

Ridgewood Care Services Limited

# The New Inn

## Inspection report

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Date of inspection visit:  
13 May 2021

Date of publication:  
21 June 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The New Inn is a residential care home providing accommodation and personal care to ten people with learning disabilities, autism, and other support needs including a mental health condition. The service is currently full. The New Inn is an adapted detached building on the outskirts of Uckfield.

### People's experience of using this service and what we found

Quality and governance systems had not been fully established to ensure effective quality monitoring was in place. This meant areas needing improvement were not always identified and responded to effectively. We found risk assessments had not been reviewed and updated to reflect current support needs and some medicine records were not complete and available to inform staff on best practice. Accident and incidents were not fully reviewed and monitored to identify trends or to assess if they were dealt with in the most effective way. The impact on staff was not always taken into account.

People were protected from the risks of harm, abuse or discrimination because staff knew how to recognise and respond to any possible abuse. There were enough staff working and available to provide safe support and supervision for people. Recruitment practice was thorough and ensured only suitable staff worked at the service.

There were suitable arrangements in place to respond to any risk to people and to provide people with their prescribed medicines. Infection prevention control measures meant the service was clean and people were protected, as far as possible, from the risk of COVID-19.

The new manager had established a positive culture at the service and was working closely with staff to ensure people were supported appropriately and safely. They understood their responsibilities and were making positive changes in the service to improve systems and outcomes for people. There was a clear management structure with the manager supported by a service manager and the provider who had regular contact with them, staff and people living at the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

### Right support:

The New Inn is registered for 10 people. Although the service was larger than recommended, they ensured

the model of care was adapted to meet the guidance. The model of care and the layout of the setting maximised people's choice, control and independence. In addition to an open plan lounge/dining room there was a separate communal area on the first floor so people could spend time apart if they chose to. Some people chose to spend time in the garden where there was a vegetable patch and a chicken run and one person had a pet rabbit. Staff supported people to meet their individual needs and encouraged them to be as independent as possible. Most people were independent with meeting their personal care and attended to their own laundry. Some people went out independently and others were supported in line with their needs.

#### Right care:

People were treated as individuals and staff knew them well. We saw that people were pleased to see staff when they arrived on shift. The organisation had reorganised their day centre to ensure people had continued to have some access to their preferred activities throughout the lockdown. Additional activities were maintained at the service. One person told us they loved gardening and were looking forward to planting vegetables in the garden later that day. People either had their own ensuite or shared a bathroom with one other.

#### Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people led confident, inclusive and empowered lives. People were encouraged to make choices about how they wanted to spend their time. One person chose to live fairly independently from the others and had definite choices about the times they got up and went to bed and how and who they would communicate with. There was a very lively and friendly atmosphere in the service with lots of jovial banter between people and staff. People told us they liked living at the New Inn and a staff member told us, "I like how it is here, it's like a little family really."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 22 January 2020) and they were in breach of a regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of a regulation 17. The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last five consecutive inspections.

#### Why we inspected

This inspection was prompted by our internal intelligence systems that assesses potential risks at services, taking account of concerns in relation to aspects of care provision and previous ratings any enforcement and safeguarding information. As a result, we undertook a focused inspection to review the key questions of safe and well-led. This enabled us to review any potential risks and review the previous inspection ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The New Inn

## 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.

This focussed inspection was prompted by our internal intelligence systems that assess potential risks at services. It was also completed to check whether the provider had met the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The New Inn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, but they were not registered with the Care Quality Commission. This means the provider alone is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We needed to know about the provider's infection control procedures. We also wanted staff to discuss our visit with people to reduce any anxieties that this may have caused.

