

Ridgewood Care Services Limited

The New Inn

Inspection report

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Ratings

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

Overall summary

About the service

The New Inn is a residential care home providing accommodation and personal care to 7 people with learning disabilities, autism, and other support needs including a mental health illness. The service can support up to 10 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Although the New Inn is registered for 10 people and this was larger than recommended, the service was run in a way that met the guidance. The model of care and environment maximised people's choice, control and independence. There was an open plan lounge/dining room and separate communal area on the first floor so people could spend time apart if they chose to. The garden was also attractive, safe and accessible.

Staff supported people's strengths and promoted what they could do for themselves. They understood the importance of people being as independent as possible, and the fulfilment this gave people. For example, people were encouraged to look after their own rooms and laundry. People were supported to be busy and to have fulfilling lives that included life activities and social events.

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's health needs were monitored, and people were supported to ensure they received health care when needed. People received their medicines in line with prescription guidelines.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff knew people as individuals and responded to their different needs. Staff were aware of people's emotional support needs. They understood what triggered people's anxiety and how to support them during times of distress. Staff were aware of their responsibility to protect people from potential abuse and concerns were reported and investigated in line with good practice and requirements.

Each person had a Key worker who they had formed positive and supportive relationships with. Choices were provided to people in relation to their day to day support and how they wanted to spend their time. Recreational and social events were an important part of people's lives and given a high priority.

Right Culture:

The registered manager and the extended management team have worked hard at promoting a positive and inclusive environment where people and staff felt valued and listened to. The registered manager was providing effective hands on leadership.

Staff demonstrated their commitment to the values and ethos of the service that put people at the centre of all care and support provided. Staff spoke positively about people's achievements and encouraged their independence whenever possible.

Staff spoke positively about the management team, and the support they received. One staff member said, "I love working here, it's a good team, and you are well supported."

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

Rating at last inspection and update

The last rating for this service was requires improvement (22 January 2020) and there was a breach of 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 we found improvements had been made and the provider was no longer in breach of regulation 17.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The New Inn is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The New Inn is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan

to make. We looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service. We also spoke with 3 staff members in addition to the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and quality audits. We contacted and received feedback from 3 visiting professional and 4 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection there was some medicines practice that needed improvement. At this inspection medicines were handled safely.
- Those people who were prescribed 'as required' (PRN) medicines, now had individual guidelines for staff to follow. This included medicines for supporting people who displayed anxiety, there was guidance for staff about what they should do to support the person before giving them medicine. When PRN medicines were used a record of how effective it was had been recorded. This ensured medicine use could be evaluated effectively.
- Medicines were stored in a locked room and given to people in an individual way. This included people choosing where they wanted to have their medicines.
- Only staff who were trained and assessed as competent were involved in the handling of medicines. Staff worked in accordance with STOMP (Stopping the over medication of people with a learning disability, autism or both). For example, one person was having regular contact with their psychiatrist to reduce some of their medication ensuring they were on the minimal medication necessary.
- Records seen including the Medicine Administration Record (MAR) charts confirmed systems followed supported the safe handling of medicines. For example, medicines that arrived in prepacked doses by the pharmacist, were checked on arrival by two staff members. Medicines charts were only signed for once they had been administered.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff received regular training on safeguarding and protecting people. Staff were confident on recognising different types of abuse and discrimination.
- Staff knew to report any concerns quickly to senior staff, and the management team. One staff member told us, "There is always a member of the management team to run concerns past day or night." Safeguarding concerns were dealt with effectively by the registered manager. For example, concerns during a hospital stay for one person were identified and reported.
- People told us they felt safe. One said, "I like it here, safe? Yes." Relatives were confident with the care and support provided and that it was delivered in a safe way.
- Time spent with people and staff confirmed people were comfortable and relaxed with staff and sought out their company. They were comfortable to share their thoughts and feelings. Staff were skilled at relaxing people and listening to any concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified, assessed and managed. There were generic and individual risk assessment according to people's needs, health and lifestyle. For example, everyone had a personal emergency evacuation plan that provided guidance on how to evacuate people safely. Risks associated with people's individual activity were assessed and monitored. For example, any social activity was assessed before completion to reduce any risk associated.
- Other assessments addressed people's individual health needs. For example, risks associated with epilepsy and diabetes. There was clear advice and guidance to support staff in meeting the needs of people who lived with epilepsy. This advice was written in consultation with health care professionals. Any possible seizure event was monitored and responded to according to risk and safety.
- Staff recorded people's level of anxiety and emotional trends each day. These were evaluated, monitored and informed the use of positive behavioural support plans. These plans gave guidance to staff on how to reduce people's anxiety and negative emotions to reduce any associated risks.
- Incidents and accidents were recorded, information within these were reviewed by the registered manager and used to identify any learning and any action to reduce risks.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing arrangements allowed for individual needs to be met along with specific one to one time.
- Staffing was flexible and was arranged around activity and as people's needs increased. For example, if people had increased anxiety and needed additional one to one support.
- In the event of an emergency extra staff were available. Senior staff lived locally and were able to respond at any time. Staff from nearby services within the organisation were also available if required. On call arrangements ensured senior staff including the provider were available in the event of an emergency or for advice.
- No new staff had been recruited since the last inspection. The registered manager was clear on the robust procedures to be followed. All staff had completed a criminal record checks (DBS) 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.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

