

Abbeyfield Wey Valley Society Limited The Ridgway Court

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

The inspection was unannounced and took place on 17 August 2015.

Ridgway Court is a 16 bedded residential care home that provides care and support to older people who may be living with frailty associated with old age and or dementia. It is part of a not for profit organisation and is run by a Board of Trustees. There is a chairman, Chief Executive Officer (CEO) and a general manager in addition to the registered manager. At the time of the inspection there were 16 people living at the home, four of whom we were informed had a formal diagnosis of dementia.

During our inspection the registered manager was present. 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.

People said that they were happy with the medical care and attention they received and we found that in the main people's health and care needs were managed

Summary of findings

effectively. However, the monitoring of one person's specific health care needs was not always robust and did not ensure that that appropriate action could be taken if needed. The registered manager took immediate action when we fed back to her our findings.

There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Prescribed creams had not always been signed to say they had been applied. The registered manager took immediate action to address this during our inspection.

Assessments and care plans were detailed and informative and could be used to monitor that people were receiving effective treatment.

People told us that there were enough staff on duty to support people at the times they wanted or needed. We observed that on the day of our inspection there were sufficient staff on duty. People said that they would speak to staff if they were worried or unhappy about anything. Staff had received safeguarding training and were aware of their responsibilities in relation to safeguarding.

Risks to people's safety were assessed and actions taken to reduce reoccurrence where possible. Staff were able to describe how they supported people to maintain their independence whilst maintaining their freedom and safety. Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques

People said that the food at the home was good. Staff assisted people when required and offered encouragement and support.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. A training programme was in place that included courses that were relevant to the needs of people who lived at Ridgway Court. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal.

Ridgway Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These

safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. People's capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

People said that they were treated with kindness and respect. Staff knew what people could do for themselves and areas where support was needed. People's privacy and dignity was promoted. Staff understood the importance of respecting people's rights. People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks.

People said that the home took appropriate action in response to changes in people's needs. Care plans were in place that provided detailed information for staff on how to deliver people's care. Care records were person-centred, meaning the needs and preferences of people or those acting on their behalf were central to their care and support plans.

People said that they were happy with the choice of activities on offer. An activity programme was in place that included external entertainers and a weekly outing.

People said that the home was well-led and that management was good. The registered manager was supported by a deputy manager. A variety of tools were used to obtain and act on feedback from people. These included questionnaires and residents meetings. A range of quality assurance audits were completed to help ensure quality standards were maintained and legislation complied with.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

People told us that there were enough staff on duty to support them and meet their needs.

People received their medicines safely.

Potential risks were identified and managed so that people could make choices and take control of their lives. Staff knew how to recognise and report abuse correctly.

Good



Is the service effective?

The service was not always effective.

People said that they were happy with the support they received to maintain good health. However, support was not always provided in a consistent way for a person with a specific medical condition.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and Ridgway Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People were supported to eat balanced diets that promoted good health.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and positive, caring relationships had been developed.

Staff knew the needs of people and ensured people's privacy and dignity was maintained.

People told us that they exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment.

Good



Is the service responsive?

The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people maintain their independence.

People felt that they were listened to and systems were in place that supported people to raise concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Good



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 17 August 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of older people's health and care services. 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 asked the provider to complete 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. We reviewed the completed PIR and other information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important

events which the provider is required to tell us about by law. We also reviewed comments that we had received from three health and social care professionals who agreed to us using their comments in this report. We used all this information to decide which areas to focus on during our inspection.

We spoke with six people who lived at Ridgway Court and two relatives. We also spoke with two care assistants, a senior care assistant, the deputy manager, the registered manager and the Chief Executive Officer (CEO).

We observed care and support being provided in the lounge and dining areas. We spent time observing the lunchtime experience people had and also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for four people and other records relating to the management of the home. These included staff training, support and employment records, quality assurance reports, policies and procedures, menus and accident and incident reports.

Ridgway Court was last inspected on 10 December 2013 and there were no concerns.

Is the service safe?

Our findings

People told us that there were enough staff on duty to support them at the times they wanted or needed. One person told us, “It only takes two or three minutes for a carer to come when called”. Another said, “They are quite quick when I call for help”. An external healthcare professional wrote to us and stated, ‘There is always a senior member of staff on duty who is ready to liaise with the district nursing team. There appears to be a good organisation of the carers and we have never witnessed any residents having to wait for care’. A second external healthcare professional also wrote to us and stated, ‘The services they provide are safe and effective with good numbers of staff with appropriate skills’.

