Mrs Dyanne Margaret Ridyard

Rivendell

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rivendell is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rivendell is detached property in Christchurch. The home provides accommodation for up to three people with learning disabilities or autistic spectrum disorder and mental health needs. At the time of our inspection two people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or seizures staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Fire safety was reviewed. Although people had Personal Emergency Evacuation Plans (PEEPs) in place we had concerns that the home did not have necessary fire safety measures in place to ensure that people could be supported safely in the event of a fire. This included a lack of fire doors, firefighting equipment, emergency lighting and accessible fire exits. We shared these findings with Dorset Fire and Rescue.

People had been involved assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and professionals described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to

communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. The home was in the process of updating and creating new booklets which gave staff the information required to get to know them. These included; communication, preferences, likes, dislikes, interests and people important to them.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. The home was in the process of creating audits and quality assurance processes which would be effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Rivendell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 19 May 2019 and was announced. The inspection was carried out by a single inspector. The provider was given 48 hours' notice. This was due to the size of the home and so that we could be sure the manager or senior person in charge was available when we visited and that people could be informed.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We had not requested a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this feedback from the registered manager during the inspection.

We spoke with one person who used the service and one staff member. We had telephone conversations with two health and social care professionals.

We spoke with the registered manager and owner. We reviewed two people's care files, two medicine administration records, policies, risk assessments and consent to care and treatment. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us information after the visit. This included an 'all about me' booklet and quality audits. They agreed to submit this by Thursday 24 May 2018 and did so via email.

Good

Is the service safe?

Our findings

Fire safety was reviewed. Although people had Personal Emergency Evacuation Plans (PEEPs) in place we had concerns that the home did not have necessary fire safety measures in place to ensure that people could be supported safely in the event of a fire. This included a lack of fire doors, firefighting equipment, emergency lighting and accessible fire exits. Smoke detector checks were recorded however; fire evacuations did not take place. A person told us, "I would leave through the front door if there was a fire". The registered manager said that the person often ignored the sound of a smoke alarm. This told us that people would benefit from practice evacuations to minimise the risk of injury in the event of a fire. We shared these findings with Dorset Fire and Rescue Service.

People, professionals and staff told us that Rivendell was a safe place to live. A person told us, "I like living here, I feel safe". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies and support. Professionals comments included; "There are safe systems in place for people. Safety covering areas such as epilepsy, access to the community and moving and assisting" and "The home is a safe place for people who live there. They are both safely looked after".

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. The service had a homely remedies list which had been signed by the local GP to say that those listed would be safe to use and not have any adverse effects on other prescribed medicines that the people were taking.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the cabinet where medicines were stored was also monitored and was within the acceptable range. Medicine Administration Records (MAR) were completed and audited appropriately. The registered manager told us that the pharmacy came to complete an annual audit of their medicines and that the next audit was booked in June 2018.

There were enough staff on duty to meet people's needs. The registered manager and owner both delivered care and had a staff team of four to care for two people. People required 1:1 support when out in the community and during the mornings and evenings. We found that these staffing levels were met. A staff member told us, "Staffing is good here. The registered manager is always around and delivers care". A person said, "There are enough staff, they are lovely and help me".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

We were told that visual health and safety checks took place and actions taken when improvements were

needed. For example, earlier in the year the boiler had broken down and the owner had contacted a local contractor to come and fix this. However, we were told that these checks were not recorded. The registered manager told us that they would look at creating a record and put it in place.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "We have no safeguarding concerns currently. There have been a few minor issues around medicines in the past. These were managed well. The registered manager learnt from these and put measures in place". Staff told us that they had no safeguarding concerns at Rivendell.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, reviewed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an accident occurred I would check the area and person. Seek support from the registered manager. If I had concerns of injury I would call for an ambulance. I would then record it on an incident report".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures or falls, assessments showed measures taken to discreetly monitor the person. We found that risk assessments covered a number of areas which included, access to the community, use of the homes transport, epilepsy and eating. A professional told us, "Risks are well assessed for example; a wheelchair is taken for one person when they go out for long distances, also epilepsy and the environment has been assessed".

