The Governors of Ridgegate Home

Ridgegate Home

Inspection report

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Ratings

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

Overall summary

Ridgegate Home is a care home that provides accommodation and support for up to 25 with a variety of physical conditions, disabilities and long term conditions. Ridgegate Home is a large detached residence set in its own grounds in a residential area of Reigate. Accommodation is arranged over four floors and can be accessed by a passenger lift to all areas including the garden level. There were14 people living in the home on the day of our visit.

The home had registered manager in post on the day of our inspection. A registered manager is a person who has been 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.

People told us they were treated well by staff who were kind and caring. We saw staff interacted with people in a kind and caring way and we noted a relaxed and happy environment with people smiling and chatting.

Summary of findings

We saw staff knocked on people's doors before they entered and waited for a response.

People told us they felt safe and secure in the service. We saw staff had undertaken training in safeguarding adults and were aware of what procedures to follow if they suspected abuse was taking place. There was a copy of Surrey's multi-agency safeguarding procedures available in the home for information.

The provider had a good understanding of the Mental Capacity Act 2005, however we noted not all the appropriate DoLS applications had not been submitted.

Risk assessments were in place for all identified risks for example choking, falls, and emergencies. During discussions with staff they were able to demonstrate to us correct procedures to follow to keep people safe.

Care plans were reviewed at least monthly and information kept up to date. For example when people had seen a doctor or attended an external health care appointment.

People's health care needs were being met. People were registered with local GP's who visited the service when required. People felt it was important to them to be able to keep their own GP following admission to the home. Visits from other health care professionals also took place.

People had sufficient food and drink to maintain a healthy lifestyle, and people were complimentary about the food.

We looked at the medicine policy and found medicine administration was managed safely.

There were enough staff working in the home to meet people's needs. People spoke highly of staff and were pleased that staff turnover was low and that staff knew them well.

Staff recruitment procedures were safe and the employment files contained all the relevant evidence to help ensure only the appropriate people were employed to work in the home.

People chose to take part in activities if they wished. Some people were engaged more than others and told us that was how they liked it. Some people said they liked their own company and some told us they liked to go out. People were looking forward to the annual garden party planned for the following week.

Systems were in place to monitor the service being provided. Health and safety audits were undertaken and customer feedback surveys were undertaken. People had been asked to complete satisfaction feedback questionnaires and we were able to view comments received.

People had been provided with a complaints procedure. We looked at the complaints record and noted two informal complaints were recorded. These were resolved with satisfactory outcomes. We saw several thank you letters and cards from relatives expressing their appreciation and gratitude for the care provided their family member.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient staff working in the home to meet people's needs.

Staff had a clear understanding of how to protect people from the risk of abuse and the procedure to follow where abuse was suspected.

Risks to people were managed and staff were aware of the arrangements in place to help prevent avoidable harm.

Medicine administration was well managed to ensure people received their medicine safety.

People were protected by the safe staff recruitment procedures in place.

Good

Is the service effective?
The service was not always effective.

The provider had a good understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS). However the appropriate DoLS applications were not in place.

Staff had the appropriate training and skills meet people's needs. They also received regular supervision to support them in their individual roles.

People received adequate nutrition and hydration and people were complimentary about the food.

People's health care needs were met and people received regular visits from health care professionals.

Requires improvement

Is the service caring?
The service was caring.

People were involved in decision making, and were encouraged to be involved it their care planning.

There was good interaction between staff and people and the atmosphere in the home was warm and relaxed.

People's privacy and dignity was maintained and we saw staff knock on people's doors before entering.

Relatives and visitors were welcome in the home and visited regularly.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs.

Good

Summary of findings

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Activities were varied and people chose which activities to participate in.

Is the service well-led?

Good

The home was well led.

The service was being managed well by the management team in place.

The standard of record keeping was good and staff ensured daily records were completed.

There were adequate systems in place to monitor the quality of the service being provided. Monthly health and safety audits were undertaken and issues highlighted were acted upon.

Satisfaction questionnaires were undertaken and comments acted upon.

