

Regency Care Limited

The Rise Care Home

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

The Rise Care Home is a residential care home close to Dawlish, Devon. It is registered to provide accommodation and personal care for up to 36 people. At the time of our inspection there were 27 people using the service.

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

People told us they felt safe and both relatives and healthcare professionals spoke positively of the service. Risks of abuse to people were minimised because the service had safeguarding systems and processes. Staff understood safeguarding reporting processes. The service was adhering to current UK Government guidance relating to the management of Covid-19.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were completed. People's medicines were safely managed, pre-employment recruitment checks were undertaken and there were sufficient staff on duty.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and received a continual training package. Nutritional risks were identified and managed. Staff at the service worked together with a range of healthcare professionals to achieve the best outcomes for people and followed professional advice to achieve this.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff understood the needs of the people they supported and were clearly committed to providing people with the best possible quality of life. All the feedback we received from people living at the service was positive about the care they received and the staff that supported them.

People and their relatives felt that concerns and complaints would be listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service. People had the opportunity to be involved in an activities programme if they wished. People were supported at the end of their lives through advanced care and treatment planning.

People, their relatives and healthcare professionals gave us positive feedback about the quality of care people received. The feedback about the registered manager was positive. There were systems to obtain feedback from people, their relatives and staff. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment to ensure people received optimal care. Good relationships had been built with external healthcare professionals.

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

Rating at last inspection

This service was registered with us on 2 February 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 21 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

The Rise Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

The Rise Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Rise Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with nine members of staff which included the registered manager, the deputy manager, care staff, activities staff and administrative staff. We also spoke with the Nominated Individual who was also the Registered Provider of the service. We spoke with five people who lived at the service, and observed some interaction between people and staff, however this was limited as the service was in a Covid-19 outbreak at the time of our inspection.

We met with one person who was visiting a person who lived at The Rise Care Home and spoke with one visiting professional from the District Nursing team. We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance. Following our site visit we spoke with four people's relatives. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a nominated safeguarding lead and appropriate policies in place for staff to access and follow should they be required.
- Staff we spoke with confirmed they had received training in safeguarding and were able to explain both internal and external reporting processes.
- Staff told us they felt confident that any concerns they reported would be addressed promptly to protect people at the service.
- People and their relatives felt the service was safe. One person we spoke with told us, "I'm very happy here and enjoy the company of the staff."

Assessing risk, safety monitoring and management

- Risk assessments for people were completed. For example, care plans detailed risks relating to mobility, falls, nutrition and skin breakdown. Where required, action was taken to reduce identified risks and a plan of care was recorded.
- Staff we spoke with knew the level of support people required to reduce or mitigate identified risks.
- A healthcare professional we spoke with told us they felt people received safe care at the service. They told us previous emergency situations were appropriately managed and the relevant information and records could be provided when required.
- The service environment and equipment was maintained, and records were kept of regular health and safety checks. This included checks in relation to water temperatures, legionella and mobility equipment.
- People had individual emergency plans in place to ensure people were supported to evacuate in the event of a fire. Periodic checks and servicing of fire alarms and equipment were completed.

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. People we spoke with told us that they received the support they needed from staff.
- Relatives and healthcare professionals did not raise any concerns about staffing levels.
- Staff told us there were sufficient staff to meet people's needs. They explained how they had come together as a team as a result of Covid-19 related staff sickness to ensure the people they cared for had their needs met.
- We reviewed staffing rotas which showed the service employed a variety of staff deployed at different periods of the day based on when they were needed. These roles included management, care staff, housekeeping staff, server support and evening support staff.
- We observed during the inspection that call bells were responded to promptly.

- Staff had been recruited safely. Relevant pre-employment checks had been carried out including criminal record checks and getting references from previous employers. We discussed the need to record the fact a written reference had not been received despite multiple requests.

Using medicines safely

- Medicine systems were safe, and people were receiving their medicines when they should.
- Medicine administration records were accurately completed. People told us they received their medicines when they needed them.
- Specific staff were trained in medicines management and competency checks were routinely undertaken.
- Protocols for medicines which had been prescribed to be taken 'as required' such as pain relief were mainly completed and available. We identified a minor oversight in relation to a newly prescribed 'as required' medicine that was rectified by the deputy manager.
- Medicines requiring additional security and recording were stored and administered as required. A balance check on a sample of these medicines did not identify any concerns.
- Medicines management audits were completed monthly. A recent audit had been completed by the supplying pharmacy and the service were awaiting feedback.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the service management to identify any patterns or trends.
- Supporting records showed that following an accident or incident, relevant details were recorded, and a record of any action taken was evident.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. A number of people in the service had a nominated 'essential caregiver' who was able to visit when required.
- Risk assessments had been completed where relevant. This included when people received visitors when they were assessed as being at or close to the end of their lives.
- The service had developed a visiting pod which ensured visits from family and friends could occur even if there was an outbreak. We saw this was actively used on both days we visited the service.
- People's families told us they were supported to visit in a safe way and felt welcome when visiting. One person told us, "They have been very cautious about visiting for which I have been very grateful as I don't want [service user name] to get Covid. I have been able to see him in the pod and continue to use this for