There had been a recent COVID 19 outbreak at this service and the registered manager confirmed the visiting procedure was being reviewed to ensure appropriate and in line with Government guidelines.

Is the service effective?

Our findings

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

At our last inspection when rated, this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection staff were not always following the principles of the MCA. At this inspection staff had an improved knowledge of the Act. Staff had completed mental capacity training and had an understanding the importance of consent and upholding people's rights to have choice and control over their lives. Staff were able to demonstrate their commitment to this principle. People were given the opportunity to be involved in any decision. For example, one person who had limited understanding was involved in discussions and decisions around medication with a psychiatrist.
- Some restrictive practices were used to keep people safe, this included constant supervision, when leaving the service. DoLS applications and authorisations were in place for people around any restrictions within their lives that they did not have capacity to consent to. The registered manager had in depth conversations with the DoLS assessors to ensure the principles of the MCA were adhered to and suitable mental capacity assessments were completed for each decision.

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

- People's needs, and choices were assessed and responded to. Tools were used to assess people's needs for example a DISDAT tool completed for people who needed it, to help identify when they were in pain or distress. The DISDAT is a nationally recognised tool to help identify signs of distress in people with severe

communication problems.

- Individual support plans were devised in conjunction with people to guide staff on the individual support people required, taking account of choices and preferences. For example, Positive Behaviour Support (PBS) plans were used in line with best practice guidelines. PBS is a person-centred framework for providing support to people with a learning disability or autism who may display emotions that may challenge or distress themselves or others.
- Professionals confirmed the positive outcomes the approach of staff promoted with people. One told us, "Staff work with clients to find out what escalates certain behaviours, they put in place strategies and charts to support. It has had a real positive impact."
- Staff were trained and understood the principles of PBS. They used this to provide a consistent approach when supporting people. This promoted people's wellbeing and quality of life. A professional told us, "Ultimately, they are more stable in my opinion, now than they have ever been."
- Relatives were confident that staff knew people well and supported them to have a full and active life. One told us, "Staff know them well especially the key workers, who they really relate to."

Staff support: induction, training, skills and experience

- Staff members had appropriate skills, knowledge and experience to deliver effective support to people. Staff told us they were well supported and received the appropriate training to undertake their role. A staff member said, "We have a lot of training to complete, I have completed autism training online recently."
- There was a range of online and face to face training. Most training was online but some face to face was essential for example, such as medicine administration and the checking of staff competency and skills. There was a structured induction programme for new staff, when recruited. One staff member told us, "The induction was good. It gave you time to get to know people."
- Staff were supported with a supervisions and appraisals programme. Staff told us they had regular supervision and the opportunity to discuss work, training and development and any personal issue that they wanted to share.
- Staff files and discussion with staff confirmed supervision was used to support staff and improve the quality of the care and support provided. For example, one staff member confirmed they changed their working hours to enable flexible working around home commitments.