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 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 was an unannounced inspection, which took place on 29 July 2015. The inspection team was made up 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. The expert had experience in caring for someone living with dementia and older people.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is an account of significant events which the service is required to send us by law. This enables us to ensure we were addressing potential areas of concern at the inspection.

We did not ask the provider completed a Provider Information Return (PIR) because we visited at short notice. This is a form that askes the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 10 people, four care staff, four relatives, the manager, the deputy manager, a governor, the activities' coordinator, and the head of care, the maintenance person, the chef and an administrator. We looked at five care plans, five risk assessments, four staff employment files and records relating to the management of the home including audits and policies. We also spoke with two health care professionals following our visit to gain their view about the service that was provided.

We spent time observing the interactions between people and staff. We also spent time observing lunch and the way people were supported to socialise, and how care and support was provided.

At our previous inspection on 15 January 2014 we did not identify any concerns at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "Safe, oh yes! I was here last year, do you think I would come back if it wasn't." Another person said "I feel safe because all the people around me make me feel safe". A relative said "I can feel assured that my loved one is in safe hands"

Staff had undertaken adult safeguarding training within the last year. All were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local authority Safeguarding Team should be made, in line with the provider's policy. One staff member told us "I would let my manager know if I suspected abuse was going on. Failing that, social services or the police". Another staff member said "The training was really good. I feel confident to manage situations now". Staff confirmed to us the manager operated an 'open door' policy and they felt able to share any concerns they may have in confidence.

There was a copy of Surrey's multiagency safeguarding adult procedures in place to guide staff and staff informed CQC of referrals made as appropriate.

People receive their medicines safely. There was a policy in place for medicines administration. Staff who had responsibility for the administration of medicines had signed this policy indicating they had read and understood this. Staff had undertaken training in medicine safety and awareness which they updated annually. People told us they received their medicine at the correct time. One person said "I like to take my tablets just after food, and staff will support my request."

Medicines were stored safely and securely in a medicine room within the nurse's office. A fridge was available for medicines that had to be stored below room temperature, for example insulin, eye drops and creams. We noted temperatures for fridge storage were recorded daily to ensure that medicines were stored appropriately.

Appropriate arrangements were in place in relation to the recording of medicines. Staff used the medicine administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example if they refused, if they had gone out or in hospital. The MAR charts included information about people's allergies, if they required PRN (when required) medicines and a photograph for identification. The majority of medicines were administered using the monitored dose system (MDS) from blister packs which made it easier to identify if medicines had been missed. This system was effective and we noted no errors recorded.

We observed that call bells were answered promptly and people told us they did not have to wait for assistance as there were enough staff available to respond to them. Staff felt they were able to provide support in a timely way which and people did not have to wait for assistance.

Staffing levels were determined according to people's dependency, and the number of people living in the service. The current calculations meant there were three carers required to cover the day shift and two carers to cover the night shift. We looked at the duty rotas covering a period of three weeks and we saw that the staff numbers were in line with what we were being told. There was also a head of care allocated in addition to oversee care practice and provide ongoing support for people and staff. The provider also employed ancillary staff which included housekeepers, catering staff, an activities coordinator, and maintenance staff.

Health care professionals told us they thought there were always enough staff visible when they visited, and they were able to meet people's needs. They said staff were always willing to help and support them if they required assistance with a person they came to visit.

There was a safe recruitment process in place and the required checks were undertaken before staff started work. We looked at staff employment files and noted that staff had been recruited safely. This included two written references, a past employment history and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risk assessments had been undertaken to identify any risks to people. When individual risks had been identified management plans were drawn up with guidance for staff to follow in order to keep people safe. For example, when someone required assistance to move position from bed to chair or to stand. Guidance was in place outlining how many staff were required and the equipment to be used in order to move the person safely. When someone was at risk

Good

Is the service safe?

of falling guidance was in place for staff to follow to minimise the risk. We saw when someone was at risk of developing a pressure ulcer they had a skin integrity assessment called a Waterlow score which classified the risk and appropriate pressure relieving to be provided. Risk assessments were reviewed in conjunction with people's care plans and updated accordingly. When a risk had changed for example if falls frequency had decreased then guidance was updated to promote independence without compromising safety.

