

# Community Homes of Intensive Care and Education Limited

# Ciderstone House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Ciderstone House is a residential care home providing personal care and support for up to 6 people who have a learning disability and autistic people. At the time of the inspection, 6 people were being supported. Ciderstone House accommodates 4 people in one building and 2 people in self-contained annexes attached to the building.

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:

People lived in a domestic dwelling within walking distance of local shops and amenities. Staff promoted people's independence and supported their access to the local community.

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.

#### Right Care:

People received kind and compassionate care and were supported in a person-centred way. Staff had the training and knowledge to support people effectively keeping them safe and promoting their human rights. Staff promoted people's equality and diversity and knew them well as individuals. People's care, treatment and support plans reflected their range of needs and this promoted their health, mental wellbeing and enjoyment of life.

#### Right Culture:

The registered manager led by example to create a positive person-centred culture. People received consistent support from a staff team who knew them well. Staff worked hard to achieve good quality care and good outcomes for people and understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

Staff were responsive to people's needs and worked well together to achieve good outcomes for people. Feedback from relatives and stakeholders about the service was positive. The registered manager and staff team were passionate about continually improving the service and supporting people to achieve their goals and aspirations.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2021).

At our last inspection we recommended the provider included information about systems to address any shortfalls in their response to official complaints. The provider had made improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions of Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ciderstone House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

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

#### Service and service type

Ciderstone House is a 'care home' without nursing care. 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. 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

#### During the inspection

We met with everyone who lived at the home. We spoke with the registered manager and the provider's Deputy Regional Director. We were able to observe interactions between people and staff. We looked at a variety of records relating to people's individual support and the running of the home.

#### After the inspection

We contacted all members of staff and family of people living in the service by email to seek their views on the service. We also contacted health and social care professionals for feedback. We used the information we received back as part of our judgement about the quality of service.

# 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 we 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.

- The registered manager and staff understood their responsibilities under the MCA and worked within it.
- Staff comments included, "We use mental capacity assessments to ensure we are choosing the least restrictive option for all service users, and ensure that they are given the right support to make their own independent decisions where possible" and "I am extremely confident that the residents are supported to make their own decisions where they can. We use the best interest process daily to ensure that residents are happy in what they are doing. For example, we support individuals by offering things such as walks as this is in their best interest but if a resident shows they do not want to do this then they do not have to."
- Due to the complex needs of some of the people at the service, there were restrictions placed on their liberty. Where people lacked capacity, decisions were made in line with legal requirements and in people's best interests. Professionals, court and relatives were involved where appropriate and least restrictive practices were adapted.

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

- No new people had moved to the service since the last inspection. However, we saw that people's support plans and risk assessments had been reviewed regularly to ensure their care was delivered in line with current standards and guidance such as Right Support, Right Care, Right Culture.
- The registered manager and provider were aware of legislation and best practice guidance and this was reflected in service delivery.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience needed to carry out their roles. A member of staff commented, "I am supported to be an effective worker as I am given the training that I need. For example, I was supported by my manager(s) in completing the training on [e-learning] in a way that I was learning well and understanding everything. I also received great in-person training on the job when I started to make me confident and to make me an effective worker."
- A member of staff was supported with adjustments to ensure they were able to complete all tasks required in their role. The person said, "I personally feel like I am being supported by [registered manager] and the team."
- All staff completed a comprehensive induction and did not work unsupervised until they and their manager were confident, they could do so safely.
- Supervisions were used to develop and motivate staff, review their practice or behaviours, and to focus on professional development.

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

- People had choice and access to sufficient food and drink throughout the day.
- The service encouraged people to make healthy food choices with a range of health options available. We saw that one person had been supported to reduce their weight to improve their health. They were supported to continue the foods they enjoyed but in smaller quantities and healthy snacks. This had resulted in a significant weight loss with the person able to enjoy longer walks and more energy.

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

- Regular monitoring and reviews were carried out with people using the service and relevant professionals to ensure people's health needs continued to be met. Records confirmed this and staff commented, "We support all our service users to access health services as soon as anything is brought to our attention regarding any concerns a staff member may have. All service users also have annual health checks in every aspect of their day to day life" and "I personally feel every service user has great access to health services. We are kept up to date with appointments provided from health services and are able to book in appointments when we feel they are needed. We keep appointment forms within their current files allowing us to understand if we need to book appointments following previous appointments attended, also allowing us to understand what happened within the appointment. This helps us to allow the service users are healthy and can live a healthy life."
- The service involved people in decisions about their health and encourages people to make choices and in line with best interest decision-making.
- Staff worked collaboratively across services to ensure people's needs were met.