visiting."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed prior to moving into the service to ensure their needs could be met and that the environment was suitable for them.
- The assessment process enabled a care plan that detailed guidance for staff on how to meet people's needs was completed on admission or shortly after.
- Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition were used within care plans.
- People's protected characteristics under the Equalities Act 2010 were identified. This included, where relevant, people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- Staff received a continuous training programme to support them in their roles and deliver care in line with recognised best practice.
- The registered manager explained that the service was now registered with a new training provider to give staff further opportunity to learn. Staff we spoke with confirmed this new training platform was available.
- People and relatives felt staff had the knowledge, skills or ability to deliver care well. One person commented, "The care is amazing, and they are always willing to help."
- Induction for staff new to the care industry included attaining the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision and told us they felt supported by the service management. The registered manager told us that annual appraisals were not completed with some staff, but this was being addressed.

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

- We received some mixed feedback from people and their relatives about the food being inconsistent in presentation and temperature. The registered manager was aware of concerns and was addressing this through staff recruitment and new kitchen equipment.
- People we spoke with during our inspection commented positively on the choices of food available to them and told us alternatives were always offered to them.
- People were well supported with hydration. We observed people had drinks available to them within their rooms and in communal areas. There were systems to identify those at risk of low fluid intake to aid staff in

encouraging them with having drinks throughout the day.

- We saw from records that where required, appropriate healthcare professionals had been contacted to ensure risks associated with nutrition and swallowing were reduced. Nationally recognised tools were used to aid in the identification of malnutrition or obesity.

Adapting service, design, decoration to meet people's needs

- People had individual rooms with some having en-suite toilet facilities. People also had access to communal bathroom and toilet facilities.
- Additional communal areas were available for people to use. The service benefitted from three different lounge areas and a dining area. There were large communal garden areas in the grounds of the service. There was a passenger lift in operation to support people to access the upper floor.
- Communal areas such as the toilets had clear signage on them to aid people in navigating around.
- People told us they were happy with the service and their individualised rooms. People's rooms were personalised with items such as family pictures and ornaments.

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

- People had access to a variety of healthcare services and professionals according to their needs.
- People were registered with a GP for appointments and advice as needed. Healthcare professional feedback we received was positive.
- People's relatives were confident the service would seek and receive care from external professionals when needed. One relative commented, "I feel people are very well cared for, I cannot fault them at all. They are quick off the mark to call the GP when needed."
- Care records evidenced advice had been sought from clinical professionals where the need was identified.

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, there were no people living in the service that had an authorised DoLS. Where applicable, applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- Where restrictive practices were in place to support people to be safe, we found a capacity assessment and best interest decision processes had been followed prior to the implementation of certain practices.
- Where required, prior to people receiving seasonal vaccinations or the Covid-19 specific vaccination, a capacity assessment and best interest decision making processes had been completed.
- The service ensured that as part of the pre-admission process they identified if people had an appointed

Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so.

- Where an LPA was in place, the service had ensured they had a copy of the relevant record on file and consulted the relevant people when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received care from staff who had developed positive and caring relationships with them. Staff we spoke with knew people well.
- Staff had a very positive attitude towards the standards they wanted to provide, with one care staff member saying, "I would do things how I want them to be done for my family."
- People were very positive about the care they received and staff that supported them. One person told us, "It's really lovely here, they look after me." Another person said, "The staff are very friendly and care for me well."
- Relatives spoke positively about care provision and staff. One said, "Straight away I felt like this was like home, even for me as a visitor. If I needed to go into a home, I would choose this one."
- A selection of compliment cards were displayed in the service. In a recent card, an extract from relatives said, "We would just like to thank you for caring for our mother through the last months of her life - we feel she was always comfortable and couldn't have received better care."

