

Abbeyfield Wey Valley Society Limited

Ridgway Court

Inspection report

48-50 Ridgway Road
Farnham
Surrey
GU9 8NW

Tel: 01252715921

Website: www.abbeyfieldweyvalleysociety.co.uk

Date of inspection visit:
01 November 2017

Date of publication:
14 December 2017

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 1 November 2017 and was unannounced.

Ridgeway Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ridgeway Court is a home that provides accommodation and personal care for up to 16 people in one adapted building. At the time of our inspection there were 16 people living at the service.

There was a registered manager in post who was present during the inspection. 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.

At our last inspection in August 2015 we found support was not always provided in a consistent way for a person with a specific medical condition. We asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Effective' to at least good. At this inspection we found the action plan had been implemented and improvements had been made and people's health care needs were regularly monitored.

Staff were aware of their responsibilities in keeping people safe. Safeguarding procedures were in place and staff demonstrated a good knowledge of these. Risk assessments were in place and control measures implemented to ensure people received safe care. When accident and incidents occurred these were reported and action taken to minimise the risk of them happening again. The provider had developed a contingency plan to ensure people would continue to receive their care in the event of an emergency. Regular health and safety and infection control audits were completed and people lived in a clean and homely environment. Recruitment checks were completed prior to staff starting work to ensure they were of suitable character.

People had access to healthcare professionals and were supported to attend appointments where required. Safe medicines practices were in place and people received their medicines in line with prescription guidelines. People were enabled to be in control of their own medicines where appropriate.

Sufficient, skilled staff were available and people did not have to wait for their care to be provided. Staff had time to spend with people socially and call bells were responded to in a timely manner. Staff received an induction when starting at the service which included a period of shadowing more experienced staff members. Staff competency in carrying out their role was regularly assessed. On-going training was provided to staff which included training relating to people's specific needs. Staff told us they felt supported although we found that staff supervisions were not completed in line with the provider's policy. We have

made a recommendation regarding this.

People were enabled to exercise choice and control in their day to day lives and their legal rights were protected. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 and relevant procedures were followed. People were provided with a choice of nutritious meals and their individual preferences were known to staff. Where people required support to eat this was provided in a respectful manner.

There was a calm and homely atmosphere and people told us that staff treated them with kindness. We observed staff supporting people in a caring and respectful manner. People's dignity and privacy was respected by staff and their independence was promoted. Visitors were made to feel welcome and there were no restrictions on the times relatives and friends could visit.

People's needs were assessed prior to them moving in to the service to ensure they could be met. Detailed care plans were developed with people which gave clear guidance to staff. Care plans were regularly reviewed and any changes to people's care was communicated to staff. There was a range of activities available and people were involved in planning the activity programme. Regular outings to places of interest were planned and supported by staff, volunteers and trustees.

There was a strong leadership presence in the service. Trustees visited the service often and were involved in the quality monitoring process. The registered manager, deputy manager and chief executive spent time speaking to people and staff and clearly knew the well. A positive culture had been developed and staff were aware of the vision and core values of the organisation. People, relatives and staff were given the opportunity to be involved in the development of the service through regular meetings and surveys. There was a complaints policy in place and any concerns or suggestions were acted upon by the management team. Records were securely stored and managed.

This was the first inspection of the service since a change in legal entity.

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.

Risks to people's safety and wellbeing were assessed with guidance for staff about how to minimise them.

Staff were knowledgeable about their responsibilities to safeguard people from potential abuse.

Sufficient skilled staff were deployed to support people safely.

Robust recruitment systems were in place to ensure staff employed were suitable to work in the service.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff felt supported in their roles although formal supervisions were not completed in line with the provider's policy. We have made a recommendation regarding this.

Staff received training in their role and their competency was regularly assessed.

People were provided with a choice of nutritious food.

People's health care needs were met and relevant health care professionals were involved in people's care.

People's legal rights were protected as staff worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who knew them well.

People's dignity and privacy was respected and their

independence promoted.

The atmosphere in the home was relaxed and welcoming.

There were no restrictions on the times relatives could visit.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them moving into to the service and comprehensive care plans completed.

A varied activity programme was available which catered for people's individual hobbies and preferences.

