good knowledge about all aspects of the care being provided. Staff confirmed they had undertaken training. One told us, "I have done on-line training. I have done medicines and fire training." Another said, "I had training on the first day."

Staff received an induction and regular supervisions. A staff member told us (about their induction), "I was given loads of information. I did two week shadowing whilst I was waiting for my (recruitment) paperwork to come through." Another said, "I shadowed for a few days, earlies and lates. I was going round and seeing residents, looking at care plans." One staff member told us, "I've had an appraisal and I have supervisions six to eight weekly. They're good. I get feedback and I can raise concerns, etc." Another said, "The head of care does supervision about every six weeks. We talk about how carers are feeling, do they have any problems. A general chat to see if they are happy."

People were very positive about the food they were provided with. One person said, "The food is brilliant, I eat everything that they put in front of me." Another said, "I like the food and yes, I have enough. There is always plenty to drink." A third told us, "Sherry comes around on Wednesday and Friday and wine with dinner on Sunday."

People were given a choice of foods and staff were aware of people's likes, dislikes and dietary requirements. The chef told us they knew people's individual preferences. People were weighed monthly and in the case of one person who had lost weight (from a hospital stay), the chef told us they were being provided with cream in their food wherever possible to help them to put on weight. This person was also on a food and fluid chart to help ensure they were eating and drinking sufficient amounts. A visitor told us, "She is Type 2 diabetic, but staff have that under control now." A relative said, "The food here is lovely. Mum doesn't eat much, but they (staff) do their best to encourage her."

People were able to choose where they ate their meals. We saw the dining area was set out nicely and people were encouraged to eat together at lunch time in order to socialise. There was a good atmosphere in the room as people ate their lunch. Staff were attentive and were at hand to support people as they required it. One person had been provided with specially adapted cutlery in order to help them to eat independently. Two other people had plates with lipped edges to allow them to do the same. Some people on the day of the inspection had asked to eat their lunch in their room. We saw staff respected this. Those people were provided with their meals at the same time as those eating in the dining room.

People were supported to regain and maintain good health as staff provided responsive care and ensured people had access to health care professionals when they needed it. We saw that one person had lost weight and a referral had been made to the dietician to provide guidance for staff to help this person. Another person had been referred to an optician and further people had received input from professionals such as a physiotherapist or district nurse. The GP visited the home regularly. One person had moved to the home from hospital and their mobility was very poor. However we were told, and we saw, that they were now walking around the home with the use of a zimmer frame. A relative told us, "Doctors are always called if staff are concerned." A visitor said, "The GP came recently and did a review of her medicines." A health professional told us, "The home is not a high caller of the ambulance service (as appropriate care was being delivered) and as such they keep their residents out of hospital where possible."

Is the service caring?

Our findings

People told us they received care from kind staff. One person said, "It's been brilliant here. I have nothing to complain about." Another said, "10 out of 10 – brilliant."

Relatives were also pleased with the care shown to their family member. One relative said, "They are extremely caring and very kind. It's the little things – when I'm returning mum in the evening they would have put her bedside lights on and turned her bed down making her room look very cosy and welcoming." Another told us, "Staff are always cheerful. It makes me happy knowing she's well cared for."

People were cared for by staff who promoted their privacy and dignity. We heard staff knock on people's doors before entering and we saw that people could return to their rooms or sit in quieter areas of the home if they wished. One person liked to watch a particular programme each morning on their television and there was a sign on their door asking staff not to disturb them during this period. When one person was being transferred from a wheelchair to an armchair we saw staff did this in a way that was dignified for the person. One person told us staff had made changes to their room to enable them to be comfortable and have an accessible toilet and place to wash with privacy. A relative told us, "They make an effort with how she looks, which was always important to mum. They take extra special care."

People lived in an environment that was personalised to them. Each person's room was individual and contained their own belongings and furnishings. Some people had additional spaces that allowed them to have a small 'lounge' area to sit in. One person told us about the pictures on their wall and said they felt happy in their room surrounded by things they liked to look at.

People were supported in their independence and could make their own decisions. We saw people moving around the home during the day and regularly going in the lift to upper floors or to the garden area. When one person came into the lounge in the morning staff asked them if they would like some water, they then gave them a choice of cold or room temperature water and we heard the person choose. One person said, "Staff supported my recovery but now I can do everything for myself."

People were impressed with the care they received and their needs were met in relation to their beliefs. One told us, "You can't fault it. Not at all." Another said, "I get on with them (staff) fine." We found religious services were held regularly in the home. People told us this was important to them. One person said, "I am able to go to church occasionally."

People lived in a friendly environment where staff spent time with people. During the day we heard staff and people chatting and laughing. There was a good atmosphere within the home. One which demonstrated people were comfortable in staff company and staff knew people well. We heard staff chatting to people about their family members and what they did for a job. It was one person's birthday on the day of the inspection and we saw they had a lot of visitors throughout the day. During the afternoon staff gathered together to sing them 'Happy Birthday' and give them a cake. The cake was shared out amongst everyone with their cup of tea. One person told us, "You can hide many things, but you can't hide an atmosphere."