The registered manager told us that staffing levels consisted of three care staff during the day and two care staff at night, one of which was always a senior care assistant. In addition to this domestic and kitchen staff were allocated to shifts so that care staff were able to focus on supporting people with their needs. The registered manager explained that dependency assessments were completed as part of the admission process for individuals and then reviewed as part of the care planning process. On the day of our inspection we observed that there were sufficient staff on duty. Staff were available for people when they were needed. At no time were people left unsupervised in communal areas. There was always a member of staff present, even if they were cleaning or catering staff, if not care staff.

Recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. An external healthcare professional wrote to us and stated, ‘From our experience we have always found they have provided a safe, warm and caring environment for their residents. The staff and residents obviously have a good relationship and no one has ever voiced any concerns regarding the care’. During our inspection we saw that many people smiled as staff approached them and we did not observe anyone showing fear or distress with any of the staff. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation

to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. One member of staff said, “We have yearly safeguarding training and we are always discussing this subject amongst ourselves. Training yearly is good as it refreshes your mind. If I thought someone was being harmed I would tell the person in charge straight away”.

The registered manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Care Quality Commission (CQC). Prior to our inspection we had received statutory notifications from the registered manager that demonstrated robust safeguarding procedures had been followed if concerns about people’s safety had been identified.

Risks to people were managed safely. Risk assessments and care plans were in people’s care records on areas that included moving and handling, falls, behaviour and skin integrity including pressure ulcers and behaviours. People’s care records included information about their behaviour, how staff should respond and monitoring of triggers and/or behaviour to help staff assess helpful responses and to ensure positive actions. For example, one person’s records stated that they had difficulty retaining information due to living with dementia. Detailed actions were recorded that included ‘Encourage to be sociable and spend time with other residents and to talk to staff. Staff to offer reassurance. X may need space and time to express themself’.

Staff understood the procedures that should be followed if someone sustained an injury or fall. One said, “First make comfortable. Then call for ambulance. Fill in accident form and make sure copy of medication record goes with the person to hospital”. Accidents and incidents were looked at on an individual basis and action was taken to reduce, where possible, reoccurrence. The registered manager also completed a monthly review of accidents and incidents in order to identify patterns and to ensure appropriate action if needed was taken. Although no one had fallen we noted that the conservatory door frame posed a possible trip hazard due to being raised. The registered manager arranged immediately for this to be identified with high visibility tape.

Hoists and stand aids were available for use to ensure that people were moved safely and staff were able to describe

Is the service safe?

safe moving and handling techniques. Care plans and risk assessments included information about people's ability to weight bear, equipment needed and the numbers of staff required to support people safely.

Equipment had been checked to ensure it was safe for people to use. These included checks and servicing of gas supplies, hoists and the lift, emergency lighting and safety checks on small portable electrical items. Personal emergency evacuation plans were in place for each person

that would help them be moved from the home in the event of a fire. There was also a business continuity plan in place that ensured minimal disruption to people in the event of emergencies' that included power failure.

People told us that they were happy with the support they received with their medicines. They told us medicines were given when needed. One person said, "They will always give you a paracetamol if you need it". There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored,

administered, audited and reviewed appropriately. Staff were able to describe how they ordered people's medicines and how unwanted or out of date medicines were disposed of and records confirmed this.

We watched medicines being given to people and saw that these were given carefully and considerately. The member of staff checked that people took their medicines and offered 'as and when required' (PRN) medicines in addition to people's regular medicines. Staff confirmed that they completed medicines training and that this included assessments of their competency. Staff were not always recording when they had applied prescribed creams and lotions to people. However, stocks of items and discussions with people and staff confirmed that these were being given. Whilst still conducting our inspection the registered manager reviewed the recording system and introduced additional safety measures to ensure all prescribed medicines were signed for when administered.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled medicines were stored safely and separate records maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book.

Is the service effective?

Our findings

People said that they were happy with the care and attention they received and we found that in the main, people's health and care needs were managed effectively. One person said, "I'm very happy here. It's clean and tidy and the staff enjoy our company". An external healthcare professional wrote to us and stated, 'The care and support they offer to service users is at a good standard. The service users and families that I am involved with at the care home are very happy with the care and support they are receiving'.

