

Dyzack Limited

The 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

This inspection was carried out on 11 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The Rivendell provides accommodation and personal care for up to four people with a learning disability. The service is a small converted domestic property. Accommodation is arranged over two floors. There were four people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect at all times. Staff were kind and caring to people.

The registered manager led the staff team and had oversight of the service. Staff were motivated and felt supported by the registered manager who was approachable. The registered manager and staff shared a clear vision of the aims of the service.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift and to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. They had completed the training they needed to provide safe and effective care to people. Some staff held recognised qualifications in care. The registered manager met regularly with staff to discuss their role and practice.

People's care and support was planned and reviewed to keep people safe and support them to be as independent as possible. People, their relatives and professionals who knew people well were involved in planning and reviewing their care.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered

manager. Plans were in place to keep people safe in an emergency. Systems were in place to manage complaints received.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were offered a balanced diet that met their individual needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to.

Systems were in place to assess if people were able to make decisions. The registered manager knew when these needed to be completed. Staff assumed they had capacity and respected the decisions they made. When people needed help or could not make a particular decision on their own, staff supported them. Decisions were made in people's best interests with people who knew them well. The requirements of the Mental Capacity Act 2005 (MCA) had been met.

People were supported to participate in a variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them.

The registered manager worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People and their relatives were asked about their experiences of the care.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

Staff had the skills they required to provide the care and support people needed.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and their relatives shared their experiences of the service.
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Accurate records were kept about the care and support people received.

The 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 took place on 11 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The inspection team consisted of two inspectors. Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a serious injury.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). 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. This was because we inspected the service sooner than we had planned.

During our inspection we spoke with people, the registered manager and staff. We visited people's bedrooms with their permission and looked at two people's care records and associated risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records.

We last inspected The Rivendell in April 2014. At that time we found that the registered provider was complying with the regulations.

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. There were jokes between people as they prepared to go out to a local club. People told us they were looking forward to seeing their friends. One person looked pleased to see a member of staff and smiled at them and shook their hand. Another person said "We are all friends here."

Staff were trained in recognising different types and signs of abuse and knew how to report any concerns. The registered manager was aware of safeguarding procedures and reminders about responding to abuse were displayed in large print in the staff office. Any accidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents.

People's money was safeguarded with systems in place to record and account for any money spent. Receipts were kept and the balances were checked regularly. People chose how they spent their money and always had the money they needed when they wanted it.

Risks to people had been assessed and guidance was provided to staff about how to keep them safe while maintaining their independence. This included making sure people had their walking aids with them so they could go where they wanted without help. Guidance was provided about how to support people to remain calm and safe when they became anxious or worried.

Incidents were reviewed and action was taken to keep people as safe as possible. Following a recent incident, where there was a possible risk to people, more staff supported people when they went out. Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Risks posed to people had been identified and assessed with control measures in place to reduce the risks. This included environmental risks. For example, gas and electrical appliances and water temperatures were checked regularly. There was a fire risk assessment and evacuation plans for each person and a general evacuation plan. Practice drills were held regularly so everyone got to practice leaving the building in an emergency. Fire equipment was checked to make sure it was working properly.

Staffing was planned around people's needs, appointments and activities. If more staff were needed to support people's changing or increasing needs, there were more staff on duty. There were staff around when people needed them. Staff we spoke with said they were happy with the staff levels and thought there were enough staff on duty to support people well. The registered manager was on call out of hours to give advice and support.

The manager talked to people, their relatives and to staff about the staffing levels and kept them under review. Each shift was planned with staff allocated to different people and activities. Each staff member knew what they would be doing that day. All the staff had been working at the service for several years and

knew people very well. There were staff around, in all areas of the service so they were available when people needed them. Nobody had to wait and staff had time to spend time with people and did not appear rushed.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff declared any health issues that may impact on their performance. Any gaps in staff's employment history had been checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of employment.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff who were trained in safe medicines management. All medicines were stored securely and medicines given to people were accurately recorded.