Equipment owned or used by the registered provider, such as adapted wheelchairs were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary.

Staff were clear on their responsibilities in regards infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities within the home and staff had access to personal protective equipment such as disposable aprons and gloves and throughout the inspection we observed staff wearing these.

Good

Is the service effective?

Our findings

Staff told us that they felt supported and had the required skills to enable them to fulfil their roles. A staff member told us, "I am offered enough training like medicines, safeguarding, moving and assisting people. I have also achieved my Level two in Health and Social Care". Training records confirmed that staff had received training in topics such as health and safety, food safety and first aid. The registered manager told us that they did not arrange and record formal supervision sessions. They said that they were always available and saw staff on a daily basis which provided an opportunity for discussion and information sharing. A staff member told us, "We don't have official supervisions but the registered manager is always around. This works for us."

The registered manager told us that if any issues arose around performance or conduct then a formal meeting would be arranged and recorded. We read that where concerns had been identified meetings had taken place and actions taken to reduce the risk of reoccurrence. For example, refresher training.

There was an induction checklist for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member who had started three months ago said, "Induction was good. The registered manager and owner spoke to me and introduced me to the people. I completed shadow shifts at different times of the day. This helped me understand people's different needs. I feel happy in my role and with my responsibilities".

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.

Consent to care was sought by staff from those that had capacity. A person said, "Staff ask me before helping me. I like it". A health professional told us, "If there are best interest decisions to be made I would be part of these". We found that MCA and best interest paperwork was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives (where appropriate), professionals and other relevant parties. Best interest decisions included; the delivery of personal care and medicines.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA determines if people can make decisions for themselves. If not then best interest decisions are made which involve the registered manager, professionals and others".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. 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 were being met.

Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS) and were pending assessment by the local authority.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each area of care which detailed how staff should support people to achieve their agreed outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to and had signed a read and understood form.

People's dietary needs were clearly recorded in their care plans and followed by staff. We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. A person told us, "I like the food here, tuna pasta last night and Chinese tonight".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "If I am ill they [staff] will call a doctor or an ambulance". A health professional said, "Staff know when I am coming and I am always welcome. Information is always shared, concerns are raised with us for example any detrition in people's health. They act on my advice". Recent health visits included; Community Learning Disability Nurse, GP, a Chiropodist and a Psychiatrist.

People told us they liked the physical environment. The home was a bungalow on one level and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was access to secure, outdoor spaces with seating and planting that was currently over grown. The owner told us that they would be clearing this up for summer. A person told us that they did not like the sun and preferred to be inside. A person said, "I can go where I want, it is my house. It's fantastic". We observed another person freely moving around the lounge area.

Good

Is the service caring?

Our findings

People and professionals told us staff were kind and caring. A person told us, "Staff very good, caring and kind to me. I am happy, the staff know me". A health care professional told us, "Staff are kind and caring. Really nice to see". A social care professional said, "People are genuinely valued and cared for. Care is person centred".

People were treated with respect. We noted that care plans reminded staff to knock on people's doors before entering and not to share personal information about people inappropriately. One person told us, "Staff listen to me and respect me. This makes me happy". A staff member said, "We respect people's dignity and privacy by making sure we know their preferences, closing doors and explaining things". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A person told us, "I chose my bedroom. My bed is very comfy, these are my things and I made that butterfly picture".

One person who was able to talk to us about their view of the service told us they were happy with the care they received and believed it met their needs. Comments from people and professionals included. "Care is very good. Staff reassure me if I need it. Help me feel happy. Make me laugh", "The level of care is good".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A health care professional said, "Equality and human rights are respected and promoted, their human rights are taken into consideration. They are well cared for". Nobody receiving care had a practicing faith but the registered manager told us that if there was, this would be respected and people would be supported the way they wanted to be. A staff member said, "Staff are compassionate around people. They are seen as humans, equality and their rights are always respected".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a conservatory so people were able to meet privately with visitors in areas other than their bedrooms. Staff were aware of who was important to the people living there including family, friends and other people at the service.

On the day of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging. We also observed the registered manager talking a person through removing their shoes and getting their slippers for comfort whilst relaxing in their reclining chair.

