

# Community Homes of Intensive Care and Education Limited

## Ciderstone House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ciderstone House is a residential care home providing personal care and support for up to six adults with learning disabilities and autism. At the time of the inspection, six people were being supported. Ciderstone House accommodates four people in one building and two people in self-contained annexes attached to the building.

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

People were not supported to have maximum choice and control of their lives. Staff did not provide people with care in the least restrictive way possible and did not act in their best interests; the policies and systems in the service did not support this practice.

One person had specific conditions included in their Deprivation of Liberty Safeguards (DoLS) authorisation. However, the conditions were not met at the time of the inspection.

We have made a recommendation on meeting conditions of DoLS.

Most people's relatives told us they knew how to complain. However, some relatives of people using the service were not always satisfied with responses to their complaints.

We have made a recommendation on taking action to address complaints raised with the service.

The provider's governance and auditing systems were not always effective in monitoring the quality of the service or driving improvements where needed.

People and relatives told us they felt safe with staff and there were enough staff on duty to meet people's needs. Staff understood safeguarding procedures and knew when and how to escalate concerns.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable by their circumstances.

Staff received appropriate support to carry out their roles on a day-to-day basis through structured supervisions and appraisals.

People were supported by kind and caring staff who respected people's privacy and dignity, and supported their independence.

People's individual care plans included information about what was important to them.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The service promoted people's dignity, privacy and human rights. Staff working at the service demonstrated their dedication so people using the service could lead confident, inclusive and empowered lives. However, people were not always enabled to make their own choices and people's consent was not always sought from them.

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

The last rating for the service under the previous provider was requires improvement, published on 14 January 2020.

#### Why we inspected

The inspection was prompted in part due to concerns received about errors in administration of medicines, suspected abuse and poor culture within the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We made recommendations in relation to meeting specific conditions of DoLS and acting upon complaints. Please see the action we have told the provider to take at the end of this report.

#### 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Ciderstone 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 one 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.

#### Service and service type

Ciderstone 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

This comprehensive inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority ahead of our inspection. We used all of this information to plan our inspection.

#### During the inspection

None of the people living at Ciderstone House was able to provide us with verbal feedback. We used observation to help us understand the experience of people who could not talk to us. We used a Makaton questionnaire to obtain feedback from one person. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. We reviewed a range of records. These included care records for four people and medication records. We looked at a variety of records relating to the management of the service, including health and safety records, accidents/incidents logs and quality assurance systems.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found.

# 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

- Relatives of people living at Ciderstone House told us that people were safe. One person's relative told us, "Yes, [person] is safe because there seems to be plenty of staff about. [Person] is not left on her own, they take good care of her."
- Staff told us they understood their responsibilities to raise concerns, to record safety incidents, concerns and near-misses, and to report them internally and externally where appropriate. A member of staff told us, "If I suspected anybody of abuse, I would speak to my manager. I would tell what I've seen. If they did not act on it, I would report this to the safeguarding team."
- Risks associated with behaviour that challenged others were assessed. Positive behaviour support plans instructed staff on what action should be taken to help prevent challenging behaviour. They also included guidance for staff on how to support people to proactively de-escalate that type of the behaviour.

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas such as accessing the community, receiving personal care or having an epileptic seizure. Staff we spoke with were aware of these risks and could describe the support needed to be provided to manage these safely.
- Where people used specialised equipment, there were appropriate protocols in place and staff were aware of them.
- Robust contingency plans and systems were in place to ensure the service ran smoothly in the event of untoward emergencies such as adverse weather. Each person had a personal emergency evacuation plan (PEEP's) in place.

Staffing and recruitment

- The provider operated a safe recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed.
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people in a calm way and at a pace that met people's needs.
- People's relatives told us there were enough staff deployed to meet people's needs. One person's relative told us, "There is enough staff."

Using medicines safely

- People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely.

- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately.
- Staff completed relevant training in administration of medicines and their competencies were assessed on regular basis.

