

# Community Homes of Intensive Care and Education Limited

## Ridgeway House

### Inspection report

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Date of inspection visit:  
06 January 2022

Date of publication:  
01 February 2022

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Ridgeway House is a residential care home providing accommodation and care for up to eight people with mental health needs. On the day of our visit there were six people living in the home.

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

Risk assessments had been carried out to assess the risks to people's safety, and care plans informed staff how to keep people safe. Staff understood their responsibilities to protect people from harm and abuse. Safe recruitment practices were in place and there was enough staff on duty to meet people's needs. Systems were in place for people to receive their medicines in a safe way.

People were supported to have enough to eat and drink. There was evidence of close working and communication with other professionals to help meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were happy with the care they received. Comments included, "I'm happy, the whole family are happy, we have no concerns at all. It's lovely there" and "It's 100% care. For the residents, it's first class. All the carers are kind and helpful. They do everything to keep people happy."

The service was responsive to people's needs. Staff understood people as individuals with their own unique needs and preferences. People were given opportunities to socialise and take part in activities. There was a process in place to manage and respond to complaints.

The home was well led. There were systems in place to monitor the quality and safety of the service. Staff morale was positive, and staff felt supported and able to discuss issues with the management team. The service had good links with other health and social care professionals.

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

This service was registered with us on 13/09/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection to give the service a rating.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ridgeway House

## 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.

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 one inspector 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.

Ridgeway House 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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 of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, support workers, a positive behaviour support practitioner and the assistant area director. We also spoke with one visiting professional. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We arranged a follow up video call with the registered manager to give feedback.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes in place protected people from the risk of abuse.
- People were supported by staff who had received safeguarding training. Staff understood their responsibilities to report concerns about abuse. One staff member said, "It's important to report any abuse."
- People using the service said they felt safe. One person said, "Yes I feel safe. I do so enjoy it here." Comments from people's relatives included, "Yes, [name] is safe. We know staff do regular checks; it's done very discreetly" and "We have no concerns regarding [name's] safety. Trust me, it's a fantastic setting."
- Without exception staff said they felt able to raise any concerns about poor care. One staff member said, "I'd go to the management team and report it. I also have a "Speak up" card in my purse; it's an outside company we can speak to. I feel happy to speak up."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed, with measures in place to stop harm occurring. One person's relative said, "They could see [name] was having a problem with mobility and they very quickly sorted out a wheelchair so they could take [name] out. The staff noticed [name] got very anxious about falling over. They noticed that straightaway."
- We reviewed risk assessments relating to different aspects of people's care, including the risk of accessing the kitchen or the local community. The assessments were person-centred and detailed, providing staff with the information they needed to help people be safe.
- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Safe recruitment processes were in place.
- There were enough staff on duty to meet people's needs.
- There was a calm atmosphere throughout the home. None of the staff appeared rushed and when people called for them, they were available to offer support.
- Although staff said they felt there was enough staff on duty one member of staff commented, "Generally, there's enough staff on duty, but I feel we could do with more bank staff. When someone goes off sick it's hard."

