



Inspection Report on

Ridgeway Care Centre

**Ridgeway Nursing Home
Llawhaden
Narberth
SA67 8DG**

Date Inspection Completed

14/01/2021

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About Ridgeway Care Centre

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Mufulira Ltd
Registered places	47
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards

Summary

Ridgeway Care Centre is registered to provide personal and nursing care to older people. A focused inspection has been completed which has covered all themes.

Improvements have been seen in the care documentation with personal profiles completed and daily recordings written in a more person centred way. COVID 19 guidelines mean that whole home activities are reduced and more people choose to spend time in their rooms. Considering this, people's increased dependency levels and current staffing levels, means people's needs are not always met in a timely way. Improvements are required to ensure people's personal outcomes are met.

Ridgeway Care Centre requires ongoing maintenance and works to sustain the homely environment. Improvements are required to the Infection Prevention Control practice within the home. However, staff do wear the appropriate personal protective equipment (PPE) when providing care and support to people.

The manager is accessible and currently covers nursing shifts due to difficulties with recruiting nursing staff. This has affected their ability to complete their managerial role consistently. The Responsible Individual (RI) needs to ensure regular contact is made with staff, people living in the home and their representatives, as part of their role. Audits and quality assurance processes are in place; however, monitoring, reviewing and improvements need to be evident, to reflect the oversight of the RI.

Well-being

Referrals are made to professionals in a timely manner to ensure the right professional provides support when needed. Care documentation is accurate and reflects the care provided. Personal plans are up to date and reviews of care are completed as required.

People have control over some aspects of their day-to-day life. People are supported in their own rooms or in communal areas, as is their preference with consideration of the COVID-19 status of the home and current guidelines. Whilst people are offered choice about their daily routine, this can be dependent on staffing levels and availability of staff. This may be determined by the dependency of other people and the time of the day, such as meal times.

Meal requests are taken daily by kitchen staff however the choice of vegetables is limited. Social activities and recreation time are not adequately meeting people's outcomes and preferences. This is due to the current allocation of activity hours and additional time required to support more with individual activities and facilitate social contact to families. People do however have regular contact with family members and visits are facilitated depending on the guidance around COVID-19 at the time.

All staff are aware of how to report concerns, the whistle blowing policy and safeguarding processes. Most staff feel supported by the manager and feel the communication within the team is good. Regular communication processes need to be in place between the RI and people living in the home, their representatives and staff.

Care workers and nurses wear personal protective equipment (PPE) when supporting people in the home. PPE is available for staff and visitors however, improvements are required to the Infection Prevention Control practice within the home to ensure the safety and well-being of people. Information is requested prior to visitors accessing the home, to adhere to guidelines for COVID-19.

Improvements are needed to areas of the home and grounds. This is part of a maintenance programme with additional works and repairs as identified. Some works are ongoing at present.

The care team is not fully staffed therefore the manager covers nursing shifts when needed. This has resulted in some of the management duties not being completed. The RI's oversight at this time has not been adequate and this has led to subsequent implications for people living in the home and the staff team.

Care and Support

Reviews of people's personal plans are completed and care documentation is up to date and relevant. Personal profiles are completed and most daily recordings are written in a person centred way with reference to people's mood. People's physical health needs are monitored and recordings of referrals to professionals are evident. We saw people were comfortable in their rooms. Recordings of position changes and nutritional intake are completed. One relative told us *"We are highly delighted with the care X is receiving there"*. Several staff told us they felt the care provided at Ridgeway is very good and on the whole delivered in a person centred way.