People were cared for by staff who were attentive and showed care towards people. Staff spoke to people in a calm manner showing concern about them. We heard a staff member chat quietly to one person whilst stroking their hand. They sat at the persons level and faced them showing that they were interested in what they had to say. Another staff member came on duty during the afternoon and went around the room saying hello to everyone individually and checking they were okay. One person was returning to their chair whilst chatting to a staff member. We heard the staff member say, "There you go, turn around until you feel the chair on the back of your legs. You're doing well. Don't worry I've got my hand on your back." A relative told us, "I feel they understand mum very well." Another said, "The turnaround in him is quite remarkable and that's down to the care." A health professional told us, "The manager and her team care about their residents, with an extended family ethos within the home which you can sense when you visit."

People maintained relationships that meant something to them. One person told us, "I go out with friends and have Sunday lunch out with my family." We saw several visitors come into the home during the day and each time they were greeted warmly by staff. A visitor told us, "I always get a warm welcome." A relative said, "Another excellent sign is you don't have to warn them that you're coming and you can go wherever you like (within the home)." Another said, "We have the use of the garden room when we're here as a large group."

Is the service responsive?

Our findings

Complaints received by the registered manager were used as an opportunity to make improvements to the service. There was a complaints procedure available for people. This gave information to people on how to make a complaint. We read four complaints had been received by the registered manager since our last inspection. We saw that the registered manager had responded to the complaint in an appropriate way. Such as one regarding communication between staff and a relative. We read that the registered manager had met with the relative to discuss this through. People and relative's told us they would know how to complain. One said, "Oh yes, I would talk to the care manager." Another told us, "I would go straight to the top, but I would like to say I've never had the need in the two years that mum's been here (to complain)." We saw compliments had been received by the registered manager. One read, 'I am writing to thank each and every one of you for the wonderful care you gave my brother'.

People had access to activities should they wish them and staff recognised people's interests. One person told us, "I've always liked art but not really done much for years, but they (staff) have encouraged me since I've been here and I'm really enjoying it." Another told us, "If it happens to be something I'm interested in then I will join in." A third said, "They (staff) go to all the trouble of decorating for the various special days." Some people told us they preferred to spend time in their room but that staff would always tell them what was going on in relation to activities and encourage them to participate. One person said they went to the lounge area for some of the activities but were happy in their room reading or watching the television. They said staff went by all the time and came in for a chat which meant they did not feel lonely or isolated. A visitor told us, "Staff are always popping in and out to chat." A relative said, "We always liaise with staff re special days, for instance birthdays because they always do something." During the afternoon staff sat with several people for a game of bingo. People were fully engaged and there was a lot of laughter followed by cheers and clapping for the winner. One person was hard of hearing and the staff member had drawn out the numbers on paper to hold up for them when they could not hear what number had been called. Other activities included themed evenings/meals, quizzes, discussions on daily events, music and movement. A visitor said, "They (staff) do their best and try and encourage and include people."

People had a pre-admission assessment carried out with them prior to moving in to Ridgeway Home. This helped ensure that the home would be a suitable place for a person to live. The pre-admission assessment formed the basis of their care plan.

People's care records included information in relation to people's mobility, nutrition, medication, risks and emotional needs. We found people received responsive care. We read in one person's care plan how they used a zimmer frame when first discharged from hospital to the home, however with staff support they had gained strength and were now able to walk using one stick. This same person had come to the home having lost weight whilst in hospital. Their care plan stated, 'regular meals rich in protein'. We saw that this person had gained weight. They told us they felt their improvement was partially down to the help they had received from staff. Another person's care plan had recorded the type of television programmes they liked to watch and that they liked to participate in quizzes. Their records showed their needs had changed over a period of time and reviews had been carried out which had resulted in updated care plans to reflect the

additional care they now required from staff. A third person displayed some aggressive behaviours, particularly during personal care and as such their care plan showed that 'two staff' should support this person during this time. A staff member told us, "We have a communications book. If there are changes to people's needs it will be written in here, we are also told and we would check the care plans."

Is the service well-led?

Our findings

Records relating to people were not always accurate, up to date or had guidance in place for staff. Although we found that people received the care they required, the records did not always reflect this. One person had advice in their care plan from a consultant surrounding their fluid and food intake, however this was not mentioned in their hydration care plan. This same person has reference to 'verbal aggression' in their daily notes, but there was no further detail about this. The manager told us one person had pressure sores however we found no reference to this in their care plan. We did note however that care in relation to this person's pressure sores was well managed. Another person's care plan referred to them mobilising with a zimmer frame, however this was not the case as they were unable to mobilise at all. Their care plan also referred to them feeling 'lonely and miserable', but there was no further information about this and how staff could support them, although when we spoke with the person we heard that staff spent a lot of time with them. Furthermore, records stated 'eats unaided' however this person now required assistance. A further person had been discharged from hospital in September 2017 with a pressure sore, but their care plan had not been reviewed since August 2017 and as such there was no care plan in place for this. Although we did find that they were receiving appropriate care. A fourth person spent a night in hospital with a suspected fracture. However, their notes for that evening record, 'had a restful night and was assisted to wash and dress and had tea in the lounge'. This was incorrect as they had not been at the home that night.