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies regularly checked.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks and audits were carried out.
- Medicines administration records showed that people received their medicines as prescribed.
- Medication profiles were in place. These were detailed and informed staff how people preferred to have their medicines. For example, "Likes to take medication with a drink of blackcurrant."
- Protocols for additional medicines people might require (PRN) were personalised and described steps staff should take before resorting to the use of medicines. When additional medicines were administered, staff documented the reasons why and the outcome.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, and action taken to prevent recurrence.
- Information relating to incidents was shared with staff during team meetings.
- Incidents and accidents were reviewed and analysed monthly.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a robust process in place to assess people's needs before moving to the service. This included inviting people to the service to look round and meet the other people living there. The registered manager said, "Before anybody moves in, we will talk to the service users about it. Potential residents will come and do visits for tea a few times and meet the other residents."
- When people moved into the service, the senior staff members spent time with them, documenting their needs and preferences to develop the person's care plan and risk assessments. One member of staff said, "We try and build on the information we have when assessing people's needs. We speak to the families. As we build relationships with people, we can get to know the things that are important to people."
- People's health needs were assessed. Care plans informed staff how to follow best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their roles. One person's relative said, "They're very well trained here. It's noticeable in comparison to other places."
- Staff spoke positively about their induction and ongoing training. One member of staff said, "This is my first job in care, but I do feel trained to do my job and I feel safe doing my job." Another member of staff said, "I feel like I'm progressing professionally here. The provider is funding my level 3 NVQ and they put me on a management development course."
- Records showed staff received regular supervision from a line manager. Staff said outside of supervision meetings they could speak to a member of the management team at any time.
- The provider employed behaviour practitioners. Staff said they were offered debrief sessions with practitioners to talk through events. One staff member said, "We can say if we want a debrief, and we then get to talk it through, and they check if we're OK. I've done it and it's a good way to get things of your chest so that things don't build up."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and their weight was monitored. People's food and drink preferences were written in their care plans.
- People were encouraged and supported to participate in meal preparation. One person was supported to do some baking and another person was supported to safely use the kitchen equipment.
- One person said, "The food is good, we can have what we want. We do have healthy eating, salads and so on. They [staff] cook it and they [staff] do the shopping, but we can go shopping too and pick what we like. Staff do ask what we'd like to eat." One person's relative said, "I don't doubt the staff take nutrition very seriously here."

- We observed lunch during the inspection. It was relaxed and staff ate in communal areas with people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good relationships with the local surgery and the mental health team. Staff said the GP and CPN visited when needed and staff said that if they needed advice or support at other times it was easy for them to access this.
- One professional told us, "The staff always keep me informed of what's going on. Any incidents or concerns they contact me straight away. I have no concerns."
- Timely support was sought when needed. During the inspection one person complained of a toothache and when staff checked, the dentist was closed. However, the staff member immediately went to the local chemist to buy some over the counter tooth pain relief medication.

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms with en-suite facilities. People were able to bring furniture and other items in to personalise their rooms if they wanted to. One person said, "I've got all my things in my room. They clean it for me, and I try to keep it tidy. I've got two windows and I can see outside. It's just been decorated, they had it all done especially for me."
- The home was bright and airy and there were several communal areas for people to access. One person's relative said, "The environment is 5 star here."
- There was a large, well maintained garden. Staff said people were preparing an area to grow vegetables and they had also planted some fruit trees. One person said, "It's a nice home and garden. We eat the fruit that grows on the trees."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's capacity to consent to their care and support had been assessed. When people did not have capacity to decide, best interest decisions had been made. These were clearly documented and showed how the decision had been reached.
- Staff understood and followed the principles of the MCA and Mental Health Act. One member of staff said, "People have the freedom to do what they want here. They choose what to eat, what to do. We help them be as independent as they want to be, but we can't make people do something they don't want to, we have to ask."
- We observed people being asked for their consent before any support was provided. One person said, "The staff always ask consent and they're well mannered."
- People had access to independent advocacy services.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw many positive interactions between people and staff throughout the inspection. Staff were attentive, caring and respectful. There was a friendly and relaxed atmosphere.
- The kitchen was a hub of social activity. We saw people chose to sit at the kitchen table with staff and talk with them.
- One person's relative said, "They [staff] are wonderful here, honestly, we just wish he'd been here before" and "Nothing is too much trouble for the staff." Another person's relative said, "They [staff] are extremely caring. They are just marvellous with my relative. So respectful, so polite. They're really lovely with him."
- Staff spoke highly of their roles. Comments included, "I like making a difference. When someone has the big breakthrough that you've been working on for ages, it's a great feeling. When someone has a good day, I know I've been part of making that happen" and "I really enjoy it here. I get a lot of job satisfaction. I like to see positive outcomes for people and it's nice to feel like I'm making a difference."

