

Britten Associates Limited

Rivendell Care & Support

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

About the service

Rivendell Care and Support is a domiciliary care agency providing personal care to 25 people living in their own homes, some living with dementia, physical and learning disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

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

Staff were kind, compassionate and caring. The service promoted people's dignity, privacy and independence.

Risks associated with people's care had been assessed and guidance was in place for staff to follow.

Medicines were managed safely.

People were supported by enough staff who had been safely recruited.

Care plans were detailed, person centred and evidenced that people and their relatives were consulted around their care preferences.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Improvements made following the last inspection had been sustained and embedded. There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

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.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence. Staff worked with health care professionals to maintain people's wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rivendell Care & Support

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.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience who supported the inspector by contacting people by telephone to request feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 July 2019 and ended on 7 August 2019. We visited the office location on 31 July 2019.

What we did before the inspection

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 reviewed the action plan submitted by the provider following the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

During the inspection

We spoke briefly with one person who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, registered manager, care co-ordinator, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four professionals with regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff from Rivendell Care. One person told us, "I am happy with Rivendell." A relative told us, "Yes definitely 100% [safe]." People were protected from the risk of abuse. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them.
- Staff were confident any concerns they raise would be listened to and actioned appropriately by the registered manager.
- The registered manager logged and monitored any safeguarding concerns. Incidents and concerns were recorded to ensure the management team monitored themes and trends to ensure people were kept safe.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks associated with people's health and care were assessed and detailed guidance was in place for staff to keep people safe. Risks assessed included moving and handling, skin integrity, dehydration and the use of a catheter.
- Detailed guidance was available to staff to follow where people required the use of specialist equipment such as a PEG feed. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Staff had been trained by the appropriate professionals where specialist equipment was used.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met. We were told that staff arrived at their care visits on time and stayed the duration of the visit. Feedback included, "They always stay for the hour" and "They arrive fairly on time within acceptable limits."
- Staff rotas confirmed that staff were allocated travel time between care visits. A care co-ordinator had oversight of the electronic call monitoring system which required staff to log into care visits. Office staff were alerted if a care staff did not arrive at a scheduled care visit which meant action could be taken quickly.
- The service had robust staff recruitment procedures in place. Records confirmed that various checks were carried out on people before they commenced working at the service including a criminal records check. Using medicines safely

- Staff had completed training in administering medicines and their competency had been assessed.
- Medicine records were completed without unexplained gaps or errors. The provider had implemented an electronic care recording system where medicines administration was documented electronically. Information on the medicines prescribed and any specific instructions were clearly documented on the care record, such as administering medicines via PEG.
- People told us they were satisfied with the support given.

Preventing and controlling infection

- The provider had effective infection control processes. These included infection control training and providing staff with appropriate gloves and aprons.

Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded.
- Learning from any incidents was shared with staff through meetings and a service newsletter so they could minimise risk.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they started using the service. Information obtained during the assessment process was then transferred into a care plan which was reviewed on a regular basis. Support plans reflected people's needs and care was delivered in a way the person wanted. A health professional told us, "Rivendell have provided holistic care, really understanding the needs of their clients, not just their care needs, but the wellbeing, likes and dislikes of the client."
- The service did not take on care packages they felt they could not effectively manage. The nominated individual told us, "We don't take on a client unless we know we can do the best care for them. We used to try to accept all referrals, now we are more fussy. Focused on care that is safe and stable."
- The management team worked with people and their families to ensure all their care needs and preferences were captured as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff were trained to ensure they had the knowledge and skills needed to support people effectively. Training was regularly refreshed to ensure it reflected latest best practice. One staff member told us, "The training is conducted in a small group which is good."
- We received positive feedback from relatives regarding staff. One relative told us, "Yes the current people are good."
- Newly recruited staff completed an induction programme and Care Certificate training if they were new to the profession. The Care Certificate is a nationally agreed and recognised set of standards for social care. Staff were supported by the provider to study for nationally recognised care qualifications.
- Staff were supported with regular supervisions and appraisals, and said they found these useful.

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

- Where people received support with eating and drinking they said this met their needs and preferences. A relative told us, "All meals are cooked for her, I provide the food, they monitor what [person] eats."
- Care plans detailed the support people needed around eating and drinking.

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

- People were supported to access external healthcare professionals to monitor and promote their health. A relative told us, "The agency or the carer will ring me up if mum needs the GP. They know well what her condition is."

- Advice and guidance from external professionals were incorporated into people's support plans and followed by staff.
- We saw positive relationships with other professionals. The management team worked alongside a range of professionals to ensure people's needs were met. Feedback from professionals was positive in this regard. One professional told us, "[Registered Manager] is very approachable and worked very closely with me and our community worker to put in place the right support for the individual concerned."