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

- People were involved in decisions about the premises and individual preferences were reflected in how the premises were decorated.



# 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; 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

At our last inspection we recommended the provider included information about systems to address any shortfalls in their response to official complaints. The provider had made improvements.

- The service had clear and effective governance, management and accountability arrangements in place. The registered manager understood the importance and responsibility of their role and was supported by the provider. Management systems identified and managed risk to the quality of the service. They used the information gathered to drive improvement within the service.
- Staff understood their role and responsibilities, and were motivated, and had confidence in their leaders and managers. Comments from staff included, "I feel the service is managed extremely well. I personally feel the home is a very positive place and supportive place allowing staff to push to their full potential whilst caring" and "I feel that the service is managed in a very effective way. It always ensures that the residents are safe and cared for at all times in the most active way."
- Concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on. A member of staff commented, "I know how to raise concerns with management, and I am very confident that any concerns would be acted upon. Management always make sure that staff are up to date with things, comfortable to bring up any issues we may have and happy in their role so that we can ensure that we are doing the best that we possibly can do and that the residents are being [cared for] at all times."
- Managers could account for the actions, behaviours and performance of staff. A member of staff commented, "Last year I had a concern about a staff member which I spoke to registered manager about. This was fully investigated and was dealt with as per policy with a good outcome."
- Legal requirements, including about conditions of registration and managers, were understood and met.

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

- The service had a positive culture that was person-centred, open, inclusive and empowering. Since the last inspection, management had improved the culture of the service with good engagement with staff, relatives of people who use services, and other stakeholders. A relative commented, "I am happy that [person] is engaged and happy, and well cared for by staff who know him well". A member of staff

commented, "If you feel that you cannot raise a concern with someone within your workplace then you can call a number or visit a website called Speak Up."

- A social care professional commented, "The difference between 2019 and now is quite marked. All the issues that were raised by the local authority during the first round of reviews after the change of provider have been addressed. New detailed care plans have been drawn up. Epilepsy care plans have been put in place and are regularly updated. Annual health checks and routine medical appointments are happening when they should be. Detailed records are kept. Positive Behaviour Support Plans have been drawn up and implemented after assessment by the in-house behaviour and psychology team and many of the old plans are no longer in place due to the behaviour support being effective. Their reviews carried out over the last 2 months have shown that they are needing less of their support to be used for behavioural support and more is being used for community access."
- The registered manager led by example, was available to staff and feedback evidenced that staff felt supported. We had many positive comments from staff including, "I must personally name [registered manager] as truly the best manager I've had and had the pleasure to learn from. No question is deemed silly by her, never have I felt I'm taking her time if I need her. She has never failed me in the years I have been at Choice; an integral part of the team" and "Since [starting at service] I have felt I received wonderful support from [registered manager] and the staff team in giving the residents the care that they deserve."
- Management had a good understanding of equality and diversity, and prioritised safe, high-quality, compassionate care.

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

- The service involved people and their families in a meaningful way. The provider had taken action to ensure family members could be listened to about their views and concerns, to and act on to shape the service and culture.
- Following the last inspection, the provider engaged the services of an external consultant to meet with families to explore how the service could improve. We heard from families that the service had improved, and comments included, "I feel that [person] is well supported at Ciderstones. There is now much more experienced and consistent staff at the home. The atmosphere is calm and happy. We have good communication between Ciderstones and ourselves. A daily text is great to let us know how our [relative's] day has been, and a regular WhatsApp video call, and regular visits home. Any issues we are working together to solve" and "We don't really have any immediate concerns about [person's] care, and overall our feedback is positive."
- Staff were supported to speak about their job roles and the way the service was progressing in individual meetings and larger team meetings. Staff felt listened to and felt that their ideas mattered in relation to how people could be better supported. A staff member commented, "I feel like the service is brilliant as they ask for my opinion when needed. My views are considered in the correct topic. We have a monthly meeting with all the staff and talk about everything which included positive and negative feedback that can be improved, as well as when events are happening throughout that month and can be planned for the future so we can be organised. I am updated on any incidents that I need to know about. I know how to raise concerns when needed with management when an incident has happened, and I check in confidence if that incident has been acted on by talking to management in private."

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care.
- We heard from a social care professional who provided positive feedback. They commented, "Ciderstone

is a very responsive service, issues and concerns raised are dealt with promptly and contact can be made with the manager very quickly. There is no need to chase. All concerns that were an issue when the change of provision occurred, and there were many, have been addressed and the young people living there are doing very well. I had no concerns after reviewing all our service users there at the end of 2022."

- People were supported to link with their local community resources that reflected their needs and preferences. This included attending local social clubs and activities such as swimming.