Medicines were stored in a locked cupboard that was not overstocked. Stock was rotated to ensure that medicines did not go out of date. Bottles and packets of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life, and could not be used after a certain date. Staff checked the temperature of the medicines cupboard to make sure medicines were stored at the correct temperatures.

Regular checks were carried out on medicines and the records to make sure they were correct. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Some people were prescribed medicines they needed only now and again. Guidelines were in place for staff to refer to about when to give this occasional medicine.

Is the service effective?

Our findings

People were able to make choices about all areas of their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. People were able to tell staff how they preferred their support provided. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff. Staff knew when people needed support to make safe decisions and offered them choices, such as clothing that was suitable for the weather.

Some people were unable to make complex decisions about the care they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by people who knew them well. The registered manager knew that people's capacity to make a decision needed to be assessed each time a decision needed to be made and had a process in place to do this.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities under DoLS. The registered manager told us that at the time of our inspection no one was at risk of being deprived of their liberty. People were not restricted and were supported to go out whenever they wanted.

Staff supported people to maintain good health and provided care to meet their health care needs. People had health action plans in place to tell staff and health care professionals about their health care needs. Staff knew the signs that people were becoming unwell and how to support them to remain well, for example if someone with diabetes became unwell. People were supported to see their doctor when they needed to. The advice and guidance given by health care professionals, including doctors, was followed to keep people as well as possible.

People were supported by staff who knew them well to attend health care appointments, including health checks and outpatient appointments. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff made sure any recommendations were acted on when they returned to the service.

People had regular health care checks including dental check-ups and eye tests. The registered manager had considered people's needs and chosen health care professionals who had the skills to support people;

such as a local optician who was able to test the sight of people were not able to read the alphabet.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Each staff member had a training needs assessment detailing their training needs and a training plan to meet those training needs. There was an on-going programme of training which included face to face training, mentoring, watching DVD's and answering questions. Completed training was tracked and further training was arranged when needed. Staff completed work books, answered questions and took tests that required a pass mark. Some training was provided at the service, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including Autism awareness, sign language and person centred care. New staff completed induction training, which included shadowing experienced staff.

Staff spoke with knowledge about people's needs and were knowledgeable about people's health conditions. The registered manager reviewed the effectiveness of the training by observing staff and talking to people about the staff. The registered manager gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the registered manager supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare. The registered manager tracked staff's progress towards their objectives. Staff had a yearly appraisal so they could discuss their training needs and career ambitions for the next year.

People had enough to eat and drink. They took part in the food shopping and prepared meals, snacks and drinks. People could help themselves to drinks when they wanted to and there was a safe one cup hot water system for people to use, to make hot drinks. One person was underweight when they moved into the service. Their appetite had increased and they had put on a healthy amount of weight.

Staff were aware of what people liked and disliked. People chose what they wanted to eat and took turns in choosing the evening meal. Staff cooked what people had requested. People were supported and encouraged to eat a healthy and nutritious diet and there was plenty of fruit and fresh vegetables available. Meals were prepared to meet people health and cultural needs. One person said that they enjoyed having a cooked breakfast at weekend and another person said they enjoyed having take-away meals.

Is the service caring?

Our findings

People had lived at The Rivendell for a long time and everyone appeared happy and relaxed in each other's company. Staff described one person to us as 'a very sociable person who enjoys spending time in the lounge with their friends'. People invited their friends and family to spend time with them at the service. Staff supported people to visit friends and family, people sometimes stayed for a few days.

Staff spoke with people, and each other, with kindness, respect and patience. The atmosphere was calm and relaxed.

Staff spent time with people making sure they had what they needed as they were preparing to go out for the day. People were supported to do as much for themselves as possible so they maintained and developed some independence. One relative had written "I applaud the new handrails on the stairs as it aids (my relative) to get around."

Everyone using the service was able to chat to staff and tell them what they wanted. Information was presented in ways that people could understand which helped them to make choices and have control over making decisions. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

People were supported to make decisions about their support at regular meetings and review meetings. If people agreed, their care managers, family and friends were involved in the meetings. People were supported to 'have a say' and knew their views would be listened to.