There was a complaints policy in place and concerns raised were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

There was a strong leadership presence in the service and a positive culture was promoted.

People were involved in the running of the service and the provider showed a commitment to improve the service for people.

Records were organised and securely stored.

Ridgway Court

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 checked 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 1 November 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person 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 with six people who lived at the service and observed the care and support provided to them. We spoke with two relatives during the inspection and contacted a further two relatives by phone following the inspection. In addition we spoke with a visiting healthcare professional, six staff members, the registered manager, deputy manager, chief executive and a board member. We also reviewed a variety of documents which included the care plans for six people, four staff files, medicines records and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Ridgway Court. One person told us, "Yes, I feel very safe. Staff are certainly not aggressive to residents." Another person told us, "I do feel very safe." One relative told us, "She has the alarm pendant around her neck and a staff member always comes up and takes her downstairs." Another relative said, "She's never complained about bad treatment or ill treatment at all to us."

Systems were in place to safeguard people from abuse. The provider had developed a safeguarding policy which gave guidance to staff on reporting concerns. All staff had received regular safeguarding training and were able to describe the different types of abuse, signs which may indicate concerns and reporting procedures. One staff member told us, "We spend so much time with people we'd know if there was a problem and would report to the deputy or the manager straight away." Another staff member told us, "You could ring social services if you felt someone was bullying a resident." We observed that safeguarding information was displayed prominently in the service. Regular reminders of safeguarding and whistle-blowing procedures were provided to staff during 'Hot Topic' discussions at handover meetings. People were provided with leaflets regarding safeguarding which highlighted how concerns could be reported.

Risks to people's safety were identified and control measures implemented to keep them safe. The Provider Information Return stated, 'All residents have personalised risk assessments which promotes independence by ensuring risks are reduced as far as practicable without restricting the resident's life'. We found this to be the case during our inspection. People's care records contained risk assessments in areas including skin integrity, malnutrition, mobility and medicines management. Where concerns were identified management plans were included in people's support plans which gave guidance to staff on the support people required. One person's records showed they were at risk of malnutrition. Guidance for staff detailed how to support the person, portion sizes, the equipment required and the correct seating position when eating. Details of the person's preferred foods were listed and records showed that these were offered. Records showed that the person had maintained a steady weight. People were supported to stay safe whilst still maintaining their independence. One person had a risk assessment in place regarding managing their own medicines. With the person's agreement, staff regularly checked their medicines and ensured they were safely stored. Records were regularly reviewed and available to staff to ensure they had up to date guidance on supporting people to stay safe. Risk assessments and care plans were reviewed monthly or when changes to people's needs were identified.

Accidents and incidents were reviewed and measures implemented to minimise the risk of them happening again. Staff were aware of their responsibility to report any accidents and incidents to senior staff members. People's risk management plans were routinely reviewed following any accident or incident. The registered manager completed an accident and incident audit each month which reported on any trends identified. The audit was then forwarded to the senior management team to ensure that appropriate action had been taken to minimise risks. One person had suffered a number of falls at night. A sensor mat had been provided which meant staff were alerted when the person got up in the night and could offer assistance. This had significantly reduced the number of falls and helped keep the person to stay safe.

Sufficient skilled staff were deployed to support people safely. People and relatives told us they felt there were sufficient staff available. One person told us, "Yes, there are enough staff and they have responded quickly when I have called." One relative said, "I've never seen a lack of staff. Always staff around to help." The registered manager told us that staffing levels were determined by using a dependency tool which highlighted the level of support people required. Records showed that this was regularly updated and reviewed to ensure that sufficient staff were available to meet people's needs. Rota's showed that the required staffing levels were consistently met. We observed that people's requests were met promptly by attentive staff and people's call bells were responded to in a timely manner. Staff we spoke to told us they felt that staffing levels were good and they did not need to rush when providing care. One staff member said, "There's always enough staff and the deputy or manager will help out if they're needed. We get to spend lots of time chatting with people in their rooms."

