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

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

About the service
Ridgeway Manor Residential Care Home is a care home providing accommodation and personal care for up to 43 people. At the time of the inspection 26 people were living in the home. The home is set out over three floors and is situated in extensive grounds in a rural location in Surrey.

People's experience of using this service and what we found
Risk associated with hot water temperatures were not being fully managed. Risk assessments were in place and some required additional information to ensure they reflected people's current needs.

People's needs were identified in care plans, people and their relatives were involved in writing and reviewing their plans. Some of the care plans we viewed required additional information and daily records were not always fully completed.

There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. However, we found improvement could be made in relation to the application and recording of the Mental Capacity Act 2005 and we have made a recommendation about this.

There were systems in place to monitor the standard of care provided at the service. The systems were not fully effective in identifying all of the areas for improvement we identified during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely. There were enough staff available to support people. The provider had a recruitment plan in place to address staff vacancies. Staff received regular one to one supervision and told us they felt supported.

People told us they felt safe living at Ridgeway Manor Residential Care Home. Staff felt confident to raise concerns with the manager and were aware of external agencies where they could report concerns. Staff supported people to manage their medicines safety.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals to meet people's needs.

People were supported by caring staff who worked towards promoting their dignity and independence.

People felt confident to raise any concerns. People and staff commented positively about the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

## 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 always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# Ridgeway Manor Residential Care Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The first day of the inspection was carried out by one inspector and one 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. The second day of the inspection was carried out by one inspector.

Service and service type
Ridgeway Manor Residential Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was in the process of stepping down from this role. The deputy manager was stepping up to the role of acting manager and the registered manager was supporting them two days a week.

Notice of inspection
This inspection was unannounced.

What we did 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who lived at the service and one relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with eight members of staff, this included the acting manager, assistant manager, the cook, the activities coordinator and care staff. We spoke with one visiting professional. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection
We contacted seven health and social care professionals who regularly visit the service and received feedback from three of them.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risks to people being exposed to hot or scalding water temperatures were not being fully managed. Water temperature checks were being carried out, however the temperature was not recorded. The recording form to state the checks were completed stated temperatures were 'in limit' before any checks had been carried out.

● The manager confirmed 21 of the hot water outlets in people's bedrooms did not have thermostatic mixer valves (TMVs) to regulate the temperatures.

● Where people did not have TMVs fitted in their hot water outlets there was no risk assessment in place detailing the measures in place to prevent them scalding themselves.

● Following the inspection, the acting manager confirmed all of the water temperatures had been taken, and recorded, and most were within the current Health and Safety Executive guidance safe temperature range. Three were one degree above. They also told us they would make immediate improvements in the way temperatures were recorded and complete risk assessments where TMVs were not currently fitted.

● Risks to legionella were also not being fully managed because the water temperatures were not being recorded. There was no overarching risk assessment in place detailing the measures in place to prevent the likelihood of legionella bacteria being present in the water system. The acting manager confirmed a legionella test had recently been completed which stated there was currently no legionella bacteria present in the water system.

● Risks to people were identified and assessments were in people's care plans. Areas covered included; risk of falls, moving and handling and risk of choking. Some of the risk assessments required additional information, such as their current use of motion sensor equipment being recorded.

● Individual emergency plans were in place to ensure people were supported to evacuate in an emergency. The plans required additional and more specific information relating to people's individual evacuation requirements, for example evacuation requirements during the night.

Staffing and recruitment

● Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

● Some staff files had unexplored gaps in employment history. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. The manager told us they would explore the gaps and record this in staff's files.

● People told us there were enough staff to meet their needs, although they thought staff were particularly

busy at weekends. One person told us, "They are pushed for staff at the weekends, but they manage." One relative commented, "Staffing is lower at the weekends, but I have never felt that [name of relative] needs couldn't be met and they would tell me if there were any problems."

● Staff told us there were times when they were busy, however they said there were enough staff to meet people's needs. One staff member told us, "We are busy, but we manage. We don't use much agency in the day there are more used at night and sometimes at weekends. We more or less have the same agency staff which is good."

● The acting manager confirmed there were staff vacancies, and these were covered with regular agency staff where possible, they also confirmed there was a recruitment plan in place. The acting manager also confirmed they would help out if there were staff shortages, as would the assistant manager.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person told us, "I trust everyone here and it's like home, so I feel very safe." One relative told us, "I feel that [name of person] is totally safe, I have never seen anything that has concerned me."

● There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "I would go straight to management and would take it a lot higher or go to the safeguarding team. I am 100% confident nothing goes on here and people are safe."

● Safeguarding incidents had been reported to the local authority.

● Staff received safeguarding training as part of their induction and regular updates.

Using medicines safely

● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

● The charts we reviewed showed medicines were being given as prescribed.

● We checked medicines stock and found two people's pain relief medicines stock did not match the recorded amount. Both people had two tablets too many. The acting manager had identified one of these in their medicines audit, the acting manager told us they would looking into the reasons for the additional medicines being present.