Routines at the service were flexible and responded to changes in people's needs and requests. Staff knew people's preferred routines, such as getting up, making their bed, having a bath and then having breakfast. This gave people control over their lives and reduced the risk of them becoming anxious or worried.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People had chosen the way their bedroom was organised, the colour scheme and décor. Some people chose to have lots of personal items in their bedroom, other people chose to store their personal items elsewhere.

People were supported to follow their chosen religion when they wanted to. Some people were supported to attend church and other people preferred for clergy to visit them at home.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, or their representatives. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.

Staff told us at the time of the inspection that people who needed support were supported by their families

or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

People, including those who had difficulty communicating their needs and preferences had been involved in planning their care and support, with their relatives when necessary. Staff knew people's routines and provided the support they needed in the way they preferred.

Staff told us about what each person was able to do for themselves and what help they needed. This information was included in people's care plans for staff and visiting professionals to refer to. For example, one person was at risk of choking and needed hard food cut into bite size pieces. Information was included about all areas of their life, including their likes, dislikes, daily routines and preferences.

Detailed guidance was provided to staff about how to provide the support people needed to ensure that it was consistent. Staff told us it was very important that they followed the guidelines and worked as a team to offer people consistent information and support. This reduced the risk of people becoming confused which could make them anxious and may lead them to display challenging behaviour. This happened very rarely as the staff provided support to people and people knew what to expect. Staff recorded any incidents that happened. This information was useful for any visiting behavioural support staff to review.

People's care plans were reviewed regularly to make sure they remained current. They were updated when people wanted their support provided in a different way or their needs changed. A pen picture about each person was included at the front of their care plan to help visiting professionals get to know important things about the person quickly. This information could also be used if people got lost while out.

People learnt new skills to make them more independent and took responsibility for their home and things. One person told us they like to wash and dry the dishes, another person liked to do the vacuuming and a third person liked to lay the table. Staff supported people do their laundry and tidy their bedrooms.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. They took part in activities with people they knew at a local social club including keep fit and yoga. One person told us, "There is an exercise class every Friday; I choose to go every other Friday. I can go when I feel up to it."

Each person had an individual activities plan and knew what they would be doing each day. People liked to watch the television in the evening and chose what they watched, where and who with. They also used their local community facilities such as local cafes and restaurants.

There was a complaints policy and procedure and staff were aware of the process to follow should anyone make a complaint. The registered manager said there had been no complaints for a long time but if there was a complaint this would be investigated and responded to.

Is the service well-led?

Our findings

The registered manager had been leading the service for many years and knew people and staff very well. Staff felt supported by the registered manager and were confident to raise any concerns they had with them. The registered manager was always available to give them advice and support. They were experienced and qualified and were supported by a registered manager from a nearby home owned by the provider. They understood relevant legislation and the importance of keeping their skills and knowledge up to date.

There was a culture of openness; staff and the manager spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'achieving positive outcomes for individuals.' Staff had regular team meetings so they had the opportunity to get together as a team and to share their views and opinions.

The registered manager had a clear vision of the quality of service and how it should be provided. She led by example and supported staff. There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation.

Staff were motivated and enjoyed working at the service. They understood their roles and knew what was expected of them. They had regular team meetings and their views and opinions were listened to. Staff knew about the whistle blowing policy and knew who they could report any concerns to.

People, their relatives and visitors were asked for their feedback about the service every year. Staff at the provider's head office sent out surveys and collated the responses. People could also share their views at regular review meetings. Staff were not currently surveyed so they did not have an opportunity to give their views, anonymously if they wished to. The provider planned to include staff members in the next survey. Some relatives had shared their views about the service with the registered manager. One said, "I am kept informed about (my relative) and there is a good range of activities on offer. Staff go the extra mile". Another relative had written. "(My relative) gets on well with staff and they with him" and "I am always made welcome when I visit and I am happy with the care".

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to improve the service. Accidents and incidents had been recorded and action had been taken to reduce the risks of further incidents.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events, in a timely way. There had been one recent incident that CQC should have been notified about. The registered manager agreed to send in the notification without delay.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.