The provider had arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. The provider had emergency and contingency plans in place should an event stop part or the entire service running. Both the manager and staff were aware and able to describe the action to be taken in such events. Between the inspection date and the report being published the service had a fire in the laundry. Emergency evacuation plans were put into practice which were highly praised by the local fire service.

Requires improvement

Is the service effective?

Our findings

People were supported by staff with the appropriate skills and training to meet their needs. We noted on commencing employment all staff underwent a three month formal induction period. Staff records showed this process was structured around allowing staff to familiarise themselves with the service's policies, protocols and working practices. Staff 'shadowed' more experienced staff until such time as they were confident and competent to work alone. The staff we spoke with felt they were working in a safe environment during this time and were well supported. We looked at the provider's staff training policy, examined the 2015 training matrix and looked at staff files. We noted staff were able to access training in subjects relevant to the care needs of people they were supporting. Yearly mandatory training included first aid, infection control, food hygiene, moving and handling, fire safety awareness, safeguarding adults, care of people with dementia, the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). Training was provided in a variety of sources. For example through external providers, in-house delivery or the NHS Community Matrons for Care Homes.

Staff were satisfied with the training opportunities on offer. One staff member said "It's good that the training focuses on the kind of things that affect people." Another staff member told us "There is plenty of training. If it's useful then the manager will look at providing it."

We looked at how staff were supervised and looked at the provider's supervision and appraisal policy, the supervision records for staff members and spoke with staff. We noted supervision sessions had been undertaken with staff in line with the provider's policy. We also noted yearly staff appraisals for staff had been undertaken or planned. Staff were happy with this process and felt able to discuss issues important to them in and open and constructive setting. One staff member told us "I would say what I mean no matter what. I know I'll be listened to and if something is wrong it will be put right".

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS. Where people lacked capacity to make some decisions MCA assessments had not always been completed. We saw in two care plans that a diagnosis had been made that these people had short term memory loss and Alzheimers Disease. However we noted that neither care plan contained a mental capacity assessment or that a best interest meeting had taken place with families and care professionals to enable care to be provided safely to people if their freedom was being restricted.

However, we did see two other examples of when staff had requested the local authority to undertake a DoLS assessment to ensure appropriate arrangements were in place to provide support for these people when they were unable to make the decision to live in the home or were unable to manage their financial affairs.

We recommended that the provider should review their DoLS applications to ensure people were not at risk of having their freedom restricted unlawfully.

People told us they liked the food. One person said "The food is very good and I can have what I want." Another person said "The food is home cooked and delicious." We were told if people did not like the choice of meals offered it was possible to have another option. Menus were displayed in the dining room. These were varied and changed according to the season and following input from people. We saw the food offered was wholesome, appetising and well presented. Drinks and snacks were available throughout the day and we saw staff regularly offered people these.

We observed lunch being served during our visit. This was a relaxed sociable experience for people. There was a good atmosphere in the dining room with people interacting with each other. One person said "Mealtimes are a happy experience and I look forward to going to lunch and supper." Tables were nicely laid with table cloths crockery and condiments. A selection of fruit juice was also available for people. We saw staff provided help and support for people who required assistance to eat.

Some people were at risk of losing weight and as a result there were Malnutrition Universal Screening Tools (MUST) in place so that the risk to people could be managed. People's weight was monitored regularly and the results recorded so that appropriate action could be taken should people lose weight. For example a referral would be made to the GP or speech and language therapist for further guidance.

Requires improvement

Is the service effective?

People's healthcare needs were being met. People were registered with various local GP's who visited the service when required to do so. One person said "I was so glad I was able to keep my own GP as they know me so well." Relatives said the health care and support their family members received was good. Relatives said they were always kept updated following a visit from the doctor and informed of any change to treatment. The district nurses visited to oversee people's clinical needs. For example to undertake dressings, take blood samples for investigation, administer flu vaccines or other injections and to provide advice and support for staff on skin care and wellbeing. The health care professionals we spoke with had no concerns regarding the standard of care being provided in the home.