#### 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.

#### Learning lessons when things go wrong

- It was clear that the service manager and provider were keen to learn from incidents that had taken place in the service. For example, they organised staff meetings to address the issues that were raised after one incident. Staff were shown how to complete records and body maps, and were reminded of the importance of these.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the service was not consistently working within the principles of the MCA. During our inspection we found out that one person was on a special diet. Although there were no medical requirements to follow the special diet, this was in place on request of the person's relatives. There was no evidence of the person being involved in this decision; no mental capacity assessment, no involvement of healthcare professionals and no best interest meeting had taken place in order to make this decision. Following our feedback the registered manager contacted this person's relatives and an advocacy service to organise a best interest meeting regarding the person's diet.
- One person had specific conditions stipulated in their DoLS authorisation. We found that although the provider took some steps to meet the specific conditions, they were not met at the time of the inspection.

We recommend the provider meet specific conditions stipulated in DoLS authorisation in a timely manner.

- Staff we spoke to had undergone training regarding the MCA and DoLS and were aware of how to apply this legislation. A member of staff told us, "I always presume she has got capacity do make decisions."

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

- People's equality and diversity needs were identified within their care plan and staff received training in equality and diversity to be able to meet people's individual and diverse needs.
- People's care was delivered mostly in line with current legislation and best practice guidelines. However, some people were not supported to have maximum choice and control of their lives.
- National alerts were displayed in the home for staff to read to enhance their knowledge of changes in care and guidance.

Staff support: induction, training, skills and experience

- All new staff had undertaken induction training which included the completion of mandatory training in relevant areas. Newly employed staff members were also obliged to shadow more experienced staff until they felt confident to work unsupervised.
- Staff's competencies were assessed in areas such as safe handling of medicines, and completion of a probationary period was obligatory for all new staff. This ensured each staff member had the appropriate knowledge and skills to carry out their role effectively.
- Training was up-to-date and staff had received additional training specific to the needs of people they supported, for example training in communication skills, epilepsy and learning disability. Where additional training was required, for example in administering of rescue medicines, this was provided to staff.

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

- Where people were at risk of choking whilst eating, staff had made a referral to the speech and language therapy team (SALT).
- People were encouraged to participate in the preparation of food and involved in such activities such as baking to enhance their cooking skills.
- People received the support they needed to ensure their diet was nutritious and well-balanced.

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

- People's records contained hospital passports which included personal details about people and their healthcare needs.
- We saw that people were supported to attend appointments with healthcare professionals. Where people missed their appointments, this was investigated by the registered manager.
- People were supported by key workers. Key workers are staff dedicated to assist a particular individual whom they know well.

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

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet people's individual needs, preferences and taste.
- We saw that the communal areas were clean and nicely decorated. People were involved in making decisions about the environment, both decoration of their own rooms and of the communal areas.
- Some relatives of people told us that the environment needed further improvement or adaptation to meet people's specific needs. For example, one person's relative told us the outside light had not worked and another person's relative told us that they had been waiting for a specially adapted computer desk to be constructed. We checked the premises and found that a new outside light had been installed and the specially adapted computer desk had been constructed and was already in place. All environmental issues reported to us by people's relatives had already been addressed by the provider at the time of the inspection.

# 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 observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.
- People indicated and their relatives told us they liked the service and they found staff caring and helpful. One person's relative told us, "I feel a bit jealous as [person] is more interested in staff. Seeing him relaxed around people, they know him so well and that tells me all is well."
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are. People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.

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

- Staff encouraged people to make choices regarding the way they received their care and people's decisions were respected. A member of staff told us, "People choose their activities. For example [person] drives and walks. [People] like to do arts and crafts, painting and kinetic sand (kinetic sand acts like wet sand that will not dry out). [Person] and [person] like walks, puzzles, sensory marbles."
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People had regular meetings with their keyworkers in order to enable them to discuss their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and we observed how staff always knocked before entering people's rooms. A member of staff told us, "I always make sure they are dressed appropriately, and when providing personal care, I always ensure that door and blinds closed."
- The provider recognised people's diversity. They had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

# 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.

Improving care quality in response to complaints or concerns

- Some relatives of people told us they were not always satisfied with the provider's response to their complaints. One person's relative told us, "I wasn't happy with the reply. The registered manager didn't say how it wouldn't happen again." One person's relative had raised an official complaint about a missed appointment. Although the service recognised the shortfalls, apologised for them and took relevant measures to prevent recurrence of incidents, changes introduced to address the issues raised were not always communicated to people's relatives.