The provider ensured that staff were suitable to work at the service by completing robust recruitment checks prior to their employment starting. Staff confirmed that they had not started their employment until all recruitment checks had been completed. Staff recruitment files contained applications forms, evidence of face to face interviews and written references from past employers. Evidence was also available to show that Disclosure and Barring System (DBS) checks had been completed. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People received their medicines safely with the support of competent staff. Each person had a medicines administration record (MAR) which contained an up to date photo, information regarding the date of their last medicines review and any known allergies. MAR charts showed that all prescribed medicines had been administered in line with prescription guidelines. Systems were in place to ensure that medicines were securely stored, ordered in a timely manner and any unused medicines were disposed of safely. Regular stock checks and medicines audits were completed to ensure that the provider's medicines policy and best practice were being followed. Staff received training in the administration of medicines and their competency was assessed every six months.

People lived in a clean and well-maintained environment. We observed domestic staff were available and understood their responsibilities regarding infection control. Cleaning schedules were in place to give staff guidance on tasks that needed to be completed on a daily, weekly and monthly basis. All staff had completed infection control training and we observed that suitable protective equipment such as gloves and aprons were used when providing care. Infection control audits were carried out twice a year by either the deputy manager or registered manager to ensure that any required actions were rectified. Food hygiene training was also provided to staff and we observed appropriate controls were used. Weekly health and safety checks were completed on the premises and equipment to ensure it was safe for use. In addition a health and safety audit was completed every six months to ensure systems in place were effective. Certificates of equipment checks including gas, electricity, water, hoists and the call bell system evidenced that equipment was regularly checked to ensure it remained safe for use.

Systems were in place to ensure people remained safe in the event of an emergency. Each person had an emergency evacuation plan in place which detailed the support they would require to leave the building safely in an emergency situation. The provider had developed a contingency plan which contained guidance on the action to take should there be specific disruption to services. These included power failure, flood, lift breakdown, catering disruption and accommodation loss. This meant people would continue to be supported safely in the event of significant disruption to the service. Fire systems were regularly checked to ensure they were in working order and a trained fire marshal was available at all times.

Is the service effective?

Our findings

At our last inspection in August 2015 we found support was not always provided in a consistent way for a person with a specific medical condition. At this inspection we found that improvements had been made and people's health care needs were regularly monitored. People told us they received the support they required from healthcare professionals. One person told us, "All visits from the doctor and chiropodist are arranged for you." Another person told us, "They organise the visit from the chiropodist and tell you when he is coming. The GP will visit if needed." A third person said, "If you need to go to the surgery, a staff member goes with you."

People had access to healthcare professionals when required. Care records contained information regarding people's medical conditions and the support they required. Where people required regular monitoring checks such as blood pressure and temperature checks these were completed. There was evidence of visits from the GP, district nurses, chiropodists, opticians and the speech and language therapy team. One visiting healthcare professional told us, "Of all the care homes I visit I really like this one. They are all compassionate and inform them (people) all the time what they are doing. They follow protocols and advice and the staff all know them well." A compliment from another healthcare professional stated, 'Staff are very helpful, caring and had a very good knowledge of their residents.' Hospital and consultant appointments were recorded and where people required support to attend this was provided.

People were offered a choice of nutritious foods in line with their needs. The registered manager told us that due to issues with recruiting a chef the decision had been taken to employ the services of an external catering company. The chief executive told us, "This way we can be assured that meals are nutritionally balanced. The plan is that people will have increased choice and will be offered a full menu rather than just two choices at each meal." People had been involved in a tasting session prior to the decision being made. The day of our inspection was the first day the external catering company were providing lunch at the service. People were offered a choice of meals and were frequently asked if they were enjoying their food. Where people required a soft or pureed diet this was attractively presented. People told us the food was good. One person told us, "The food has been good, plenty of choice and I can't fault it." Another person said, "The meal today was OK, I enjoyed it." We observed that staff were attentive to people's needs during lunch and offered gentle encouragement and support where required. People's weight was regularly monitored and action taken where significant weight loss or gain were identified.