Quality assurance audits took place however these did not always identify shortfalls. For example, an audit of the first aid boxes had been carried out during the morning. This had not identified any concerns. However we found that both boxes contained out of date dressings. An audit also took place in relation to infection control and cleanliness. This was recorded in two ways – as a cleaner's checklist and as a monthly audit carried out by the registered manager. We noted that the cleaner's checklist had been marked to show the sluice room was clean and tidy and that the audit recorded the same. However, we found the sluice room sink was dirty and we found mop heads lying face down on the floor and the room was generally untidy. The registered manager showed us by the end of the inspection that both of these concerns had been addressed. We also found that the sink in the room which contained the medicines trolley was not working, despite a recent audit stating, 'hand washing facilities available'. A senior staff member told us the taps did not work, however the registered manager said it was leaking and due to be changed. This same audit had recorded, 'medication is stored correctly' which was not the case as temperatures were not being recorded. This demonstrated that although audits were being carried out they were ineffective.

We also found that records in relation to people were kept in a cabinet in an unlocked room. Records contained information going back many years and as such were bulky and not always easy to read. Information was stapled onto pages in the care plan but in order to read all of the information the staples would have to be removed. We spoke with the registered manager about this at the end of our inspection who told us they recognised that work was needed on people's records.

The lack of good governance is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits and routine maintenance took place to help ensure the service provided was of a good quality. We saw a maintenance book where staff could write down any repairs or messages for the maintenance person. We noted these were ticked off when completed. The maintenance person also carried out routine health and safety checks, such as water temperatures, window restrictors, carpets, curtains and external pathways. Profile beds were checked monthly and food and fluid charts were audited by a senior staff member. This staff member also carried out routine observations on staff as well as checking medicines for those people who were self-medicating. A fire risk assessment completed in 2016 identified some areas that needed addressing and the registered manager confirmed these had been completed. Such as removing a mattress that was near the boiler room and making changes to the fire escape ramp from the garden room.

People felt the service was well managed and stated that there was a very strong staff team. One person said, "All the staff mix well and do a wonderful job. They work so well together." Another said, "10 out of 10 – the manager is brilliant, she's always got time." A third told us, "The manager and head of care are really on the ball." A visitor said, "[Name] is very calm." A relative told us, "The communication is very good."

The registered manager was proactive in finding ways to improve the service. They were receiving support from Skills for Care through mentoring sessions in order to improve in record keeping and general staff practices. They were a member of the Surrey Care Association to meet with and share ideas from peers. They also had input from the community matron who was helping to educate staff when to appropriately call the emergency services. The Surrey infection control lead had asked services if they would like to be involved in an infection control audit and the registered manager had put Ridgeway Home forward for this. A health professional told us, "The manager engages with our service, proactively contacts us for advice, attends our forums, training events and takes part in local care home projects/initiatives."

People were encouraged to give their feedback and suggestions and people told us there was a clear communication pathway. People said they received weekly timetables of activities, a regular newsletter and the opportunity to feedback to management. People were asked for their views about the service as part of quarterly residents meetings. The chef also consulted with people with regards to the food at these meetings. We found that as it was a small home with a consistent staff base, staff were speaking to people all the time and listening to them. We read during the meeting in March 2017 people were reminded of the complaints policy, they discussed staffing, activities and the food. One person told us, "Yes, I attend the residents' meetings."

Yearly surveys were carried out and we looked at the feedback from the 2016 survey. We noted people had asked what a keyworker was. We saw that this was discussed at the next residents meeting and a full explanation given. One person said, "I've completed feedback questionnaires."

Staff felt supported and enjoyed working in the home. One staff member told us, "Yes, it's lovely (working here)." Another said, "I feel supported and valued. I am told when I do a good job." A third told us, "Management are very supportive. They have helped me with my job role."

Staff were encouraged to get involved in the running of the service as regular staff meetings were held. The registered manager told us they had weekly management meetings with all of their line managers and quarterly meetings with the Trustees and Governors. They also said that members of the Board visit the home, its residents and staff frequently and often weekly. In turn the registered manager was working with staff to support them to take responsibility for their actions. We noted staff meetings discussed topics such as proper completion of accident forms. The recent management meeting had looked at the individual needs of people, such as one person who needed new curtains, medicines, training, supervisions, complaints and any other relevant aspects of the home such as the general upkeep. In addition night staff

meetings took place. The registered manager submitted a monthly report to the Governors. A staff member told us, "We are always given the opportunity to speak up (at staff meetings)."

The culture and communication within the staff team was good. We observed staff working in a competent and organised manner. Staff consulted with each other to make sure all of the tasks were completed. There was a good rapport between staff and it was evident they enjoyed working together. A staff member told us, "There is good team work." Another said, "The staff are very nice. We support and help each other. I'm very happy here."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured good medicines management procedures within the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance within the home.