One person's care records stated that they were diabetic and that this was managed with medication. There was evidence that the person was supported to attend regular diabetic reviews and that other aspects of their health were monitored that could be affected by their diabetes. For example, foot care and weight. The care records stated that the person's blood sugar levels were to be checked and recorded each morning and that the levels should range between five and eight. On two days during the week before our inspection blood sugar levels were not recorded. Reasons recorded were 'no breakfast' and 'unable to get blood'. On 15 August the blood sugar level was recorded as 9. There were no records in place and staff were unable to confirm if this had been explored further. This meant that robust monitoring had not taken place and the person was at risk of receiving unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we made the registered manager aware of this she told us that staff would receive further training regarding the importance of record keeping and ensuring blood sugar levels ranges. We were also informed that the new electronic care planning system that was in the process of being introduced at the home would also identify issues and ensure management were made aware of these.

Assessments and care plans were in place for people that detailed health needs and the actions required by staff to meet these. People had access to a range of healthcare professionals such as GP, dentist, optician, district nurses and where appropriate, community psychiatric teams.

Support was provided to staff that equipped them with the skills and knowledge to care for people effectively. Staff

received an annual appraisal that allowed them to discuss their learning and development needs. Support systems for staff were in place such as one to one supervision and group staff meetings. Staff said that they completed an induction at the start of their employment that helped equip them with information and knowledge relevant to the care sector they

were working in. Training was provided during induction and then on an on-going basis. Training records confirmed that staff received training which included fire safety, infection control, moving and handling and first aid.

Staff had also completed training specific to the needs of people who lived at the home. This

included dementia care, diabetes, palliative care and management of behaviour. One member of staff said of the training provided, "It helps give us an insight of the person's world and life".

Further training booked for the forthcoming year included first aid, safeguarding of adults, infection control, medicines, equality and diversity and Parkinson's awareness. This demonstrated a commitment by the registered manager to ensure all staff received training that equipped them with the knowledge needed to care for people effectively.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and of the Deprivation of Liberty Safeguards (DoLS) and said that they had received training in these areas. One member of staff showed us aid memoirs and explained that everyone was given these and carried them on their persons so that they could refer to them when caring for people. The aid memoirs included the principles of the MCA including the presumption that people have capacity to consent, best interest decisions and least restrictive practice. Another member of staff said that MCA and DoLS were discussed during shift handover sessions.

Ridgway Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager had submitted DoLS applications for four people to the local authority and was waiting for a response. The registered manager understood when an application should be made, how to submit one and the implications of a recent

Is the service effective?

Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. One person told us that they went to a local shop every day to buy a newspaper. They explained that when they did this they informed staff for fire safety reasons. They confirmed, “I can go out whenever I want”.

During our inspection we observed that staff sought people’s consent before they supported them and then waited for a response before acting on their wishes. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions. One person told us, “They always ask permission before coming in or doing anything for you”.

Consent forms were in place that people had signed which confirmed they agreed to the care that was being provided. Some people’s consent records had been signed by their relative.

People said that they were happy with the meals provided at the home. One person said, “The foods very good. I don’t know about choices but it’s served up nice and smart”. Another said, “I enjoy my food. I have a lot of squash, it

makes me happy”. A third person said, “I always eat everything”. We observed the lunchtime meal experience. There was a calm and relaxed atmosphere, with some chat between staff and people and from table to table. People appeared to have their regular seats and we saw two people choose to sit together. They appeared to be friends and were in conversation throughout the meal. The meals looked and smelt good. There was a choice of home cooked meals which people appeared to really enjoy. The vegetables were served separately in serving dishes placed on the dining tables in order that people could choose the items and amounts they preferred. There was a choice of two desserts which were served attractively and each person was offered a small glass of sherry with their lunch.

In between meals we saw that people had drinks within reach at all times, and sufficient tables to put them on.

Care plans included information about people’s dietary needs and malnutrition risk assessments. Food and fluid charts were completed and weight recorded where needed. Care plans included people’s food likes and dislikes, food allergies and specific dietary preferences. One person said, “They always emphasise that you need to drink plenty of water”.

Is the service caring?

Our findings

People said that they were treated with kindness and respect. One person said, “The staff are very polite and the place is always so peaceful”. Another person said, “They (staff) come up and chat to you. They treat you really nicely”. An external healthcare professional wrote to us and stated, ‘The team is caring. It was reported by the service user’s friends and families that the staff are friendly and easy to approach’.

People were encouraged to be independent. One person said, “I am treated normally and I live normally”. They went on to explain how they went to a local shop by themselves to buy a newspaper. Another person told us how they made their own bed. A third person said, “They leave you to it unless you need the help”. Staff assisted as much as necessary without sacrificing the individual’s independence. Staff knew what people could do for themselves and areas where support was needed. One member of staff said, “It’s important to talk to the person. Always give choices and encourage to do as much for self as possible such as holding flannel themselves if able or asking to pass items such as soap. We have to try and keep people independent for as long as they are able”.