People were supported by skilled and experienced staff. We asked people if they felt staff were skilled in their job roles. One person told us, "Staff are well trained and they are always having training." Another person told us, "They are able to provide the care I need and I'm very happy with it." The provider employed a training manager who told us that new staff were required to complete a two week induction programme prior to working unsupervised. Staff were not included on the rota for their first two weeks, which enabled them to attend induction training and shadow colleagues to observe how they provided people's care. Staff told us they felt that shadowing more experienced staff had been useful. One staff member told us, "It's good to shadow. All the residents are different; you have to learn about each person, their routines, what they can do for themselves and where they need us to help them." In the second week of the induction, new

staff began to provide some aspects of care and were observed by the training manager to assess their competency. Staff files contained evidence that staff attended a comprehensive induction, each element of which was signed off when they had completed it. The induction included training in areas including safeguarding, moving and handling, infection control, health and safety, food hygiene and fire safety. In addition, new staff were supported to complete the Care Certificate and the provider's dementia training programme. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

On-going training was provided to staff to ensure their knowledge and practice remained current. Staff files contained evidence that they completed refresher training at regular intervals. Staff told us they felt the training was relevant in supporting their practice. One staff member told us, "I have never worked in a place where the training is so relentless. You could never forget it; you're not given a chance." Another staff member told us, "We definitely get all the training we need." In addition to completing training, six monthly competence checks and observations were completed by the training manager in areas including care delivery, medicines management and moving and handling.

Staff told us they felt supported in their role although records showed that formal supervisions were not always completed in line with the provider's policy. One staff member told us, "The managers are always available and approachable. You can always go to them." Another staff member said, "They are always asking how we're doing and if there's anything we need. You can go to them anytime, their door is always open." We observed the registered manager and deputy manager were frequently walking around the service and speaking to people and staff. The registered manager and chief executive acknowledged that the records did not show staff received supervision on a regular basis. They told us staff had regular chats on an ad hoc basis with their managers but these were not always written down. The registered manager gave assurances that this would be addressed and monitored going forward.

We recommend that systems are implemented to ensure staff receive on-going supervision in line with the provider's policy.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were aware of their responsibilities in protecting people's legal rights. Staff confirmed they had attended MCA training and were able to describe how they adhered to the principles in their day to day work. One staff member told us, "Always assume a resident can make a decision for themselves, even if it's unwise. Even if someone doesn't have capacity, it [the decision] has to be least restrictive and in their best interests." Staff talked about the importance of offering people choices in their day to day care. For example, staff told us they recognised it was important to engage with people in a way that met their needs, which may not be one of the scheduled activities. "If they don't want to do an activity, we offer them choices. We offer them everything – we'll do their nails, some pampering, put some music on, read the paper with them

or do a puzzle or a crossword." We observed this was the case during the inspection.

The majority of people living at Ridgeway court had the capacity to make their own decisions regarding their care. Where this was not the case the registered manager provided evidence that capacity assessments had been completed for specific decisions such as consent to care. Records provided also evidenced that best interest discussions had taken place with relatives and healthcare professionals where appropriate. DoLS applications had been submitted to the local authority where people were subject to restrictions such as the locked front door and constant supervision. Applications were completed in detail to ensure that the least restrictive options for people's care were followed.

People lived in an environment which was suited to their needs. The provider had a programme for planned maintenance to ensure the building remained suitable for use. Communal areas had recently been refurbished and were light and spacious. People had been involved in choosing colour schemes and soft furnishings. Chairs provided were of a good height and design. There was a lift for the use of people whose rooms were on the first floor which enables people to access all areas of the service. The registered manager told us plans were in place to paint bathroom doors in a contrasting colour to aid people living with dementia.

Is the service caring?

Our findings

People and relatives told us that staff were caring and treated them with kindness. One person told us, "They are caring and do respond to my calls." Another person said, "The staff are extremely good, very caring and have a good sense of humour." A third person told us, "The staff are very helpful and kind. They all do their best do their best." One relative said, "It's a very nice atmosphere. The staff are very good. It's very nice because it's not too big a home. We are really lucky."

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful and friendly manner. We observed positive interactions between people and staff. When speaking to people staff sat or knelt beside them. We observed people and staff sharing jokes and when walking past people staff took the time to stop and ask how people were. Staff paid people compliments such as telling them their hair looked nice or that they liked what they were wearing. During the inspection one person had a fall. Staff stayed with them and we heard them offering constant reassurance and ensuring they were comfortable.