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

- Staff introduced us to people and asked if they wanted to talk to us about their experience of living at the service. Some people chose not to, and this was respected. When people did want to speak to us, they were given the opportunity of a staff member being with them for support if they wanted that.
- Resident meetings took place as a means of encouraging people to express their views and opinions. The registered manager told us that people were invited to take part in staff interviews.
- Care planning took place with the full involvement of the person where possible.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. People could choose if they preferred to be supported by male or female staff. One staff member said, "I always make sure the blinds are closed, the door shut, keep people covered. One person likes me to leave the bathroom and wait outside until [they're] ready for me."
- One person's relative said, "They [staff] treat my relative with respect and always give him choices."
- Staff promoted people's independence. One staff member said, "We use the recovery star model. People have key workers who work with them on their goals. It might be something small, but it means a lot to people." Another member of staff said, "[Name] is a good example. [They] have really blossomed since living here, they've become more upright and visibly happy."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans provided detailed guidance for staff on how to meet people's needs. The plans were person centred and included details of people's choices and preferences for how they wanted to live their lives.
- Through conversation staff showed they knew people well and had read the care plans. One staff member said, "When I started here, I read all the plans and the daily notes. I also like to just sit and get to know people by talking to them. You get to know what people like and don't like."
- People's health needs were assessed and monitored. We saw an example of how staff had positively impacted someone's health, and this had been commended by the person's GP.
- The registered manager said, "As much as possible we get people involved in the day to day management of the home. One person likes to clean their own room, one person loves to cook, bake etc. One person is good at prepping veg for lunch. Fundamentally, this is their home, so we encourage them to look after it. If someone wants to move on from here, they need to know some core skills and if we can, we will support and help them achieve that."

Meeting people's communication needs

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

- People's communication needs were assessed. Care plans provided details of any communication tools used by people. We saw these being used during our inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain relationships. Some people had been on trips away or had been to stay with relatives during the holidays. Staff told us some people had gone on holiday with members of staff and were hoping to do the same thing during the summer.
- People had opportunities to socialise and follow interests. For example, during our inspection, a member of staff took two people out for lunch. People were also supported to go shopping, the cinema and various clubs. A coffee morning was due to be held at the service to welcome someone new to the service. One person's relative said, "They give [name] lots of opportunities to do things. There's different activities, social clubs, hydrotherapy."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the past 12 months.
- People told us they knew how to complain. One person said, "The staff are approachable, I wouldn't worry about saying anything."
- One person's relative said, "I know who to go to if I had a complaint."

#### End of life care and support

- There wasn't anybody at the time of our inspection receiving end of life care. However, the service had links with the local hospice for when support was required.
- Staff had spoken to people about their end of life wishes and where people were willing to discuss these, care plans provided clear guidance about people's choices.
- People had chosen to plant a rose bush in the garden in memory of someone who had died. Everyone had been involved in that decision.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a strong person-centred culture within the service. Staff understood people as individuals and worked hard to care for people in ways which met their needs.
- All the staff we spoke with said how happy and valued they felt in their roles. One staff member said, "The staff here are great. It's a nice environment to work in. Staff are friendly. It's lovely getting to know the service users." Another member of staff said, "It's an amazing company to work for. The company provides good training; there is a real emphasis on it here. Every home for the provider is a special home."
- The registered manager said, "We are proud of what we do here. We've had some massive positives in the last year."

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 registered manager was clear about their responsibility to be open and honest about events in the service. They had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff we spoke with were clear about their roles, had shared person-centred values, and worked together as a team.
- The registered manager had systems in place to monitor the performance of the home. They were supported in this by a deputy and assistant manager.
- There was a robust programme of audits in place. These included monthly in-house audits alongside annual whole home audits. The outcome of these were overseen by the assistant area director and there was an effective system in place for driving improvement.

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

- People were invited to attend monthly meetings and minutes of the meetings were available for people to read. People were encouraged to be involved in decision making regarding the environment, the menu and activities for example.
- Regular staff meetings took place. Staff told us they felt confident to speak up during these meetings. One

staff member said, "We are encouraged to take part but if you don't want to speak up, you can write down anything you want raised." Minutes of meetings were provided to staff who were unable to attend.

- Regular people and staff surveys were carried out. The latest survey results were being analysed at the time of the inspection.
- The registered manager and deputy manager were praised for their supportive and approachable manner and their visible presence at the service. One member of staff said, "I can talk to [deputy manager] about anything. If someone or something is getting to me, I can talk to her about it and talk it out with her. It's good to have a team you can decompress with."
- People's views and opinions were sought. For example, people were supported to take part in staff interviews, to choose how the home should look and the things they wanted to do.

#### Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority, mental health team and visiting health professionals.