People had regular access to chiropody, dental care and eye care and people could either access this in the community or home visits were arranged.

Good

Is the service caring?

Our findings

People spoke highly of the home and the care provided. One person said "The carers treat me the way I want to be treated they are very kind, very good and very polite." Another person said "They come and fetch me for meals as I am not very good with my walking frame." Another person said "Staff are caring and they help each other, they don't have that attitude oh that's not my job." A relative said "I am always made welcome here and it is such a friendly place." Another relative told us "Staff are wonderful and believe me if I wasn't happy I would move my relative." A further relative said "It is always so welcoming and my relative has settled well." Another relative said "I think this is somewhere special, it feels like home."

People were very complimentary of the care they received. They said staff were kind and gentle. One person said "Staff are very attentive and are always present, I have not used my call bell in a very long time, but staff do come quickly if I ring it." We saw staff interacted with people in a professional and relaxed manner. For example staff were cheerful when they addressed people. We heard one staff member say, "Good morning and how are you today", which was received with a smile and a conversation. Staff took time to explain to people what they were going to do. We saw a carer run a bath and then take time with the person to choose their toiletries, and clothing. The person said "It is so nice when I can take my time."

People's privacy and dignity was observed and respected. We saw staff knocked on people's bedroom doors and waited for an answer before they entered their rooms. Personal care was undertaken in private and people could have personal care carried out by gender specific staff. We saw staff were at hand to walk with people to the bathroom when assistance was required. Staff provided people with a call bell to ring for assistance when they had finished rather than compromise their privacy and dignity by waiting outside the bathroom.

People's appearance was maintained and they were cared for in line with their wishes. One person said "I like to look nice and the staff make sure my clothes match and I have my jewellery as that matters to me." A member of staff said "One person likes to use and electric razor because that means they can maintain some independence, which is important."

Some people chose to have their doors open and others closed. People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. Bedrooms were comfortable, well decorated and well ventilated. Relatives told us they were welcome in the home at any time and encouraged to help personalise their family member's bedrooms. They said there were private areas where they could visit their family member and speak without being overheard.

People were able to make choices about their daily routines. Some people chose to spend time alone and others liked to spend time in the communal lounge areas. We saw people sitting in groups talking while others were sitting alone reading their daily newspaper. People said they could get up and go to bed when they wanted to. One person liked to sit in the garden when they had visitors.

People were actively supported to be involved in their care and making decisions. We asked people if they had been involved in their care plan and they told us staff discussed their care with them. People said they were asked if they liked a bath or a shower, and if they preferred this in the morning or evening. They were asked about their choice of food, their sleep management, if they liked a milky drink before bedtime and how many pillows they liked to have, if they liked to be addressed by a special name and their previous medical history. A relative said they had been involved in their relatives care plan and they were invited to reviews of care.

Good

Is the service responsive?

Our findings

People had assessments undertaken before they were admitted to the service in order to ensure there were the resources and expertise to meet people's needs. Relatives told us they had been involved in part of the assessment especially with their family member's life history which helped build a picture of what the person was like. The assessments we looked at were informative and included people's past life experiences, previous and known health issues. This provided staff with some background knowledge to help them understand the person they were caring for.

People had care plans in place. These were written with input from people, information acquired from their needs assessment and relevant health care professional reports. Each care need was supported with a plan of care and objectives to be achieved. Reviews of care took place monthly or more frequently if people's needs changed. Staff told us they were involved in care reviews. We saw staff recorded information in the daily entries section of the care plan about how care was delivered on each day and how that person was feeling and if they had any visitors either family or health care professionals. Staff were also included in shift hand overs where information was shared within the staff team.