Since COVID- 19 guidelines have been in place, whole home activities have been reduced and the role of the activities co-ordinator has been adapted to provide one to one activities and support for people to have contact with family members. When asking residents what they had planned for the day their responses were; *"Nothing again I expect, as usual"*; *"There are no activities because of lockdown – we miss them"* and *"It is lovely here though – I have got my newspaper and my daughter phones every night"*. Some staff told us they feel they do not always have enough time to provide care, as they would wish. They told us people's needs have increased and more residents spend time in their rooms so they are required to support people in different areas of the home. The manager told us that she ensured the care hours provided are just above the organisation's dependency scale. Relatives and staff told us people are not always provided with support to have their drinks as often as needed and they are concerned about the potential effects this could have on people's health and well-being. We saw people waiting for drinks and support. Comments included *"We do not have time to actually care anymore"* and *"Some days residents are not up until dinner time as there is not time"*. *"There are not enough staff to support residents with meals and drinks,"* and *"The majority of time it is rushed because of staffing levels – we would like to spend more quality time with residents"*.

The service provider does not ensure that at all times the service has sufficient number of staff to ensure care and support needs of individuals are met and personal outcomes are being met. We have therefore issued a priority action notice and the provider must take immediate action to address these issues.

Several staff told us budget restrictions limit choice of meals. The kitchen staff speak to residents daily to advise of the day's menu and offer alternatives. We were told one vegetable was offered with the main course each day except on Sunday where two vegetable choices are available and this was supported by the menus. We queried this with the manager and she discussed management of food waste. On the day of the inspection feedback, the RI told us the vegetable choice has now been increased.

Overall people, their family members and staff spoke positively about communication: *"Communication is very good there"*; *"Keeping us in the loop"* and *"Nothing is too much trouble"*. Most family members told us visiting is facilitated depending on the COVID-19 guidance at the time. Families have regular contact with their relatives where possible. On

the day of the inspection visit we saw a 'window visit' take place and essential visits to people living in the home. One relative told us *"this is everything to me"*.

Environment

Ridgeway Care Centre has a traditional homely feel. It has several communal areas. On the day of the inspection, there was approximately seven residents in the main lounge. The manager told us that almost half the residents choose to stay in their rooms at this current time. The conservatory area and central office were used to facilitate the weekly COVID tests for staff.

We saw people's bedrooms are personalised and appeared clean and tidy. Maintenance records were seen and we spoke to maintenance staff. Despite the conservatory roof being repaired, we were told this continues to leak when the rain is particularly heavy. An oil leak had been repaired that week.

Documentation was seen to show fire alarm tests, extinguisher annual checks, dates of evacuation practices and nominated fire wardens. An updated fire risk assessment was not available at the time of inspection. The fire policy needs clarity about actions to take in the event of a fire. Staff training records evidence all staff have received an annual fire safety update. One of the two passenger lifts in the home is out of use and has been since the last inspection. The manager told us further specialist input is required.

Staff and relatives informed us that the driveway to the home is often in disrepair. This has an impact on vehicles accessing/leaving the home and for those residents who may wish to access some of the grounds and surrounding views via the driveway. The RI told us this is an ongoing maintenance issue and she is currently obtaining quotes for works to be completed.

The service provider does not have arrangements in place to ensure satisfactory standards of hygiene in the delivery of the service. Staff were seen wearing personal protective equipment however, the storage of gloves and aprons is not always appropriate. We saw clean bed linen on radiators next to used crockery. The sluice areas were not clean and the bins and cleaning areas not always accessible. One sluice did not have a lock on the door meaning anyone in the home can access the sluice and cleaning materials. Hand sanitiser gel was not always available in appropriate dispensers or at wall-mounted units. We were shown a cupboard where hoist slings are stored. We were told these slings are not specific to individual residents: *"very often slings are shared and toilet slings are used by different residents"*. These findings were reported to the local authority team. We have issued a priority action notice and the provider must take immediate action to address these issues.

Leadership and Management

The manager is available and accessible and most feedback from the staff confirmed this. We were however told that things reported were not always acted on by the manager. Notifications are not always made to external agencies such as CIW or the local authority safeguarding team in a timely manner. The manager is regularly covering several nursing shifts a week depending on nurse availability. This has affected her ability to fulfil her duties as manager. We expect the provider to take action to address this and we will follow this up at the next inspection.