We saw frequent, positive engagement with people. Staff on duty appeared dedicated and committed. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. We heard staff speaking kindly and in a polite manner to people. We observed people approaching the manager and vice versa. It was apparent that people felt relaxed in the registered manager’s company.

People were supported to express their views and to be involved in making decisions about their care and support. One person told us that their relative was involved when their care plan was discussed. People told us that they could choose when to get up in the morning and if they wanted to participate in activities. One person said, “They let you get up when you like”. Care plans included people’s preferences about how they wanted to be cared for. For

example, one person’s care plan stated ‘Likes hair washed and set weekly. Brushes own hair each day’. The goal was recorded as ‘For X to have her hair care maintained in a way she wishes that respects her independence and dignity. Staff to remind if forgets as she would always want it tidy’.

Relatives said that they were included in the details of their relatives’ care and were consulted and updated as often as daily. They were informed about GP visits, and anything out of the ordinary,

which reassured them about the safety and care provided to their family members. Each person was allocated a key worker who co-ordinated aspects of their care. Some people had signed their care plans which indicated they had been involved in their compilation.

People’s privacy and dignity was promoted. A relative told us that they could spend time with their family member either in their bedroom or the conservatory if they wanted time in private. A member of staff said of privacy and dignity, “It’s giving them their own personal space. Also don’t discuss their information in front of others. Discuss in private, it’s their right”.

People said that they were treated with respect. One person said, “If I wanted to get up later in the morning then I could. If I don’t want to get up some days it’s accepted”. Staff understood the importance of respecting people’s rights. People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people’s appearance and their personal hygiene needs had been supported. Some people were seen wearing colour co-ordinated outfits and non-slip footwear. Several people were wearing clean reading glasses and many ladies had their nails painted. Relatives told us that they always saw the same, good, level of caring and attention to detail whenever they visited.

We saw that the core values for staff were recorded and displayed. These were ‘Professional, integrity, confidential, trust, unity, respect and excellence’. Staff that we spoke with were able to explain the core values and how they applied when caring for people. We also noted that the subjects of respect, privacy, dignity, independence, choice and fulfilment were discussed with staff during supervision.

Is the service responsive?

Our findings

People said that the home took appropriate action in response to changes in people's needs. One person said, "They keep an eye on you. They bring food to you if you are not well. They get the GP to come quickly if needed". An external healthcare professional wrote to us and stated, 'They refer residents appropriately to us and we have a good working relationship. Assessments regarding pressure areas and nutritional status are completed and any concerns highlighted to the district nursing team'. A second external healthcare professional also wrote to us and stated, 'Staff react to incidents quickly and positively'.

The relative of one person said that since their family member had been living at the home they had improved. They said, "The staff seem very competent and calm. It's small and homely and they encourage people to be independent. X was becoming more and more reclusive but X is beginning to pick up socially now".

One person's care records stated that they had poor eyesight and hearing and that staff should ensure enough lighting and turn down background noise so that the person could communicate. Hearing aids had been provided to help meet this person's needs. During our inspection we observed that the overhead lighting in the home used low energy bulbs which provided rather dim light. There were standard lamps around the home but these appeared decorative rather than functional. During our inspection we saw that a Trustee of the home visited. They informed us that they had come to look at improving the environment, including lighting. This demonstrated a commitment by the provider to make changes in response to people's needs.

The registered manager also informed us that a budget had been allocated for improvements to be made to lighting around the home and to personalise doors. She said that this would be completed by the end of October 2015. This would help people orientate around the home who lived with dementia.

The home was in the process of changing its care planning system and was using both paper and electronic processes. The CEO said, "The aim is to make sure the right

information is in place to give the right care". The new system would include the use of handheld computers, laptops and main computers in order that staff had access to and could update care records promptly.

People said that they were happy with the choice of activities on offer. One person said, "There's plenty to do". Another person told us that the home arranged trips out and activities but they preferred to stay in their room as they enjoyed watching sport on TV.

Information about forthcoming activities was displayed on a noticeboard at the home. A four week activity timetable included information about weekly trips out and in-house activities that included bingo, music and exercise, musicians, reminiscence sessions, board games and religious events such as holy communion and songs of praise. During the afternoon of our inspection we saw that a number of people enjoyed playing cards with a member of staff.

People told us, and records confirmed that residents meetings took place where people talked about anything relevant to the smooth running of the home and communal living. One person said of the meetings, "They ask how we like the trips out". People confirmed that they had been involved in choosing new curtains and dining chairs at the home.