Staff treated people with dignity and respected their privacy. One person told us, "They are respectful and do knock before coming into my room." Another person said, "They knock before coming in and ask if I need anything and if they can do something." We observed this to be the case during the inspection. Staff knocked on people's doors and were heard to introduce themselves as they entered. For those people who required personal care staff ensured that this was carried out with privacy. One staff member told us, "We would always give people privacy, close doors and curtains and keep people covered, that's a given. It is about more than that though. You need to make sure you're doing things the way they want." We observed one relative tell the manager their family member was going to have a sleep in their room. The registered manager gave them a do not disturb sign for their room so they would not be interrupted.

People were encouraged to be involved in decisions regarding their care and to maintain their independence. One person told us, "I am encouraged to be as independent as I can be" Another person said, "I do feel they encourage me to do things". One relative told us, "She goes down for lunch, but not for supper because she likes to watch the news and staff are fine with that. She's encouraged to do things, but she's not under any pressure." We observed that people were able to move freely around the service and had the mobility aids they required. Adapted crockery and cutlery were available to support people to eat independently. Staff frequently offered people choices such as what they would prefer to drink, where they would like to sit and what activities they would like to take part in. One staff member told us, "It's all about choices, the same as any of us would want. A choice of breakfast, food, what kind of support they want in the mornings, a bath shower or wash, what they want to wear, if they want to stay in their room or come downstairs."

People's religious and cultural beliefs were respected. People were supported to maintain links with church groups and visits from the local church were arranged. One person told us, "We get visits from the Church which I enjoy." One relative told us, "She goes to an external church club each week which is the highlight of her week." Another relative said, "She still has a lot to do with the church. She is very religious and staff supported her with this. They have services in the home." The registered manager told us they understood

the importance of supporting people's beliefs. They told us, "We do whatever we can because it's important to people. One example is arranging volunteers to support people going to church." They described the steps they had taken when a person from a different cultural background had been assessed to move into the service. "We did a lot of research to make sure they would be comfortable and we could meet their needs."

People were supported to maintain contact with their friends and family and there were no restrictions on the times people could receive visitors. One person told us, "Family can visit anytime, if they want to stay for lunch they can." One relative told us, "I come whenever I like. The staff all know me now and have a chat." We observed visitors arrived throughout the day and received a warm welcome from staff who knew them by name. The deputy manager told us the service provided a tablet device to enable people to keep in contact with their family members via Skype calls. One person had developed a close relationship with a person from another service. They were supported to visit each other weekly for lunch to enable them to maintain their friendship. Relatives were invited to various events held throughout the year such as a Christmas lunch and summer barbeque. The well-being manager told us, "It creates a real family atmosphere and makes the residents feel like they are doing some entertaining."

People's rooms were spacious and highly personalised with items of their own furniture and personal belongings. This created a homely feel to the service. One staff member told us, "We try and make it a home from home. We encourage them to bring their own things when they move in. It's nice for them to have their own things around them. It's a very family-oriented home, you pick up on it straightaway."

Is the service responsive?

Our findings

People and relatives told us staff responded positively to their needs. One person told us, "The best thing for me here is I need looking after and I get that." Another person told us, "When you ask for something, they do their best to do it." A third person said, "The best thing for me is I get what I am here for." One relative told us, "She's quite a moody person and staff recognised that. They fully understand what her needs are."

Prior to moving into the service a comprehensive assessment was completed to ensure people's needs could be met. People were also offered the opportunity to spend time at the service before they made the final decision to move in. This enabled people to ensure the service was right for them and gave staff the opportunity to get to know them better. One relative told us this process had been useful, "On her first visit she was a bit funny, but we went again and she was much happier. I think she was just nervous. But the transition into the home was good. It has made my mother's life much calmer and less anxious and it's been brilliant for my brother's and me." On the day people moved in an additional staff member was provided to spend time with them, answer any questions they had and orientate them around the service. The registered manager told us this had worked well and provided support for people at what could be a worrying time.