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

- People had food and drink that meet their individual preferences and health needs. People said the food was what they wanted and what they liked it. People were included in planning menus and cooking when appropriate.
- People were encouraged to eat a healthy diet through discussion and recognising health needs of people. For example, one person was able to control their diabetes by eating a healthy diet.
- People who had specific dietary needs were catered for safely. For example, one person had a diet that needed to be a specified consistency. All staff were aware and knew they needed to be monitored when eating in case they choked. Staff told us what food had been prepared for them at an event that day.
- Staff monitored people's weights and responded to any changes of concern. A loss or increase in weight would be reported to the GP for further support. For example, one person who had lost weight was placed on a fortified diet and discussion with the GP continued with ongoing monitoring.

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

- Staff supported people to access appropriate support from a variety of agencies and health care services. This supported and encouraged people to maintain and improve their physical and mental health. A visiting professional told us, "Staff involve lots of other professionals too, medical and mental health teams."

- A visiting professional described how staff supported a person to go to an epilepsy centre despite an unwillingness to attend. They provided the necessary support and reassurance to enable them to attend. "Staff did not give up and attended every meeting and finally they went."
- Staff were observant and responded quickly to any emerging health need. For example, during the inspection staff responded to a health emergency. They ensured the person was taken to hospital with relevant information and a staff member to support them.
- Each person had individual health plan which ensured people's health care needs were addressed and monitored. For example, one person lived with diabetes and staff supported them to attend all associated medical appointments. This ensured this health condition was well managed and the impact of the health condition was minimised to promote health.

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

- The design and decoration of the service met people's needs and the building was accessible for the people living there. People's bedrooms were individual and personalised. The service had a warm and friendly feeling that was promoted by the décor. Christmas decorations had been arranged to provide a festive environment.
- The New Inn provided a separate accommodation for females and males and this promoted the emotional wellbeing of the people currently living in these rooms.
- The communal areas were domestic in style and supported small group living. The garden was attractive and had ramp access if needed and was used for social events in the summer.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People were treated with kindness, respect and encouraged to have full and active lives taking account of their individual needs. At the last inspection some staff interactions were abrupt and dismissive. At this inspection staff were consistently kind and attentive.
- People told us that they liked all the staff and they were treated kindly. One person said, "They are all good, I like them." Relatives were also positive about the staff and their approach. One said, "I know he loves the staff and loves being with them."
- Visiting professionals were positive about staff and their approach. One said, "Staff provide a fantastic service, they are absolutely brilliant. I really rate them very high. All my clients are very happy."
- Observations confirmed staff had close and caring relationships with people. Staff were polite and interested in what people had to say and what they were doing. For example, one person wanted to show a staff member their picture. Staff took the time to look and be interested even though they were engaged in another activity.
- Interactions were positive with staff sharing jokes and enjoying each other's company. People talked affectionately about staff who they clearly liked being with. Staff adapted their approach with people to get the best out of any interaction. For example, one person was withdrawn, and staff were patient spending individual time with them. Giving them space and the opportunity to share how they were feeling.