People were encouraged to be independent and individuality was respected. We observed a staff member encouraging a person to lay the table for the evening dinner. A person told us, "I like washing up, making cakes and laying the table". The registered manager told us that one person liked pushing the other in their

wheelchair and that this made them feel empowered and helpful.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "Staff help me make decisions like going out where I want to go, what I want to eat and wear". People appeared well cared for and staff supported them with their personal appearance.

The owner told us that they had received a number of thank yous and compliments but that these were not recorded. They told us that they would consider recording these.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people at the centre of their care and involved them and / or their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families (where appropriate) and people where possible. We found that an action from one person's last review was to share information between the home and the day centre. The person showed us their diary which they held it captured this information and was completed by both services daily. A social care professional told us, "We have just had reviews for the people living at Rivendell. People were part of these along with other professionals and staff. Needs are being met. The home looked at reviewing people's medicines during the last review period".

Care plans were available to staff, up to date and regularly reviewed to ensure they reflected people's individual needs, preferences and outcomes. The registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A professional told us, "Assessments are completed, guidance is in place. I worked with the home to produce this".

One person had an 'all about me' booklet which had been put together with the person, staff and the local Speech and Language Team (SALT). This gave staff a clear understanding of the person, their needs, likes, interests, communication needs and preferences and demonstrated a person centred approach. The person said, "I wrote my all about me booklet, it is my information. I am happy with it". We found that the other person who had more complex needs including communication did not have an 'all about me' booklet. We discussed this with the registered manager who told us they would create one with the staff and forward us a copy.

The registered manager told us that people are engaged in activities on a daily basis. People attended a day centre Monday to Friday each week. At weekends people were supported to access the community with staff support. On the day of our inspection people were supported to the local garden centre. A person came home and were excited to tell us that they had enjoyed a milkshake. A person said, "We go on holidays. Stayed in a caravan last year. Have been to Centre Parcs and Disney Land. I liked it. I want to go to Butlin's". The registered manager told us they were looking into this.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service did not have a complaints system in place. The owner told us that this was because they had never received any complaints and that people and professionals were complimentary about the home. They went onto say if they were to then they would create a system. A person said, "If I wasn't happy I would talk to [registered manager name]". A professional mentioned that had no concerns and felt the level of care was good.

One person had recently lost both their parents. The service was sensitively supporting the person to understand this loss and process the information. They were going to be supported to the funeral. Nobody

was receiving end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us that they did not have specific quality monitoring systems in place. For example local audits which may cover infection control, care records, medicines and staff files nor was there a live improvement plan which reflected areas which had been previously identified and action which had been taken to rectify these. We were told that this was because it was a small home which the registered manager also lived in and worked on a day to day basis. They told us that as improvement areas or actions were identified, measures were taken to rectify these. The registered manager told us that paperwork and records was something that often got brought up in inspections and the local authority contract monitoring visits. This told us that an improvement plan would be beneficial for the registered manager and owner to work from and prioritise actions whilst having a clear audit trail for external visits. The registered manager told us that they would look at creating one.

The manager told us that they promoted an open door policy. The registered manager was consistently visible providing care and support to people. They told us they recognised good work which was positive and promoted an open culture. A staff member told us, "I am very happy here. I feel appreciated for the work I do here".

People, staff and professional's feedback on the management at the home was positive. A person told us, "[registered managers name] is good. They look after me and [housemates name]. I can talk to them". One staff member said, "The registered manager is very good. They are not one sided. They are open to views and suggestions. They are approachable and lead by example". A health professional told us, "The registered manager is very caring. They advocate for people and makes sure needs are met. They are both supportive and approachable".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The service works well in partnership with us and others which results in the delivery of good care. For example, we have worked with them on a person's medicine times. This was discussed with medicine providers and the times were changed so that the person did not have to take their medicines to the day centre".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives. A positive open environment is always promoted". A social care professional told us, "The registered manager is very

transparent".

People and staff told us that they felt engaged and involved in the service. A staff member told us, "I'm involved in decisions. Management listen to my views and opinions". A person told us, "The service listens to me. If I want something changed I can tell [registered managers name]".