Each person had a care plan in place which gave comprehensive details of their needs how they preferred their support to be provided. The Provider Information Return stated, 'Care plans are based on information from the resident and with their consent, families, case managers or advocates, this information is used to develop individualised care for each resident encouraging and enhancing their independence, dignity, rights, choice, and beliefs'. We found this to be the case during in our inspection. Care plans covered areas including communication, activities of daily life, medicines, moving and handling, mobility, nutrition, personal care, health and skin care. People told us they were involved in their assessment and care plan. One person told us, "I'm aware of my care plan, but there have been no major changes. I like to know I could see it if needed." Care plans were regularly reviewed and reflected any changes in people's needs. Staff told us that any changes were clearly communicated to them. One staff member told us, "We have a handover meeting every day. We find out if anything has happened, if anyone is ill or if there have been any changes in people's care." The deputy manager told us they were in the process of developing summary care plans for people to keep in their rooms. They told us this would provide staff with quick access to the most relevant information when supporting people.

Care records contained detailed descriptions of people's lives, families and past occupations. Staff we spoke to were knowledgeable about people's pasts and were able to describe their likes dislikes and preferences. We found that this information was followed through to people's care plans. One person had spent much of their early life abroad and as a result enjoyed spicy foods and particular fruits. This information was also clear within their nutrition care plan and records showed their preferred foods were regularly provided. People we spoke to told us that staff knew them well. One person told us, "In eighteen months there has been very little change of staff, so we get to know them all and they get to know us."

There was a variety of activities available to people. The provider employed a well-being manager to

support a number of services. They were responsible for developing an activity programme and planning outings in liaison with people. We observed staff spent time with people both in the communal lounge and in people's rooms chatting and looking through newspapers and magazines. In the afternoon a number of people took part in a quiz and were fully engaged. The activity programme showed a wide range of activities were planned through the week. Entertainers also performed at the service and weekly sessions were held by Music for Health. People told us they were happy with the activities available. One person told us, "There is a good programme of activities and I am happy with it." Another person said, "There's lot to do if you want to." One relative told us, "There are enough activities. They (staff) try to get her into the activities." A good range of outings were planned and people were able to choose the places they would like to visit. The registered manager told us, "We try to do two outings a week during the summer months. It's less in the winter as people don't tend to want to go out as much." They told us that a mini-bus had recently been purchased to enable people to get out more and to facilitate more ad-hoc activities.

A number of volunteers were available to support activities. The well-being manager told us, "There are about 75 volunteers across the organisation. If a resident has a particular interest or wants to go to an event I'll try and find a volunteer to support them." One person had expressed an interest in forming a knitting group. Volunteers had been contacted and a person with the relevant skills had been able to support the person with this. During the inspection we observed volunteers visiting people in their rooms and spending time chatting with people in the lounge.

The provider had a complaints policy in place which was clearly displayed in communal areas. In addition a 'Compliments, Concerns and Complaints' book was situated in the hallway. People and their relatives told us they would be confident in raising any concerns with the registered manager or deputy manager and felt confident these would be addressed. One person told us, "I do feel comfortable about making a complaint although I've never had to." One relative told us they had spoken to the head office about the garden as it needed work doing. They were confident that this is in hand. The chief executive confirmed that plans to develop the garden were underway. The registered manager maintained a log of complaints. This showed that only one complaint had been received within the past twelve months. Records showed that this had been fully addressed and the outcome communicated to the complainant.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led and the management team were approachable. One person told us, "I do feel they (management) are approachable." One relative told us, "I've had a lot of dealings with (deputy manager). She seems to be honest and truthful enough. If she doesn't know something she'll go and find out."

There was a positive culture and the values of the organisation were clear. The Provider Information Return stated, 'The Society has a clear Vision which is displayed and is in all staff handbooks. Core Values are also published and promoted. Staff carry a copy of both'. We found this to be the case during our inspection. The provider vision and core values were clearly displayed in the service. The registered manager and deputy manager told us they aimed to create a family environment where people had the same choices and rights as they had when living in their own home. They said, "A strong team spirit and being like a family home is what we feel we have. There are no restrictions, if people want something all staff will bend over backwards to make sure it happens. One person wanted their television put on the wall and it was done the same day. Staff have supported people to go to weddings and give up their own time to go on trips. It's all about the residents." Our discussions with people and staff confirmed there was a positive culture throughout the service. One person told us, "The management here is an open one. It is an extension of the family environment." Another person said, "I can say there is an open culture here. I see the managers and you can approach them." One staff member told us, "This has to be the best place I've worked for being supportive of residents and staff. The whole collective is important to them."