### What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report and the action plan supplied by the provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke to the ten people who were using the service. Some people did not feel able to give feedback about their experience at the home. Therefore, we spent time chatting with them and observing their interactions with staff. We spoke with four members of staff including the manager. We were also able to talk to the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at training data, further risk assessments and medicine records and quality assurance records. We spoke to two health professionals who have a knowledge of the service. We also contacted two relatives who shared their experience of the service and the care and support it provided.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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; Learning lessons when things go wrong

- At the last inspection some risks were not being managed as safely as possible. This included staff working long hours with a risk of them becoming overtired. This risk had not been assessed and managed effectively. At this inspection staff were scheduled for and were working shift patterns that were safe.
- There were systems in place to manage other risks. This included risks to people's health, welfare and safety. For example, one person had a health need that meant there were risks associated with them bathing. Assessments were in place to promote their safety while in the bath.
- However, risk assessments had not always been updated and reviewed on a regular basis to ensure they were current and appropriate. For example, one risk assessment around safety in the community had not been reviewed to reflect the changes in the support provided. This was updated following the inspection visit.

These areas were raised with provider and manager for them to address and identified as an area for improvement.

- Other risks were well managed, and care and support was changed and developed when things went wrong. There were guidelines to manage behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. Known triggers to behaviours were recorded and staff followed plans to reduce risks.
- There was advice on early interventions that could be taken, how to deal with a crisis, how to empathise, reassure and redirect the person to recover from situations.
- There was clear advice and guidance to support staff in meeting the needs of those who lived with epilepsy. Records showed that seizure activity was evaluated and where appropriate emergency advice and support was sought in line with assessed needs.

Using medicines safely

Some practice around medicine management needed to be improved.

- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them. Most people had individual guidelines for staff to follow to ensure PRN medicines were only given when needed and in a consistent way. Some guidelines however were not available and some needed updating and reviewing. Therefore, suitable guidelines were not readily available to staff to inform safe medicine administration. These were immediately reviewed and updated and made available to staff.
- When PRN medicines were used a record of how effective it had been was not always recorded. This did



not allow for the use of medicines to be evaluated, to ensure medicines were used in the most therapeutic way.

- Although medicines were administered on an individual basis people came to the medicines room for their medicines. The manager recognised this was as not best practice and was looking to change this.
- Other systems and practice relating to medicines were safe. For example, the Medicine Administration Records (MAR charts were accurate. The ordering and storage of medicines were safe with the use of suitable storage cupboards and checking systems.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe living in The New Inn. One person said, "Yes, I love all these guys and I love all the staff." A relative said, "I know X is very happy here, they are just keyed up to what they need."
- The senior staff including the provider worked closely with the local authority and other social and health care professionals, to address any safeguarding issues to ensure the safety of people.
- Staff told us they had received training on safeguarding. They told us how they would recognise abuse or discrimination and how they would respond. One said, "I would speak straight away to senior staff, the manager or owner. I have had to raise a safeguarding in another care home."
- Safeguarding procedures were available to staff. Staff knew the referral procedures to be followed and they knew who to contact and this could include the police.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met. Staffing numbers ensured people received the support they needed and allowed for them to have support outside of the service.
- Staffing was flexible and was increased if people needed extra support. For example, an extra staff member was supplied for a night 'sleep in' to provide extra supervision and monitoring when an issue occurred.
- In the event of an emergency extra staff were available and were able to respond. Some lived close by and could attend during the night. Extra staff were also available for support from a nearby service within the same organisation. On call arrangements ensured staff were available in the event of an emergency or for advice.
- A thorough recruitment procedure was followed before people worked in the service. This included criminal record checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There was a written visiting procedure in place that was in line with government guidelines. A copy of this had been shared with family members to support safe visiting.
- We were assured that the provider was meeting shielding and social distancing rules. Staff supported people to social distance and to wear PPE safely.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Suitable stocks of PPE were available in the service and staff were wearing PPE appropriately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was found to be clean and the manager showed us that each person had their own cleaning equipment for their rooms. Minimising the risk of cross infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed. Staff had received additional training on COVID-19. Regular audits and checks were undertaken to ensure staff were following good infection control practice.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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; Continuous learning and improving care