People were provided with a variety of activities which had been developed by the activities coordinator following feedback from people. They showed us the activity plan in place which was compiled with feedback from people who used the service. One person said "They try their best to keep people interested and I can pick and choose what suits me." Another person said "I like my own company so I will only take part in activities outside the home." We saw some people were playing a board game during the morning and they had planned to decorate cupcakes during the afternoon. Some people told us they enjoyed walks in the garden, trips to the coast and garden centres. They were looking forward to a planned trip to Nutfield Priory.

A computer was available for people to send and receive e mails from friends and family and skype family further afield. One person said they "liked the hairdresser's visits as this was a very sociable event." People told us they could have their own telephone in their bedroom and one person said "It is more convenient to have a mobile phone."

People told us they liked the garden and had been looking forward to a garden party that had to be rescheduled because of rain. One person said "I really do enjoy these events as we have many family members in attendance."

People's spiritual needs were observed and visits form various clergy were arranged on request. A church service was organised regularly which included Holy Communion for people who wished to attend.

People knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance. Relatives told us if they were not happy about something they would talk with the manager who always tried their best to solve issues. They said they had never followed the formal complaint process as there was "Never a need to." We looked at the complaints record and saw two informal complaints recorded in the past year. One complaint related to laundry, which was discussed with the person and was resolved immediately. The second was regarding food and the chef met with people and listened to their comments and feedback and made some adjustments to the menu as required. One person said the staff will do everything in their power to please everyone." A relative said "If I have anything to say the manager takes it on board and it is sorted in a flash."

Good

Is the service well-led?

Our findings

The home was well managed by a registered manager. They had the support of a deputy manager and a head of care which provided an experienced and reliable management structure within the service.

People told us they felt confident in the way the home was managed. One person told us "The manager is visible and talks to me every day." A relative said "From what I have seen it is well managed and they do keep me informed."

The service had a statement of purpose and everyone was provided with a copy of this. It sets out the values and principals of the service which staff are expected to follow. There was also an information pack which provided guidance about how the service was managed and where to go for support and advice.

Staff said they liked working in the service and felt well supported by the management structure. One staff member said "They value my opinion and listen to suggestions that I make or the suggestions I make on behalf of people." For example someone wanted new pillows and these were provided. Health care professional we spoke with had positive comments to make and were pleased with the service provided. One told us "The service does not hesitate in referring people in need of clinical input or support and the manager always had an understanding of people's needs." Another member of staff said "I like working here we are a good team."

Regular meetings which included the housekeeping and catering staff took place. This was to discuss any issues relating to the overall standard of care and identify any issues of concern. For example catering was discussed to plan for the forthcoming garden party and housekeeping arrangements were discussed to manage the summer holidays for staff with child care commitments.

Ridgegate Home is a charity and run as a not for profit organisation. The service is supported by a Board of Governors who meet frequently and visit the home to undertake monitoring visits. We spoke with a member of the board during our visit. They told us one of their roles was to identify areas for improvement and to implement a plan to see this through. This could be from staff recruitment or maintenance of the environment. They had produced a business plan for the coming financial year in relation to this.

Residents' and relatives' meetings were organised every six months or more frequently if there were issues to discuss. The chef told us they met with people at these meetings and were open to suggestions. The manager told us these meetings were flexible in order to accommodate relatives who worked. One person said they enjoyed attending meetings as it gave them the opportunity to air their views.

Health and safety audits were undertaken monthly by the manager or deputy manager to promote people's health and wellbeing and to maintain a safe working environment. This included regular monitoring of fire safety awareness procedures and equipment, and ensuring staff had up to date information and training on keeping people safe.

Customer satisfaction questionnaires were sent to people, relatives and stakeholders for comments and suggestions. The feedback received was analysed for improvement. We read responses were very complimentary of the home and included comments such as "We feel very fortunate that our relative is in your care." And "We are very pleased with everything." A suggestion was made that the car park could be redesigned to make better use of white lines, which was being acted upon.

The standard of record keeping was good and we noted records were monitored monthly as part of the quality audit checks in place. Heads of departments were encouraged to maintain their own records for example cleaning schedules and when a "deep clean" took place.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed the CQC 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.