Preventing and controlling infection

● The home was clean and free from malodours. There was a team of dedicated staff responsible for cleaning the home.

● Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

● Incidents and accidents were reviewed and signed off by the acting manager.

● The acting manager completed a monthly analysis of incidents and accidents and recorded any further action needed to prevent a reoccurrence. For example, referrals were made to the falls team as required.

Requires Improvement

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. The acting manager monitored DoLS approvals and applications. Records showed the service currently had one authorised DoLS in place and other applications pending assessment or renewal.

- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Capacity assessments were carried out where it was thought people lacked the capacity to make decisions for themselves. We found some of the assessments covered various areas of care and support. This is not in line with the Act which states assessing people's capacity to make decisions should be decision specific. We discussed this with the acting manager who told us they would review their capacity assessments to ensure they were decision specific.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

Adapting service, design, decoration to meet people's needs
- Although the service was supporting people living with dementia, the environment was not fully adapted and designed to meet their needs. For example, there was no identification on room doors to help orientate people and the handrails around the home were not always in a contrasting colour to the walls.
- Areas of the home also required updating and refurbishing, the acting manager confirmed there was a plan in place to address this.
- There were three communal lounge areas that people could use. There was a passenger lift in operation to support people to access the additional floors.

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

● Some people living in the home were living with dementia and would not be able to tell staff if they were in pain. There were no pain assessment tools in place to guide staff on how they would recognise if people were in pain. The acting manager told us they were addressing this. Although this was not in place one person told us, "The staff recognise when I am in particular pain and they get me extra tablets."
● People's needs were assessed prior to them moving to the home. The assessments formed the basis of the care plans.

Supporting people to eat and drink enough to maintain a balanced diet
● People's care plans identified where people were at risk of dehydration, the care plans however did not contain detailed guidance on how much fluid staff should aim to support people to have, or the action to take if they did not reach their target. Records demonstrated on occasions people were not receiving appropriate amounts of fluid. The acting manager and staff reassured us this was a recording omission rather than people not receiving fluids.
● People commented positively on the food provided at the service. One person told us, "The food isn't bad, we get a choice and it includes fresh vegetables." People confirmed staff supported them with their dietary preferences.
● We observed staff supported people where needed with nutrition and hydration. People were being continually offered drinks and supported where required. Our observation of the lunchtime experience was positive.
● People were regularly weighed. Recorded weights evidenced if people were at risk of malnutrition, action was taken to increase calories where they were.

Staff support: induction, training, skills and experience
● People were supported by staff who had knowledge and skills to meet people's needs.
● New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
● Staff we spoke with commented positively about their induction and training. One staff member told us, "The training is really good and I'm all up to date. I was interested in dementia and went on additional training which was good, I have shared what I learnt with the team."
● The training records showed staff received continual training in subjects to meet the needs of the people they supported. This included training around supporting people with hydration, dementia awareness and supporting people when they are anxious.
● Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "They [one to one's] are done regularly, we have a little chat about how we are getting on, they are good, it's a good time to speak to them [managers]."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People confirmed staff supported them to access healthcare services. One person told us, "You can see a doctor, probably easier here than if you were living in the town."
● The provider arranged for a physiotherapist to visit the home fortnightly to give advice and guidance relating to people's mobility needs. One staff member told us, "We have a very good physiotherapist, they are inspirational and focus us on little things, which helps us and the people we are supporting."
● Records showed people accessed the dentist, GP, speech and language therapy, district nurses, chiropodist, the falls team and the mental health team where required.
● We received positive feedback from the visiting professionals we contacted. One professional told us, "They [staff] are very proactive about taking on advice and they are focused on the whole person."

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People commented positively about the staff supporting them. Comments included; "There are never any raised voices, even when they are stretched", "The carers are a key part of the uniqueness of this home, their whole attitude is one of being there for the people who live here, and they are all so supportive of each other. It's the main reason that we came here, you can feel the wonderful care every day", "I hear the carers in the morning with [name of person] who is very poorly, they [staff] bring sun and joy to their room" and "I was very upset one day and [name of staff] listened and held me until I felt calmer."

● Staff described how they protected people's privacy and dignity whilst supporting them. We observed staff knocking on people's doors before entering.

● Staff spoke positively about their work and the people they supported. Staff knew people well and could tell us about people's past employment, their interests and what was important to them.

● We reviewed compliments received by the service. One compliment we read stated, "To all the staff at Ridgeway Manor, I would like to thank you very much for all the care you gave [name of relative]. I thought your care for them was excellent."

● People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so.

● Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

●People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time. One person told us, "My visitors are made very welcome."

Supporting people to express their views and be involved in making decisions about their care

● People told us they could make decisions about their care, however some people felt there were certain routines in place which they fitted in with. One person told us, "I need help in the morning as I am very unsteady, and I try to fit in with them. We all go to the dining room for breakfast, so you have to be dressed. In the evenings I come in to my room after supper and I decide when I am going to settle for the night." Other comments included, "They really make the choice for you but they ask if it's OK with me", "They are like a little army with a routine which they need as they are very busy but they're always smiling", "It feels unregimented and I try to fit in, so within reason it's up to me" and "I can't imagine that anyone is forced to do something that they don't want to." We fed this back to the assistant manager who confirmed people were able to make choices and there were no ridged routines in place.