The manager told us the Responsible Individual (RI) is supportive and accessible via the phone. The RI provides individual supervision and we saw documented meeting notes. Whilst these notes evidence issues were discussed with the RI, action was not always taken by the RI to address these. A company area manager held a drop in session in January 2020, allowing an opportunity for staff to discuss the reasons for low morale and their concerns and issues. Again CIW found evidence that no action was taken by the RI to address these. The 'Quality Care Review Report' (dated July 2020) states staff morale had improved however, we found similar issues raised within this inspection process. Staff do not feel consistently supported and listened to. The lack of RI response to this information demonstrates inadequate oversight and subsequent impact on the management and staffing of the home has been evidenced. We have issued a priority action notice and the provider must take immediate action to address these issues.

The RI has not completed the required three monthly visits in person or virtually (as COVID-19 guidelines may require) since February 2020. The RI has not consulted directly with staff, people living in the home nor their representatives. Some staff and people's representatives told us they are not familiar with the RI and had not received any direct contact from the RI over the past year. Consideration has been given to the impact of COVID-19 and the guidelines in place however; the RI did not make suitable alternative arrangements to meet this requirement, therefore we have issued a priority action notice and the provider must take immediate action to address these issues.

The manager has been covering nurse shifts and working above her contracted hours. This has led to the management role of the home not being adequately met. The provision of supervision and training has been inconsistent. The manager acknowledges improvements are required to ensure the required three monthly individual supervision sessions are provided. Due to COVID-19 guidelines, the organisation's trainer has not provided face-to-face training. Staff told us that training now mostly consists of information leaflets and workbooks. The manager confirmed this and told us some on line training is available however, internet access is still in the process of being facilitated. The manager has provided some small group in-house training sessions for Diabetes and Catheter Care and some one-to-one input as part of staff induction. The training matrix shows not all staff have completed annual updates for required training. Staff feedback concluded the lack of interactive training was not conducive to all learning styles and the training overall was not adequate. We expect the provider to take action to address this and we will follow this up at the next inspection.

Policies such as safeguarding, complaints and medication, were seen and checked. These are UK wide organisational policies. Updates are required to reflect specific requirements or references to Welsh legislation and guidance. We expect the provider to take action to address this and we will follow this up at the next inspection.

As identified in previous inspections, management time needs to be protected to ensure managerial responsibilities are met.

Both the manager and RI have been open and transparent throughout this inspection process and have been proactive in their responses, which will be considered at the next inspection.

Areas for improvement and action at, or since the previous inspection

None		
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Areas where immediate action is required	
The registered provider does not ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service.	8(1) (3) (a) & (b)
The Responsible Individual does not complete three monthly visits to the service (in person or virtually).	73(1) (a) & (b)
The provider does not have satisfactory standards of hygiene in the delivery of the service and in accordance with infection control policies and procedures.	56 (1) (a) & (2)
There are insufficient staff to ensure people's outcomes are met in a timely manner.	34 (1) (a)(b) & (c)

We found poor outcomes for people, and / or risk to people's wellbeing, which is likely to continue if no action is taken. Therefore, we have issued a priority action (non-compliance) notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required	
The provider does not ensure staff working at the service consistently receive individual supervision and core training.	36 (2) (c) & (d)
Regulation 60 notifications are not always submitted to CIW without delay.	60 (1) (4)
Policies and procedures are not up to date.	79