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

- People were at the centre of the care and support planned and delivered. Time was taken to discuss individual needs with people. Each person had an allocated key worker who worked with them to plan individual care, activity and goals. One relative told us, "They adore their keyworker."
- People had chosen their own key workers, who were specific staff members, assigned to support them with agreeing tailored care and support. One person told us who their key worker was and how much they liked being with them.
- Staff were proud of how they worked with people to support their own decisions and to improve outcomes for people. One staff member told us how she was so pleased that the person they were a keyworker for had shared how they were feeling. This was a huge step for this person as they found it very hard to share any emotion.
- Staff were skilled when communicating with people putting them at ease and promoting the sharing of their views and wishes. Staff used different methods sensitive to people's individual needs, to ensure people were involved in the planning of their care and support. For example, each person had a communication plan, to support staff to understand how to promote effective communication.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their independence and dignity. Staff knew when people needed their space and privacy and respected this. For example, one person did not like to be disturbed at particular times of the day.
- Staff understood the importance of people's own accommodation and personal possessions around them. People had their rooms as they wanted them and were involved with any decoration and furnishing.
- Staff were committed on promoting people's independence and in this way people's well-being and dignity. For example, people who were able to go out on their own were not restricted. Appropriate risk assessments supported this independence.
- Staff worked with people to achieve skills and independence. For example, one person had been supported to make their own bed. Staff complimented their progress and their achievements. "The bed looks really neat and tidy."
- Staff were sensitive and kind in their approach. They understood the importance of confidentiality and treating people in a dignified way. A relative commented on how they supported a person to maintain their cleanliness. "She seems happy and healthy. They always look clean and tidy. Their clothes are always clean. They're kind to them."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the 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 Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had a registered manager who was providing consistent and stable management. The registered manager was supported by an extended management team that included the provider, an operations manager and the support of two other registered managers within the same organisation.
- The provider, operations manager and registered manager used a number of quality systems to monitor and improve the service and to ensure all regulatory requirements were met. For example, a monthly audit was completed by the provider to review the quality of the service and to review how any challenges were being responded to.
- A recent death in the service had presented a challenge for the management team and how people and staff were to be supported through this loss. The management team had dealt with this challenge in a sensitive and caring way. They had provided relevant support and ensured counselling was available if needed for people and staff. This demonstrated staff were emotionally supported through difficult situations that occurred within the service.
- People using the service clearly had a trusting relationship with the registered manager who had regular contact with them and staff. They knew people very well and spent time with them and often supported them on social activities.
- Staff were confident with the registered manager their management style, and inclusive approach to supporting people and staff. One staff member said, "The manager is fantastic people and staff come first, not like other places." They told us communication systems were well developed, this included a communication book and WhatsApp group.
- People, relatives and professionals knew who the registered manager was said they were available, and easy to talk to. A relative told us, "I think they are very professional. Certainly, under new management, she seems very switched on." A visiting professional said, "The registered manager is absolutely fantastic, she's spot on. Efficient, friendly, good listener and really likes to work on challenges to find a solution. Really approaches it with passion and confidence."

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

- People and staff found the registered manager approachable and supportive. The registered manager was a visible and very much part of the team. They worked shifts on the rota as well as management shifts and led by example. A staff member told us, "The manager is always available and supports all the workers."

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- There was an open and supportive culture in the service. The relationship between staff was positive with a strong team spirit. Staff told us how they worked with each other to ensure staffing was covered. Team meetings were held to promote support the team and to share messages about the service. This had included information on COVID-19. A staff member reflected on the difficult times with the pandemic and said, "The team is stronger now and more resilient."

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; Continuous learning and improving care

- The registered manager and management team including the provider were open, honest and transparent during the inspection process.

- They responded positively to feedback and took immediate action to improve. For example, a central record held for the emergency services for the evacuation of people was updated to ensure information was available quickly and clearly.

- The registered 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. The rating of the service was recorded on the organisations website as required.

- Accidents and incidents were recorded and shared with organisations and relatives when appropriate. Systems to oversee these had been established in the past and the registered manager confirmed this was to be fully adopted, to record all levels of accidents and incidents to identify trends and themes.

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 the service whenever possible and were central to any decision made. For example, any changes to the garden and internal facilities were discussed, along with social events and meals.

- There was mixed feedback from relatives on communication some feeling it was not as good as it used to be. The registered manager confirmed improved communication systems were being developed, along with recording systems to demonstrate the communication completed.

- Staff told us they felt they were listened to and had the opportunity to share their views. Staff team meetings were held, and supervision and appraisals allowed for individual discussions.

- Staff involved and used professionals, to inform the care and support provided. Visiting professionals were positive about the contact and joint working completed.

- During the inspection staff were engaged with people talking about trips and outings to be arranged. One person told us, "I enjoyed going to the pictures, we are planning to go again."

- Meetings were used to gain people's views within a group setting. This promoted discussions on any changes to the menu or social events. Staff also asked people about any possible changes and ideas regarding the running of the service. These meetings were recorded and shared in an easy read format.

- One person was supported to communicate effectively, with the use of a translator or family member when needed in order to share their views on the service.