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 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The management team and staff demonstrated a good understanding of their responsibilities under the legislation. Staff had received training in MCA.
- Care records seen were signed by the person or their legally appointed representative to indicate that they had consented to their care.
- Feedback received indicated that staff involved people in making decisions for their care and requested consent prior to providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback regarding the caring nature staff and the service overall. Feedback received included, "Yes definitely, they are the best care we have had so far" and "They are very good and caring." A professional told us, "All the staff I have engaged with are very caring."
- Staff talked about people with kindness and emphasised the caring nature of the service. Staff told us, "It's personalised care. We are all well trained" and "We are really good at listening. I am patient and listen to what people want."
- People's diverse religious, cultural, mental health and social needs were reflected in their care and support plans. The provider purchased one person a religious cookbook. They were supported by staff to prepare their own meals as per their wishes. The registered manager told us the person sent pictures of the meals they prepared.
- One person had an interest in techno music. The nominated individual took their turntables to the person's home for them to use. The nominated individual told us the person really enjoyed the experience.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about aspects of their care where they had capacity to do so.
- Relatives told us they were involved in the care planning process. Feedback included, "Yes, the care manager came twice before we started with them" and "Yes I was involved."
- People's communication needs were assessed and recorded in their care plan. Staff were provided with guidance in how to communicate with people with communication difficulties. For one person, this meant a phased introduction for new staff, so they could fully understand the person's communication needs prior to working alone with the person.
- Care plans detailed the involvement of people and their families. People's likes, dislikes and life histories were detailed for staff to refer to when providing support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative told us, "They do. They sit down with him and have a cup of tea and a chat."
- Staff supported people to maintain and develop their independent living skills. For example, people were involved with meal preparation and cooking. Relatives told us, "They interact with [Person] and help independence" and "They ask her to help fold the laundry and to do the drying up when they are washing up. They take her to the park and they sing with her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a way that met their needs and achieved good outcomes. The registered manager told us, "Above and beyond for us is the norm. If something needs a fix, we fix it."
- Feedback from relatives included, "They adapt to the way we want things done" and "So far I think we are getting a good service." Feedback seen from a relative noted, "You have provided very good carers for [Person] and you are always there when I need help and advice, in fact your understanding and advice has been invaluable."
- At the last inspection, we found that care plans were not always up to date and did not reflect people's care needs. At this inspection, we found significant improvements had been made to the care planning process.
- Care plans were person centred and provided staff with comprehensive guidance on how to provide support as per people's needs and desires. For one person, we saw their care plan detailed the break down of tasks staff completed for managing the person's PEG regime. For another person, their care plan detailed how staff should support them to manage their medical conditions, complications and pain management.
- The provider implemented an electronic care management system which meant that all care records were completed on electronic devices. Amendments to care plans were made in real time which was updated immediately for all care staff delivering the support so keeping them fully informed which resulted in an adaptive and flexible service.
- Staff told us they could access the electronic care records system via their smart phones. Staff had instant access to up to date information about people's care. Staff also completed their visit notes on the electronic care records system. We saw that daily records completed by care staff were comprehensive and detailed. A relative told us, "If I want I can check online what is happening. They update everything electronically and I can check if I want to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Effective systems were in place to assess people's communication support needs and preferences and ensure staff could meet these.
- Staff supported one person by creating a visual timetable using some of their favourite cartoon characters. This helped staff communicate better with the person and reduce anxieties around their daily

routine.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to.
- Relatives told us they felt confident that any concerns raised would be addressed. They gave us examples of where the provider made improvements following concerns. One relative told us, "We have had some rocky moments with carers who were not quite the right fit. They sorted the problem out straight away and resolved the problem. That has resulted in it working."

End of life care and support

- The staff team work with other professionals to ensure people's wishes were supported for their end of life care and they had a dignified, peaceful and pain free death.
- Feedback from one relative in May 2019 noted, 'We could not have asked for better care. They ensured she ended her life with dignity and love and at home like she wanted to be. Very impressed with the professionalism and attention to detail.' A staff member told us, "We are really good at listening and providing care last minute. We had a client who recently passed away. We had to quickly accommodate care for them."
- The registered manager told us that providing end of life care was something they found that they were good at, and as a result often received more complex care packages from commissioners.
- They implemented training for staff but also recognised that some staff did not feel comfortable with delivering this type of care and respected their choices.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care; How the provider understands and acts on the duty of candour

At our last inspection the provider had failed to ensure that enough governance systems were operating to ensure people received person centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- As cited throughout this inspection report, the management team had made improvements to how care was delivered. Concerns found at the last inspection had been rectified and improvements made had been embedded and sustained which had positive outcomes for people. A staff member told us, "Honestly the past year has been a lot better than it's ever been. We all have the same work ethic. I feel involved in making improvements."
- There was a clear management structure in place. Following the last inspection, the management team was expanded to include a senior carer to assist with care reviews and spot checks. This freed up the office-based management team carry out managerial tasks and responsibilities.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.
- Staff told us they felt supported by the management team. Feedback included, "Very friendly, if I want to talk, always willing to help."
- Several quality assurance checks were completed to monitor and improve standards at the service. The provider also used an external organisation to audit the service to ensure that the quality assurance process was fully transparent.
- The management team regularly reviewed the service provided. They continued to learn from reviews, meetings and complaints. We saw actions taken and changes were made to improve the service and people's quality of life.
- The management team understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

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

- From speaking with staff and the management team it was clear there was a positive culture at the service and staff worked with the values of person-centred care. Feedback from staff included, "We keep it person

centred. Going the extra mile. It's not just about the money."

- Feedback from relatives on the overall service provision was positive. Relatives knew the management team. They told us, "Yeah overall we are happy. The manager is pretty experienced. She used to work as a carer so knows what it is all about" and "Yep [registered manager] regularly visits and does spot checks. She makes appointments to see me."
- The registered manager and office staff spoke of the importance of being visible to people, relatives and the staff team on the field. The registered manager told us, "At the moment we are still quite small. I tend to be quite visual. I nip along to three of four clients when I have a minute to check in."
- The management team were open and transparent, and they shared information with us during the inspection.

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

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People and their relatives had opportunities to give feedback to the management team through regular care review meetings, an annual satisfaction survey and during spot checks.
- Relatives told us they were very much involved in how their loved one's care was delivered.

Working in partnership with others

- The management team worked with a variety of health and social care professionals. Throughout the inspection we observed telephone conversations between the registered manager and involved professionals where advice was sought, and actions were agreed.
- A health professional told us, "I feel the service is well managed." A second health professional told us, "The service is managed very well and from our experience we have had good interactions, where staff respond quickly and effectively."
- The management team took advantage of regular training and learning events provided by the local authority. They also engaged with pilot projects and learning forums.