People were supported to raise concerns and complaints without fear of reprisal. One person said, "They (staff) are very good. I haven't needed to complain". A second person said, "I think it's a very good atmosphere here. I've got no complaints." People said that if they had concerns they would talk to staff or the registered manager. One person said, "They will always listen and try and sort out any problems".

The registered manager showed us a 'Memory of the day' book that had been implemented on the 7th August 2015. She explained that this had been introduced in order that the home was proactive in obtaining people's views in relation to their experience of their day and if they viewed these as positive or not. If a person expressed that their day had not been a positive experience this was then explored. The registered manager said that this would also resolve issues before they escalated into formal complaints.

Staff understood the importance of supporting people to raise concerns. One said, "If I thought someone was

Is the service responsive?

unhappy I would ask if they would like to go somewhere private to talk. I would ask if they wanted my help and I would explain how I could pass information to the manager and try and sort as soon as possible”.

The home’s complaints procedure was displayed at the entrance to the home in order that people could refer to

this if needed. Records were in place that showed that where concerns or complaints had been raised, the registered manager had responded to these on an individual basis in writing. Changes that had taken place as a result of concerns included the menu adjusted and a new water pump fitted in a bedroom.

Is the service well-led?

Our findings

People said that the home was well-led and that management was good. One person said, “It’s well-ordered and restful here. It’s a happy place”. An external healthcare professional wrote to us and stated, ‘Care was provided by a caring, well run organisation with good staff and good leadership’. A second external healthcare professional wrote to us and stated, ‘Ridgway Court is well led. The management is knowledgeable, skilled and experienced’. A member of staff said, “Management works really well. There is always the deputy here when the manager is not here”.

There was a positive culture at Ridgway Court that was open, inclusive and empowering. One person told us that they spoke with a member of the management team on a daily basis. They went on to say, “The atmosphere is very good. The staff are very friendly and remarkably good about what they have to do”. They went on to say that in their opinion, nothing at the home needed to improve. Staff said that the handover sessions between shifts were beneficial and used to involve and inform everyone who worked at the home. For example, one member of staff said, “We always discuss the service and people. This morning we discussed health and safety. This was relevant as one person had fallen over”. Another member of staff said of management, “It’s good. Like a big sister, can be strict when needed but not scared of them. They have an open door policy”.

Staff were aware of the vision and values of the home. One explained, “We have the mission statement in the policies and procedures and the aim of the society is to let older people live in the home as per their chosen lifestyle”. Supervision records confirmed that the vision and values of the home were discussed with staff.

Staff meetings took place where staff had the opportunity to discuss the service provided to people. Separate meetings were held for night staff in order that everyone had the opportunity to be involved. Staff told us that the provider operated a recognition scheme that acknowledged extended service. One said, “I got a certificate, a gift voucher and bottle of champagne for working for 20 years”. The provider also operated the ‘Abbeyfield Gold Standards’ recognition scheme. Two

members of staff were awarded certificates for the completion of The Diploma Level 5 in Health & Social Care. We were also informed that the provider was awarded ‘Provider of the Year 2014’ at The Surrey Care Awards.

Questionnaires were sent to people and their representatives. These were last sent to people during April 2015. Of the 16 sent, 13 had been completed and returned. People were asked their opinion on the environment, the service, management and staff and overall impressions of the home. The majority of people had indicated that the home was either excellent or good in all areas.

Quality assurance audits were completed to help ensure quality standards were maintained and legislation complied with. These included audits of medication, infection control and cleanliness and health and safety. Where audits identified actions steps had been taken to address these. The audits and the findings were shared with the CEO and Board of Trustees and there was a clear line of communication between all. Regular meetings took place where findings, risks and future developments were discussed. The CEO and Board of Trustees also completed separate audits and inspections of the service. Monthly accident and incident audits were completed that looked at individual circumstances and systems were being explored to link incidents and to identify trends at service level. The CEO told us, “We are trying to monitor the coloration between falls, Urinary Tract Infections (UTI), pressure areas and Meticillin-Resistant Staphylococcus Aureus (MRSA). We reference National Institute for Health and Clinical Excellence (NICE) averages for pressure areas. We are working with the Clinical Commissioning Group (CCG) in relation to UTI and nutrition and hydration in care homes”.

The registered manager recognised how working with other agencies benefited the quality of service provided. In the PIR she wrote ‘We have been awarded the Investors in People Gold award. This has benefited the home by ensuring that all quality assurance processes, business plans and staff policies and procedures have been audited and reviewed by an external agency’.

The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. There

Is the service well-led?

were clear whistle blowing procedures in place which the registered manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured all service users receive safe care and treatment. 12(1)