● Staff described how they supported people to make day to day decisions about their care and support. One staff member told us, "People make their own choices, we always say, "would you like to…" If people

refuse we come back later and try again."

Respecting and promoting people's privacy, dignity and independence
● When asked if staff respected their privacy and dignity comments from people included; "Totally", "Of course they do" and "It's in their [staffs] whole manner."
● Staff described how they supported people with their independence, for example during personal care.

Requires Improvement

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were of mixed quality. Whilst there was some person-centred information available in care plans, some areas required additional information.
- Staff knew people very well, one staff member described how they supported one person with personal care in their preferred way. They described how this avoided the person becoming anxious. Whilst staff were aware of this important information it was not recorded in their care plan.
- Staff recorded information about people during each shift. Records we viewed were not fully completed by staff to evidence the support they were providing the person.
- People confirmed they were happy with the support they received and were involved in the care planning process. One person told us, "My family were involved when I first came and we all have fairly regular discussions." Another person commented, "We were fully involved in the care plan and have regular six-monthly reviews."
- Staff we spoke with could tell us about people's preferred routines, their likes and dislikes and what was important to them.

End of life care and support

- People's end of life wishes were recorded in care plans where this had been discussed with them. End of life plans were of mixed quality, some were detailed, and others were not. One person told us, "I would like someone that I can talk to about dying, they are all either religious and have their own beliefs or not able to have a far-reaching discussion, that's my main worry." We raised this with the assistant manager who told us they were in the process of reviewing all end of life care plans and that would give people the opportunity for more discussion to take place.
- We viewed compliments from people's relatives about the end of life care their family member received. One compliment stated, "We want to say such a heartfelt thank you for all your care, compassion and support."
- No one was receiving end of life care at the time of the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were highlighted in their care plans. Although care plans included some information on how staff should communicate to meet people's needs, additional and more specific

information was required. For example, the use of closed questions for one person to enable them to effectively communicate their preferences.
● Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● There was a range of activities scheduled throughout the week which people could attend if they chose. People commented positively about the activities on offer. One person told us, "I go to the lounge for the morning crossword, I love that." Other comments from people included, "We have some outside entertainers and that's enjoyable", "I like the 'trying new drinks' sessions", "I love the chair exercises, they aren't always easy but that's fun" and "I love Film Fridays, we choose and then there's an ice cream." One person told us they used to knit and enjoyed puzzles and the grand piano which they no longer had access to, they said they would like the opportunity to take these up again. We fed this back to the acting manager.

Improving care quality in response to complaints or concerns
● Although people said they had no complaints they knew how to raise a complaint or concern and were happy they would be listened to and resolved. One person told us, "If I was worried about anything I'd speak to the carers or the assistant manager, you can talk to anyone." Other comments from people included, "Who would want to complain?" and "Just go to the office and ask, you don't wait to have to complain."
● There had been three formal complaints raised in the past year. Complaints were acknowledged and responded to in line with the complaints policy.

Requires Improvement

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the standard of care provided at the service. The acting manager had a range of audits in place to identify shortfalls and areas of improvement.
- Whilst the audits identified improvements required in the service they had not identified some of shortfalls we found. These included lack of information in some care plans and risk assessments, the lack of daily records being completed, the water temperatures not being recorded, and decisions not being recorded in line with the principles of the MCA.
- The provider had recognised their policies were out of date and they had a plan in place to replace these.
- The home was being managed by the deputy manager who was acting up as the manager. The registered manager was stepping down from the role and was currently spending two days supporting the acting manager during this transition.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.

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

- People knew who the acting manager was, and they felt able to approach them. Comments from people included, "It's an open door and we can see the managers any time" and "You know when the manager is here, she has a lot of influence and has her finger on the button."
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "I do love the job, we are continually learning." Another staff member commented, "I like it here, it's a really worthwhile job, its brilliant to make people happy and have a good day."
- Staff told us the acting manager was always available and approachable. One staff member told us, "[Name of manager] is approachable if we have a problem go to them, they are always willing to listen and help."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The acting manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

● People confirmed residents' meetings were held to discuss items relating to the home, however they did not all choose to attend. One person told us, "I don't tend to come to the meetings as I can say whatever I want as I go." Another person commented, "We talk about the food and things we'd like."

● A survey of people and their relatives' feedback had been completed in August 2018. The assistant manager confirmed action was taken in response to the feedback received.

● Staff confirmed they attended staff meetings. One staff member said, "Staff meetings are a good opportunity to speak up and say what you need to say, feel listened to."

Continuous learning and improving care; Working in partnership with others

● The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.

● The acting manager gave examples of where they had applied learning from incidents and they demonstrated their commitment to making improvements to the service.