

# Community Homes of Intensive Care and Education Limited

## Ridgeway House

### Inspection report

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16 September 2020

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### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Ridgeway House is a residential care home registered to provide accommodation and support for eight people, aged 18 years and over, who experience mental health problems. At the time of our inspection, there were five people living at Ridgeway House.

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

Risks to people were assessed and managed safely. However, we found that risks were not always effectively communicated to hospital staff when required.

We made a recommendation about the way the service communicates with professionals.

The service had safeguarding systems in place to protect people from abuse. Staff were trained in and knowledgeable about safeguarding principles.

The service worked closely and effectively with a range of different professionals in order to maximise safe outcomes for people. People had risk management plans in place, staff were knowledgeable about risks to people and how to mitigate these.

Medicines were stored, administered and disposed of in line with best practice guidance.

There was a registered manager in place who modelled person centred values within the service. Staff felt supported by the management team. The registered manager was knowledgeable about their regulatory responsibilities.

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

### Rating at last inspection (and update)

This service was registered with us on 13 September 2019 and this was the first inspection.

### Why we inspected

We received concerns in relation to the management of medicines and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. As no areas of concern were identified in the other key questions, we did not inspect them.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has not been changed.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe 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

This inspection was completed by two inspectors.

#### Service and service type

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 short notice of the inspection. This was due to the current coronavirus pandemic to allow the service time to implement any required infection control measures for the visit.

Inspection activity started on 16 September 2020 and ended on 25 September 2020. We visited Ridgeway House on 16 September 2020.

#### What we did before the inspection

Prior to this inspection, we reviewed information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required, by law, to tell us about.

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 used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with six staff members, this included care staff and the registered manager. We reviewed a range of records, including care plans, three staff files and several other documents relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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.

### Assessing risk, safety monitoring and management

- Where risks were identified, these were not always communicated effectively.
- Prior to our inspection, we received a notification that indicated details of a person's self-harm risk had not been communicated effectively in their hospital passport.
- During our inspection, we found further examples that risks to people were not always communicated effectively.
- We raised this with the registered manager, since our inspection they have provided us with evidence that they have updated these documents to reflect individual risks.

We recommend the provider reviews the systems in place for communicating risk to external professionals.

- Risks to people had been identified and the assessment and management of these was recorded within people's care and support plans. Some risks such as self-harm and the risk of choking had a separate, more detailed assessment available.
- Clear information was recorded in care plans about the types of behaviours people could exhibit at times and the support they required.
- We saw documented evidence that staff were working with people to make positive steps forward whilst respecting their independence and personal wishes around how they wished to receive their care support. For example, one person chose to neglect their personal care needs. Staff were working with the person to try and implement changes to ensure they remained healthy, but at a comfortable pace for the person concerned.
- Where restrictions had been put in place to protect people such as locking a kitchen drawer containing sharp utensils, there was clear rationale for this provided. For example, support plans explained that the person was aware of this restriction and that at any time they needed to access this the staff would unlock it for this purpose.

### Learning lessons when things go wrong

- We saw that at times incident reports completed by staff needed more detail around the actions taken. For example, one person was experiencing regular incidents of self-harm resulting in injury. Following these self-harm incidents, it was not always clear if investigations made into what object had been used and if this had been moved to minimise future risk.
- Some behavioural observation charts recorded that 'as required' medicine (PRN) had been given. However, documentation did not include detail about why the person had been given this or which medicine had been administered. The registered manager told us this had been an oversight and would be addressed with staff going forward.

- Another person had experienced an incident whilst in the garden and caused injury to their back and wrist. The actions recorded simply stated 'remind [person] to be careful not to cause harm to self when engaged in gardening activity. This did not seem a sufficient precaution measure to prevent a reoccurrence.
- We raised this with the registered manager who addressed this directly with staff involved. The registered manager told us that further training would be given, and documentation would be altered to encourage clearer recording.
- Reviews of near misses were undertaken monthly and accident investigation reports weekly by the management team. The provider had their own behaviour team that worked across their services to support people and staff. One of their roles was to review behaviour incidents and contact external professionals where people required further support.

#### Staffing and recruitment

- Recruitment files contained the necessary information and pre-employment checks relating to staff's previous employment, references and checks with the Disclosure and Barring Service.
- One staff file did not have their identification documents signed to show that the original one's had been seen.
- We observed that staffing levels were sufficient at the time of the inspection. Staff were observed to be comfortably interacting with people and supporting them around their daily routines.
- One person had provided some questions they wanted to be included to prospective new employees during the interview process. We saw these had been put to the staff member which was a positive step in ensuring people were included in recruiting the kind of staff they wanted to be supported by.

#### Using medicines safely

Prior to our inspection, we received details indicating there had been a number of medicine errors at the service. However, during our inspection, we found medicines were administered and recorded safely.

- Medicines were received, stored and disposed of in line with best practice guidance and medicine administration was managed safely.
- Where people had medicine prescribed 'as required', there were detailed PRN protocols in place to support staff to know when to offer medication and what to do if the person required further support.
- We saw that where there had been medicine errors these had been managed appropriately. Action taken included staff re-reading the medicines policy and undertaking training to ensure they were competent in this role. A supervision meeting was also held to discuss the incident.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from harm.
- Staff received training in safeguarding and were knowledgeable about recognising and reporting signs of abuse.
- There was a clear whistleblowing policy in place, this was displayed at various points around the service.
- Staff told us they were confident that management would listen and act on any concerns they raised.

#### 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 could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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

- The registered manager emphasised the importance of person-centred care and incorporated this into their management style. We saw that this ethos was reflected throughout the staff team.
- Staff members told us they felt supported by the registered manager and this helped them to perform their roles effectively. Comments included "I think the way they [manage] is really good, you know they are the bosses but at the same time they try to make sure we know we can approach them at any time. We are just one big team. Very supportive", "We have a really good manager, [registered manager and deputy manager] are really good. Very helpful, [registered manager] listens, and she reacts if anything happens."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 regulatory responsibilities.
- Notifications to CQC had been submitted appropriately and in a timely manner.
- There were quality assurance systems in place to ensure quality of care and safety were maintained in the home.
- The registered manager had a good understanding of their responsibilities under the duty of candour. The registered manager communicated openly with people and their relatives.
- Complaints to the service were investigated and responded to in line with the complaints policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were consulted on how they received their day to day care.
- Feedback was regularly sought informally from care staff and management.
- Staff told us they felt listened to and that their feedback was valued and acted upon.
- The service planned to seek formal feedback through surveys annually, the service was awaiting feedback from their first annual questionnaires at the time of our inspection.

Working in partnership with others

- There was clear evidence to show the service worked alongside external professionals, contacting them and sharing information about people where needed.
- The service was proactive in seeking further support where required.