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 24/02/2021



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on our website

www.careinspectorate.wales

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Leadership and Management	Our Ref: NONCO-00010200-CPSP
Non-compliance identified at this inspection	
Timescale for completion	29/03/21
Evidence	
<p>The registered provider does not ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service.</p>	
Description of non-compliance/Action to be taken	Regulation number
<p>The registered provider does not ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service.</p>	<p>8(1) 8(3)(a) 8(3)(b)</p>
Evidence	
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 8(1), (3) (a) & (b): Requirement in relation to monitoring and improving. - This is because the service provider does not ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service. <p>The evidence:</p> <ul style="list-style-type: none"> • Information gathered from the manager at supervision is not adequately analysed and responded to by the Responsible Individual. For example - 23.10.2020 “staff are up and down” and reference to an “embedded culture and team have swings”. • Actions were not taken following ‘drop in session’ held by organisation area manager on 22.1.2020: Comments recorded from the ‘drop in session’ include “Short staffing is causing obstruction to the flow of the day. Residents are getting up late having medication and meals late”. Other areas the staff reported are unfair pay for care workers; feedback from staff about the training workbooks and “We never see the RI”. Organisation area manager responses to this information include “I don’t have a magic wand here I’m afraid” and “Maybe this is a topic for the next staff meeting”. • Manager’s weekly report to the RI states, “Last team meeting held in February 2020 due to COVID-19. Communicating with staff through daily catch ups” Team meetings have not taken place since February 2020. • Supervision notes on 28.2.2020 conclude “drop in session held for staff on 22.1.2020 – positive feedback”. • The notes from the ‘drop in meeting do not represent ‘positive feedback’. • Information gathered at Regulation 73 call completed by organisation area manager: 10.6.2020 “Days when they are short, staff struggle” 23.10.2020 - Reference to “staff culture – anxiety levels high around COVID; perception of 	

being short staffed” and “staff will whistle blow shortly”.

- Nothing identified from the above in the Regulation 73 ‘areas of concern’ section and ‘actions taken’.
- Through CIW’s concern processes on dates 23.12.2020; 4.1.2021 and 1.2.2021 and during inspection feedback on 19.1.2021 and 20.1.2021 staff told CIW they were:
Concerned with aspects of the environment at Ridgeway Care Centre – such as leaking conservatory, lift out of use for over a year and driveway access to the home.
Staffing levels – not adequate to meet needs and personal outcomes for people.
Care workers role - such as additional responsibilities with medication.
Training – use of workbooks instead of face-to-face training.
Lack of direct contact from the RI.
- The RI, area manager and home manager review the information collated as part of the quality assurance processes. This is seen in a quality of care review action plan and quality of care report. Neither of these documents reflect the above issues raised and do not evidence how systems and processes are constantly reviewed to enable the RI to identify where the quality and/or safety of services is being or may be compromised.
- The Quality of care report dated July 2020 is not informed by information gathered.
- Systems and processes in place do not evidence analysis of and response to information gathered nor has the information gathered been used to review the quality of care and make identified improvements
- As a result of this four priority action notices have been issued around inadequate staffing levels to ensure people’s needs are met as identified in their personal plans; inadequate infection and prevention control practice within the home and lack of oversight by the RI. Areas to improve have also been identified within the Leadership and Management theme.
- The impact on people using the service is:
Adequate oversight of the RI is not evident and people are at risk of individual circumstances not being considered; people are not doing things that matter to them and the well-being of staff supporting people is not being considered, resulting in poor quality care.

Leadership and Management	Our Ref: NONCO-00010201-DVLX
Non-compliance identified at this inspection	
Timescale for completion	29/03/21
Evidence	
Description of non-compliance/Action to be taken	Regulation number
The Responsible Individual does not complete three monthly visits to the service (in person or virtually).	73(1) 73(1)(a) 73(1)(b)
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 73(1) (a) & (b) : Visits. - This is because the Responsible individual (RI) does not visit each place (in person or virtually) and meet with staff and individuals three monthly as required.. - The evidence: Three monthly visits/virtual contact have not been completed by the RI. Individuals and/or their representatives are not offered an opportunity to speak or meet with the RI. Staff are not provided with an opportunity to meet with the RI and have told us whilst they have access to a contact number they may not be comfortable to make that initial contact. An inspection of the premises is not completed by the RI (either in person or virtually). - The impact on people using the service is: The above processes inform the RI's oversight processes of the care being provided in the home, the well-being of people living in the home and the staff well-being including consideration of the leadership of the home and environment. Lack of RI oversight could potentially affect the well-being of people in the home. 	