At our last inspection the provider had not ensured good governance had been maintained. Quality assurance systems were in place, but these were not always effective in driving improvement and identifying shortfalls. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager left the service in December 2020. An appointed manager took up post but did not register with the CQC. They left in March 2021. A new manager took up post four weeks before the inspection. They have not applied for registration with the CQC yet. The service has not had a stable and consistent management over the past five months.
- Although quality monitoring systems were in place including a regular quality report by the service manager and provider. These had not ensured effective monitoring and quality assurance had been maintained. For example, risk assessments had not been routinely reviewed and updated this included risk assessments for people's medicine administration and risks associated with care and support.
- Systems to monitor and review accidents and incidents was not fully developed. Record keeping and auditing did not allow for an overview of these to establish trends or themes, or if the approach of staff had been positive or negative. In addition, complaints were not logged and audited to demonstrate how these were used to improve the service.
- When incidents occurred that impacted on staff emotionally and physically there was no evidence that staff were suitably debriefed and supported to ensure their welfare.  
These areas were discussed with the manager and provider for them to address.  
The five previous inspections have rated the well-led question as Requires Improvement.  
There has been a consistent theme of a lack of effective audits highlighting shortfalls in service delivery.

The registered provider had failed to ensure that effective auditing systems were in place to identify shortfalls in the service and ensure improvement. This is a breach of Regulation 17 of the Health and Social

- The new manager told us she was well supported by the organisation's management team. This support included a service manager and the provider who visited the service often. She was confident she had the support and resources to improve the service and promote good outcomes for people.

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 manager and management team including the provider were open and transparent during the inspection process and had contacted the inspector before the inspection to share some concerns about the management of the service.
- They acknowledged some shortfalls and what actions they had planned to improve the management. This included the appointment of a new manager.
- The manager was aware of their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the running of their service. For example, people told us they did their own personal care and laundry and they shared responsibilities for cleaning the house. Staff told us "People take pride in their home and they like the lounge and dining room to look tidy."
- One person told us, "We have menu meetings and we decide what we want to cook. We take turns. My favourite is corn beef hash." Another said, "We peel veg and make cakes too."
- We heard one person asking a staff member if they would take them out for the afternoon. The staff member immediately said "Yes, where would you like to go." The person was able to say where they wanted to go, and this was agreed.
- At a resident's meeting people decided to turn their summer house in the garden into a pub. People told us they were looking forward to this. A relative said they felt involved and told us, "They contact me on the telephone or send me letters to keep me up to date."
- Staff felt they were listened to. Staff team meetings were now being held on a regular basis. Staff had the opportunity to share their views on the service and people's individual support and what could be used to improve outcomes for people and staff. For example, the staffing shifts were discussed, and with the new manager who confirmed staff were not expected to work long daily shifts and would be paid for time used for completing training.
- Staff involved and used professionals, people and representatives to inform the care and support provided. One relative told us, "It's definitely the place for him. They talk to him and work things out with him."
- One person chose to live independently from the others and had definite choices about the times they got up and went to bed and how and who they would communicate with.
- Another person had a care plan written in English but also in the person's first language. For all formal meetings and reviews an interpreter was invited to ensure the person could be fully involved in all aspects.
- A visiting professional said, "They have worked with us and done some good bits of work with them. A positive behavioural support plan has been developed with our input."

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

- People and staff found the manager approachable and supportive. They had established regular contact with people and staff. One staff member said, "Working here is lovely. Everyone treats everyone with respect."

The manager is very approachable."

- The manager was a visible and very much part of the team. She worked shifts on the rota as well as administration and management shifts. Although new to post she made herself available and demonstrated the standards of care and support she wanted in place.
- There was an open and supportive culture in the service. The manager had been completing individual supervisions and team meeting were used to not only share messages and improve services they were used to thanks staff.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure that effective auditing systems were maintained to identify shortfalls in the service and ensure improvements were in place.</p> <p>Regulation 17 (2) (c).</p>