Staff told us they worked in a supportive environment and that staff worked as a team. One staff member told us, "We all muck in together and work as a team. If there's something we can't manage we just have to say and they will find a way to work round it." Another staff member told us, "It's such a friendly group of people and the management are very supportive of their staff." The registered manager and deputy manager spoke highly of the staff team. The deputy manager told us, "We have good staff who are very caring with residents. It's important that we do everything we can to keep them." Many of the staff members had worked at the service for a number of years. Five staff members had recently received long service awards in recognition of between five and ten years of service. The registered manager told us, "Recruitment of staff is difficult and we want continuity for our residents so staff retention is very important to us." The service had been awarded the Gold standard by Investors in People. Investors in People is an internationally recognised accreditation which defines what it takes to lead, support and manage people well for sustainable results. Staff meetings were held regularly at the service. Staff told us they were fully involved and felt able to make suggestions to contribute to the running of the service. One staff member had suggested a staff 'Shout Out' board in the staff room. This was a notice board which staff could place ideas or praise other staff for things they had done.

There was a strong management presence within the service. There was a high level of involvement from trustees who visited the service often. We spoke with one trustee who told us, "We need to get in there and get to know staff and residents. It's nice to understand we are all here for the same reason." The registered manager told us that trustees had recently asked for suggestions as to how they could get to know staff

better, "They want to develop relationships with staff and be seen as part of things rather than being put on a pedestal. We agreed they would attend training with staff so they could develop relationships." One staff member told us, "We know we can contact the trustees at any time and their numbers are all in the office. We know them all because they are always popping in and go on trips with the residents." The chief executive of the organisation was present during the inspection. They were knowledgeable about the service and we observed they greeted people by name. The registered manager's time was split between two services and the deputy manager took responsibility for the day to day management of the service. They told us this worked well due to the good communication systems they had developed. The deputy manager told us, "If (registered manager) isn't here we will speak several times a day. She is always aware of what's happening and if I have a problem I can always contact her."

The service worked in partnership with other organisations to share knowledge and ideas on service development. The registered manager told us they attended registered managers meetings with Surrey Care Association and received regular updates via email from a number of external agencies to keep up to date with best practice. The service had recently been involved with Healthwatch Surrey in a review of activities in services. The registered manager told us that one of the ideas they had taken from this was to explore the benefits of having a dedicated activity worker. This was being piloted in another service with a view to also incorporating this role at Ridgway Court. The registered manager also attended regular Trusted Assessors meetings with a view to improving communications between hospitals and care services to improve people's experience. The registered manager told us the service was continually looking for ways in which they could develop the service. They told us, "We are always looking for ways we can improve and how we can do it. We want to keep moving forward."

Systems were in place to monitor the quality of the service provided. The registered manager completed a monthly audit of systems including accidents and incidents, complaints, compliments, infections and how these were managed, hospital admissions and any safeguarding concerns. This was forwarded to senior managers for review and action plan developed to address any concerns. Additional audits including care plans, medicines, health and safety were also completed according to the providers schedule. Trustees completed a quality visit on a monthly basis which included speaking to people, relatives and staff, reviewing records and the environment.

People and their relatives were involved in the running of the service. Regular resident and relatives meetings were held to share information and ask for suggestions for improvements. One person told us, "There are monthly residents' meetings. We feel we are given the opportunity to have our say about anything." Another person told us, "Management does listen to and carry out suggestions from residents." One relative told us, "There are good and well conducted relatives' meetings." Minutes of meetings showed that people and their relatives were able to contribute freely and discussions included activities, environment, menus, care and events. In addition, annual satisfaction surveys were distributed to gain people's views. Once completed survey results were presented at board to enable an organisational view to be taken. For example, where results from one service highlighted people were unsure how to raise concerns the complaints policy was sent to people in all services. Survey results from last year for Ridgway Court were positive. Comments made included, 'Overall I feel very lucky to be in such an excellent care home and be looked after by such caring staff.' And 'Ridgway Court has given me back my identity.'

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