Care and Support	Our Ref: NONCO-00010202-FXXM
Non-compliance identified at this inspection	
Timescale for completion	29/03/21
Evidence	
Description of non-compliance/Action to be taken	Regulation number
The provider does not have satisfactory standards of hygiene in the delivery of the service and in accordance with infection control policies and procedures.	56(1)(a) 56(2)
<ul style="list-style-type: none"> - The registered person is not compliant with regulation 56 (1)(a) & (2): Hygiene and Infection Control - This is because the provider does not have satisfactory standards of hygiene in the delivery of the service and in accordance with infection control policies and procedures. - The evidence: Hand sanitising gel was not available with the use of appropriate dispensers/pump action bottle tops. Hand sanitiser, aprons and gloves were not stored correctly for use. Bins did not always have lids nor were they always accessible. Paper hand towels were not always easily accessible to the handwashing facilities in bathrooms/toilets/slucices. Slucices were not always clean nor was there always access to cleaning products to facilitate the cleaning of items as required in a sluice. One sluice area was not secure and the cleaning products within it were accessible to anyone who was able to walk into the sluice. Manual handling equipment such as slings were used by different residents without laundering in between use. A commode was seen over a toilet. This required cleaning and the armrests were worn through the protective cover to a foam material. Clean bedding was seen on radiators next to used crockery. - The impact is the high risk of the spread of infection to people living in the home. 	

Care and Support	Our Ref: NONCO-00010203-GBRQ
Non-compliance identified at this inspection	
Timescale for completion	29/03/21
Evidence	
<p>- The registered person is not compliant with Regulation 34 (1) (a)(b) & (c): Staffing - overarching requirements.</p> <p>This is because the provider does not ensure there are a sufficient number of staff at all times having regard to the care and support needs of individuals and achievement of personal outcomes.</p> <p>- The evidence:</p> <ul style="list-style-type: none"> • Staff have informed the provider and CIW that they are unable to consistently meet people’s care needs and personal outcomes. <p>This is evident from:</p> <ul style="list-style-type: none"> - Minutes of the drop in session held by organisation area manager on 22.1.2020. - CIW’s concern processes on dates 23.12.2020; 4.1.2021 and 1.2.2021 and during inspection feedback on 19.1.2021 and 20.1.2021. • The care dependency scale used by the organisation and current hours provided equate to between 2.75 – 3.3 hours of care provided for each person each day with a further 40 minutes average a day of nursing input and less than 10 minutes per person per day of one to one activity time. • Choice cannot consistently be provided around activities, time to be assisted with personal care and nutritional needs. • Meals and drinks cannot always be provided in a timely manner. One person told us they had been waiting some time for a drink and after a 15-minute observation staff had not returned. Lunch started at 1245 and at 130pm when speaking to someone they told us they had still not had lunch. • Staff retention & recruitment - 22 staff have left (for different reasons), in the past 12 month period with 13 staff recruited. • Rotas evidence staff are working above their contracted hours. 	
Description of non-compliance/Action to be taken	Regulation number
There are insufficient staff to ensure people's outcomes are met in a timely manner.	34(1) 34(1)(a) 34(1)(b) 34(1)(c)

Examples are seen on a rota dated 13.12.2020 – 19.12.2020:

Worked hours:

Manager - 63 hours;

Nurse - 52 hours;

Agency nurse - 55 hours;

Team leader - 47 hours

8 x care workers between 44 and 60 hours;

Chef - 58 hours.

The manager is covering nursing shifts when nursing staff are not available.

The impact on people using the service is:

People are not receiving the care they require when they require it putting their health and well-being at risk. People are potentially at risk of being cared for by staff whose own well-being is not being considered.