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

- People all told us they received care how they wished and in line with their preferences.
- No concerns were raised by people about involvement or contributing to their care or making decisions about their daily lives. All said that staff listened to them and respected their thoughts and opinions.
- Due to the Covid-19 outbreak within the service our observations were limited, however those we saw involved staff offering people choice and people were communicated with respectfully.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- Staff gave examples of how they promoted independence, for example with daily choices being offered in relation to food choices, clothing choices or activities attendance. One staff member told us, "People are always given choices here, or I always ask if they have a preference of clothing every day."
- People were positive about the level of independence they had when being supported with personal care.
- The service had ensured that people were afforded privacy when using the visitors 'pod' which had been installed due to the Covid-19 outbreak. We saw this being used on both days of our inspection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Every person at the service had a care plan personalised to them. This care plan showed their care needs, risk management and personal preferences.
- Records showed that care plans were periodically reviewed and reflected any changes in a person's care needs. This meant staff had the most up to date information in order to support people in a person centred way.
- People's care plans had information about their previous occupations, interests and lifestyle choices described. This helped staff to understand people more and to aid in conversation.
- People were positive about their care and told us they felt that staff knew them well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service had policies relating to the AIS in place showing how they would aim to achieve the required standard.
- There was also an 'Introduction and Understanding' document relating to the AIS to support staff and further published national guidance was available for staff to read.
- Care records showed that people's individual communication needs were recorded, and staff understood them.
- Pictures of the meals being served at the service had been produced to support people in making choices.
- Guidance on the Covid-19 vaccine was available for people in an 'Easy to Read' format to help inform them about making a choice on receiving the vaccine.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to be involved in activities. The service had a dedicated activity co-ordinator who was committed and passionate about how they supported people.
- There was an activity board to show what activities people could be involved in and all the people we spoke with had the activity schedule in their room. People told us they were free to choose if they participated.

- People were positive about the activities at the service. The activities provider told us how they had modified their activities during the Covid-19 pandemic to ensure people still had quality time and stimulation.
- On the first day of the inspection, people took part in baking together and on the second day of the inspection there was a quiz held in a lounge area that people appeared to enjoy.
- There were regular themed activities for events such as Valentine's Day and a 'Hawaii Day'. People who did not leave their rooms were also supported with one to one care by the activities team.
- The activities lead took photos of nearly all the activities and created scrap books for people to look at and also use as a reminiscence aid.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- The registered manager stated that since the new registration of the service no formal complaints had been received.
- People and their relatives did not raise any concerns or issues about either making a complaint or complaints management.

End of life care and support

- At the time of our inspection, no person within the service was currently assessed at that time as nearing the final stages of their life.
- Care records evidenced that people had records relating to their resuscitation status. These identified treatment escalation plans. These records were easily accessible if needed.
- Records showed that where people had identified to being at the end of their lives, a specific 'End of Life' care plan had been produced reflecting that person's needs and wishes to aid in ensuring they died as comfortable as possible.
- Where it could be achieved, during the Covid-19 pandemic people close to the person had been supported to be with the person at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us they had confidence in the leadership at the service. Relatives commented that the registered manager was always available for them.
- One relative told us, "The manager is good. I have raised a few issues and they have been listened to." Another told us, "[Registered manager's name] is very approachable and listens to any little niggles."
- Staff spoke of a positive working environment despite significant pressures and challenges due to a rise in Covid-19 cases in people and staff. One member of staff said, "[Registered manager's name] is excellent to work for and she is amazing with the residents here." Another said, "[Registered manager's name] has been so helpful and strong during Covid."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records reviewed showed that when accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Through conversation it was evident the registered manager led a dedicated team of staff committed to supporting people. Staff understood their roles and responsibilities and were accountable for their practice.
- Staff spoke positively of the staff team morale, even at the current height of the challenges presented by the Covid-19 outbreak. All the staff we asked, without exception, told us they would be happy for a friend or relative to be cared for at the service.
- The service had a range of quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken. Where needed, continuous improvements were made in response to findings which were recorded on an action plan.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The registered manager sought continuous feedback from people, their families and staff. This was

achieved through frequent conversations, scheduled meetings and surveys.

- The surveys sent to people included surveys about how they felt about and understood the services response to the Covid-19 situation which received positive feedback. Other surveys completed in February 2022 were around all matters of living in the home, which again did not highlight any areas of concern.
- Meeting minutes showed people received communication about new staff, were invited to speak with the chef and were told of UK Government Covid-19 updates. People were also kept updated about any new or changing processes in the Covid-19 testing programme.
- Staff completed surveys in November 2021 which did not highlight any areas of concern and evidenced overall satisfaction. We saw staff meeting minutes that showed how the home staff discussed improving communication and the minutes showed the registered manager encouraged ideas from the staff team to improve the service.
- Meeting minutes from the February 2022 meeting showed the registered manager had also taken the opportunity to express their pride towards the staff team for the way they continued to manage the current challenges during the Covid-19 outbreak.

Continuous learning, improving care and working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- The registered manager continued to learn and evolve to the changing guidance during the Covid-19 pandemic and worked closely with the relevant local authority teams during this period.
- The service management had community links prior to the Covid-19 pandemic, and it was forecast that community links will be reconnected in the short term future.
- At the time of our inspection, the local Minister was still visiting the service at people's request. One person attended a local singing group, however when this is not possible the service used technology to allow the person to attend virtually.
- The registered manager and provider gave examples of how they had improvised to support people over the pandemic. For example, they told us how in December 2020 they did an outside 'Santa Scene' using a snow machine and props and people watched from the window. People's friends and relatives were also invited to join in and did a 'Drive by' and were able to wave at their relative in the service.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.