

## New Ridgemark Care Home Service

Ridgemark House  
Scottish Autism  
Mousebank Road  
Lanark  
ML11 7RA

Telephone: 08453 009 275

**Type of inspection:**  
Unannounced

**Completed on:**  
10 May 2022

**Service provided by:**  
Scottish Autism

**Service provider number:**  
SP2003000275

**Service no:**  
CS2003001386

## About the service

New Ridgepark is a care home for adults with autism situated in Lanark. The service is registered to provide care and support to a maximum of 9 people. The provider is Scottish Autism.

The service is a centre for transition, providing a residential environment for people. It is set up specifically for the purpose of providing a unique short-term residential service, to people leaving school or college who require a period of further assessment to identify their future needs. The service is a unique facility, providing a period of intense and focused support to evaluate peoples abilities and talents, to develop strategies and programmes to enhance outcomes.

The aim of the service is to provide the stakeholder, at the end of the residential placement, with relevant information of the person's long-term future needs, based on the process of evaluation and appraisal of the person's individual needs.

## About the inspection

This was an unannounced inspection which took place on the 9 and 10 May 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with two people using the service, and one family
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents

## Key messages

- People who use the service experience a very good quality of life.
- Staff were compassionate, caring and skilled in how they support people.
- People were able to visit family whenever they wished.
- Improvement was needed in several areas including fire safety.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We were confident that people's health and wellbeing needs were being met through the intervention of various health care professionals e.g. district nurse, GP, psychiatrist and occupational health.

We found that people experienced a very good quality of life resulting in enhanced outcomes. For example, we saw that people were supported to go shopping, swimming, and trampolining. People had their own activity planner which helped set out their likes and preferences. It was positive to see evidence of people being active in the community and attending shops, clubs, and community resources. This meant we could be confident that people experienced a very good quality of life and life experience.

In terms of infection prevention and control (IPC), the care home appeared clean and tidy throughout. We found that the service had very good protocols in place to help minimise the spread of infection. There was a good stock of Personal Protective Equipment (PPE) around the home, with handwashing and disposal facilities in place. The staff team had received training and support to use PPE correctly, and were following correct IPC guidance in practice.

Housekeeping staff were undertaking cleaning each day. The service was visited recently by Public Health / NHS in relation to infection control practice, and no issues were identified. This meant we could be confident that the service was doing everything possible to prevent the spread of infection.

The home was open to visitors and there were no restrictions in terms of when or how often people could visit. The service were following 'Open with Care' Guidelines. We could see the value this brought to people in enabling them to sustain important social and emotional connections. This meant that people's human rights were respected and they were able to enjoy the psychological and social benefits of visiting family and friends.

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service acknowledged that it was sometimes short of staff despite using agency staff and having a recruitment campaign. We recognised that the service is doing its best to ensure sufficient staffing despite the current challenging circumstances, and the issues in recruiting care staff nationally.

The registered manager's time was split between New Ridgemark and another service. We concluded this may be having a negative impact on the effective management of the service in terms of overview, support for staff, and management presence.

Staff raised a number of issues during the inspection, for example, staffing, transport, food, the availability of tablets (IT), and communication. We suggest the service re-establish team meetings, so staff and management have the opportunity to discuss issues and challenges in a solution-focused way. (see area for improvement 1).

The service acknowledged that people could be more involved in decisions around eating and drinking. We suggested that the service establish a process for people experiencing care to influence menu planning so that this meets their wishes and preferences. (see area for improvement 2).

We found a range of good audits were in place which provided a management overview, for example, medication. However, the service could improve the range and scope of audits to ensure it has a complete overview of how well they are performing and any actions needed to improve. (see area for improvement 3)

We saw some evidence of staff competency assessments in place, for example the administration of medication. We thought that the service could further develop the range of observations of staff practice to further assess learning and competence (see area for improvement 4).

Management agreed that where staff request additional training on breakaway techniques (strangulation) that this will be facilitated. This is to ensure staff feel safe and confident in the workplace.

Issues were raised by fire and rescue service in January 2022, and these have still to be addressed. The service acknowledged that these matters need to be addressed, and was committed to doing so. (see requirement 1)

The service could be better prepared for the inspection to effectively demonstrate how it is performing.

## Requirements

1. By 30 June 2022, the provider must ensure that it addresses the issues raised by Scottish Fire and Rescue in the letter dated January 2022.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 10(1)(b) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210):

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

This is to ensure that the service complies with the Scottish Government document, 'Practical Fire Safety Guidance For Existing Care Homes', February 2022.

## Areas for improvement

1. The provider should ensure that all staff have access to regular team meetings. This is to ensure that staff can raise and discuss issues in an open forum, and management can explain the reasons for any changes to the operation of the service and communicate best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19), and 'I use a service and organisation that are well led and managed'. (HSCS 4.23).

2. The provider should ensure that people who use the service are fully involved in all aspects of eating well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'.

(HSCS 1.33), and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11).

3. The provider should review the range and scope of audits to ensure it has an effective overview of how the service is operating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

(HSCS 4.19), and 'I use a service and organisation that are well led and managed'. (HSCS 4.23).

4. The provider should review the range and scope of observations of staff practice to further assess learning and competence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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