We recommend the provider includes information about systems introduced to address any shortfalls in their response to official complaints.

- One person indicated and most of people's relatives told us they knew how to raise an official complaint.
- Staff told us that if such a need arose, they would support people to make an official complaint.

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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- All the staff members we talked to were able to describe the care needs of people they provided with support. These included individual ways of communicating with people, people's preferences and routines.

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.

- We spoke with the registered manager about how they ensured information was accessible to all people living at the home. They told us and records confirmed that people were provided with information in a format they were able to understand.
- Individual communication plans and guidelines were in place on how to communicate with people. Staff were aware of people's communication needs and knew how to communicate with them effectively.

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 offered a range of activities they could engage in during the pandemic. For example, people were offered such activities as a local walk, a drive out, a sensory session, baking, cooking or fitness exercises. Due to the national lockdown, people were unable to visit such places as swimming pools, leisure parks, cafes, pubs or day centres.
- Where people chose not to participate in planned activities, staff ensured they received individual one-to-one sessions and engaged in other stimulating activity of their choice.
- People were supported to maintain relationships that mattered to them, such as family and friendship. Due to restrictions relating to COVID-19, people could not be visited face to face by their relatives. The service introduced alternatives for face to face visits such as window visits, video calls and phone calls.

#### End of life care and support

- The provider had a policy and systems in place to support people with end of life care and palliative care needs.
- Currently, no one was being supported with end of life care and palliative care needs.
- The management team told us they would respond to any wishes or advance wishes should they need to support anyone with end of life care. They also said contact would be made with other appropriate services if needed.

# 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 requires improvement. 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

- The new provider introduced a range of improvements following our feedback after the last inspection. We saw the service improved in their training compliance, safety of the premises and management of medicines. However, at the latest inspection we found that further improvements were needed in such areas as communication with relatives or compliance with the Mental Capacity Act 2005 (MCA).
- At this inspection we found the quality and safety monitoring of the service to be not always effective at identifying where the quality the service was being compromised. Although some systems of quality assurance such as surveys were effective in capturing voice of people's relatives and other stakeholders, other systems such as audits remained ineffective and failed to address concerns identified during this inspection.
- Staff had a clear understanding of their roles and their day to day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality of care.
- The service held regular staff meetings to ensure staff were provided with opportunities to share information and ideas on how the service could improve. The team meetings concerned people's needs, the day-to-day running of the service and lesson learnt from previous incidents.

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

- Most of the people's relatives told us that the communication between them and the service could be improved. Relatives raised concerns about the frequency of communication and the responsiveness of the service to questions they raised about their relative. The provider told us how they had completed a review of communication with relatives in November 2020 and put actions in place to try and improve this issue. However, at the time of our inspection relatives remained concerned about communication.
- People were supported by their key workers to express their opinion on the quality of care provided. Regular meetings took place and the outcomes were recorded and used to create goals to achieve for people using the service.
- The provider sought views of people's relatives and other professionals through the use of satisfaction surveys. We found the responses were mostly positive. As a result of the most recent survey, the registered manager made arrangements to convert one person's bathroom to a wet room to safely meet the needs of the person.

Continuous learning and improving care; Working in partnership with others

- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The registered manager demonstrated how they worked in partnership with local hospitals, the clinical commissioning group for health care admissions, the local authority, social care and safeguarding teams and other healthcare professionals.
- A healthcare professional told us that although the service has made progress there was still some room for improvement.

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

- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "[The registered manager] is easy going to. She's supported me even in my personal life."
- The registered manager ensured people chose how their care and support were provided and how the care home was arranged. For example, each person's bedroom was unique with separate colour schemes, furnishing and artwork in line with their preferences.

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 management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affected their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence.