

Britten Associates Limited

Rivendell Care & Support

Inspection report

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20 August 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 20 August 2018 and the first day of the inspection was unannounced. At our last comprehensive inspection in June 2016, we found a breach of regulation related to staffing due to staff not receiving regular supervisions. At a follow up focused inspection in May 2017, we found that the service was still in breach of this regulation for the same reason. At this inspection, we found that improvements had been made and staff were now receiving regular supervisions, however, staff were not receiving an annual appraisal.

Rivendell Care and Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Rivendell Care and Support receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, 25 people were receiving personal care from Rivendell Care and Support.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks associated with people's care was not always assessed. Where a risk was identified, risk assessments did not provide staff with enough guidance on how to recognise risk, actions to take or how to mitigate identified risks.

We have made a recommendation about how medicines are managed. We identified concerns with how Medicine Administration Records (MARs) were transcribed.

Although there were systems in place to check quality of care, audits were not effective in picking up concerns in a timely manner. Where an area of concern was identified, follow up and action was not documented.

Care plans were detailed and person centred. However, we found an instance of where a care plan had not been updated following changes to the person's care needs.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of the different types of abuse to look out for and how to raise safeguarding concerns.

People and their relatives told us they received kind and compassionate care and were treated with respect.

All staff had received training on the Mental Capacity Act (2005) and staff understood what to do if they had concerns around people's mental capacity.

People were supported to maintain good health and had access to healthcare services. People were supported to be independent and access the community, where possible.

The provider employed sufficient skilled and experienced staff to meet people's needs. Staff were recruited with necessary pre-employment checks carried out.

There was a complaints procedure in place and people and relatives confirmed that they knew how to complain.

We identified two breaches of regulation relating to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. Risk assessments did not always provide information needed to protect people from harm.

We have made a recommendation about medicines management. We identified concerns with how medicines administration was recorded.

There were sufficient staff to ensure that people's needs were met. There was a robust recruitment procedure in place.

Staff were knowledgeable around safeguarding and whistleblowing.

Requires Improvement ●

Is the service effective?

The service was not always effective. Improvements had been made to ensure staff received regular supervision. However, staff did not receive an annual appraisal.

Staff had access to regular training.

People were given the assistance they required to access healthcare services and maintain good health.

People made decisions and choices about their care. Staff understood the Mental Capacity Act 2005 and how the legislation impacted on their role and the people they provided care to.

The service was utilising technology available to improve their responsiveness and care planning.

Requires Improvement ●

Is the service caring?

The service was caring. People had good relationships with their core group of carers. We heard examples of where care staff went above and beyond to ensure people were cared for.

People's views were sought and they were supported to make decisions about how their care and support was delivered.

People were encouraged and supported to maintain their

Good ●

independence.

Is the service responsive?

The service was not always responsive. Not all care plans contained sufficient guidance for care staff. Not all care plans were up to date with people's current care needs.

Some relatives told us their loved one's care needs were not reviewed on a regular basis.

There was a complaints procedure in place and relatives told us they knew how to complain if needed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. There was no registered manager in place at the time of inspection. This had impacted on continuity of care and overall management of the service.

There were shortfalls in the providers auditing processes.

People, relatives and staff were generally positive about the service overall. Staff told us they found office staff supportive.

Feedback was gathered from people and relatives, however, there was no evidence to demonstrate that it had driven improvement.

Requires Improvement ●

Rivendell Care & Support

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 16 and 20 August 2018 and the first day of the inspection was unannounced.

The inspection was carried out by one adult social care inspector and one expert by experience who made telephone calls to people who used the service and family members. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for somebody who received personal care in their own home.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to us. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service. We also received feedback from one health and social care professional involved with the service.

We used information the provider sent us in the Provider Information Return which we received prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to four relatives and one person who used the service via telephone. We sent a feedback request via email to a further 12 relatives and received a response from three. We spoke to the nominated individual who was also the company director, manager, care co-ordinator, field supervisor and six care staff.

We looked at five staff files including recruitment, supervision and appraisal's, five people's care plans and risk assessments and other paperwork related to the management of the service including staff training records, quality assurance and complaints.

Is the service safe?

Our findings

Risks associated with people's health and care were not always assessed and documented guidance for care staff to manage the risks and keep people safe was not evidenced in people's care files. We saw that for some people, risks were identified, for example falls, malnutrition and environmental risks. However, for one person, in April 2018, although risks associated with fire safety had been identified which affected the person's care package, the risks posed to the person and staff supporting them had not been assessed. For another person, they were identified as being at risk of developing pressure ulcers. Their risk assessment documented that the risk to the person as a result was occasional diarrhoea, when the actual risk was skin breakdown. For a third person, they received nutrition via an enteral feeding regime. The risks associated with this complex type of care had not been assessed nor was guidance provided to staff. This meant we could not be certain that staff had sufficient information to guide them on how to reduce or eliminate the risk so that the people were kept safe.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to ensure people received their medicines safely when needed. A relative told us, "It appears to be done on time. They're all trained and know what they're doing with the medicine." Records confirmed that staff had received training around safe medicines management. However, we identified concerns around how medicines administration was recorded and the managerial oversight of how medicines were managed.

We identified concerns with how MARs were transcribed. For example the name of the medicine, dosage and special instructions were not always documented on the person's MAR. For one person their MAR stated that one medicine was called 'orodispersible tablet'. The name of the medicine had not been documented. The staff member transcribing the MAR had not initialled to advise that they had completed this task. At the time of the inspection, the service was implementing a change in how MARs were transcribed, which meant that office based staff would transcribe MARs and post them to the persons' home on a monthly or weekly basis. This had not yet been fully implemented.

We recommend that the service reviews NICE guidelines for the management of medicines in the community.

We identified concerns with the auditing processes in place for ensuring medicines were safely managed. The concerns related to the regularity of audits, a lack of information on what was checked as part of the audit and what action was taken as a result. This is elaborated on further in the Well-led section of this report.

People and relatives told us they felt safe with staff from Rivendell Care. One person told us, "Yes I do. The girls they send are fairly reliable and if I don't like any of them, I tell them not to send them. They respect my wishes on that issue." A relative told us, "My dad feels absolutely safe with his Rivendell carer." Staff

understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training for safeguarding people from abuse and were able to describe the types of abuse to look out for and the steps they would take if they had concerns and where they could report it. Staff understood whistleblowing and who they could report concerns to.

We found that the appropriate checks had been carried out to ensure that care staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held documentary evidence confirming proof of identity, an application and an interview form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

There were sufficient staff employed to meet people's needs. The nominated individual told us that they continually recruited care staff as they felt it was important to have a backup team of carers in place for when people's regular carers were unable to work. People who used the service and their relatives told us that they had regular care workers and there were no concerns about timekeeping. A person told us, "They always turn up, but keep me informed if running late." A relative told us, "No missed calls." The service had recently implemented systems to effectively monitor care calls which was linked to the computer system and office staff received alerts via text message if a care visit had not been logged in. Staff told us that they had sufficient time to travel between care visits and worked in a small geographical area. This was confirmed by review of rotas.

Everybody reported the carers being provided with and were wearing protective gloves. Staff told us they had access to sufficient quantities of personal protective equipment. Records confirmed that care staff had received training around infection control.

There were systems in place to record accidents and incidents. Staff told us they could report concerns to the office. A relative told us, "We keep in touch with them [staff] and they would tell me what's going on." However, we found that the systems in place for recording accidents did not prompt managerial oversight of the incident. We observed during the inspection, that concerns were discussed in the office and the manager liaised with professionals involved with people to ensure concerns were communicated appropriately. We will report on this further in the Well-led section of the report.

Is the service effective?

Our findings

When we inspected Rivendell Care and Support in June 2016 and May 2018, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because staff were not receiving regular supervisions. At this inspection, we found that this issue had been addressed. Staff told us they received a regular supervision session with a senior member of staff and they felt supported. A staff member told us, "We get supervisions quarterly. We get alerts so we know when they are due." A second staff member told us, "We always get supervision or a spot check every two to three months. I get an email with dates convenient for me to attend." The nominated individual told us that they had been behind in ensuring supervisions had been completed, but were working to catch up. New staff had been either recruited or promoted into senior positions to assist with managerial tasks such as ensuring spot checks and supervisions were completed in a timely manner.

We found that staff employed at the service for more than one year had not received an annual appraisal. The nominated individual told us that it was because of organisational issues. They told us that they would commence an annual appraisal process following the inspection. Staff told us that they felt supported in their roles and we saw evidence that some staff had been promoted into senior roles.

People and relatives told us that staff were appropriately trained and skilled to meet their care needs. A person told us, "They know me fairly well." Feedback from relatives included, "I think they're all well trained. They seem to understand dementia" and "Yes, I think they're well trained and good at their jobs. They've been amazing." On the first day of inspection, we saw that a classroom training session for moving and handling was taking place, which was attended by both new staff on induction and experienced staff who were having refresher training.

Staff told us and training records confirmed, that staff underwent a comprehensive induction when first employed. Once the induction training programme had been completed, shadowing opportunities were arranged and care staff were introduced to people before working with them. Staff were also supported to complete the Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. Staff were supported to attend training on a scheduled basis and mandatory training included safeguarding adults, MCA, record-keeping, medicines, basic life support and infection control. In addition, where there was a specific need such as dementia, end of life or a specific medical or health condition, staff received additional training. A staff member told us, "I'm doing training. It's been an interesting week and I have learned so much."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. We checked whether the service was working within the principles of MCA. Care records seen were signed by the person or their legally appointed representative to indicate that they had consented to their care.

The management team and staff demonstrated a good understanding of their responsibilities under the legislation and we saw that staff had access to MCA training. Staff understood the importance of always obtaining consent from people. Relatives told us that they were involved in best interest's meetings. A relative told us, "We have power of attorney and we keep abreast of the stuff."

Support with nutrition and hydration was only provided if this was assessed as an identified need. People received assistance from care staff for tasks such as shopping for cooking ingredients, meal preparation and administration of food via an enteral feeding regime. Where staff supported people with meal preparation and support with eating, they documented what people had to eat and drink whilst they visited. We saw examples of where staff documented that they had left extra quantities of drinks for people when they finished their care visit due to warm weather. People and relatives told us they were happy with the support received in this area. A relative told us, "We keep an eye on the food; it seems to have settled into a pretty good routine; they do all the cooking; mum's happy with the food given to her."

Prior to commencing care for a person, the manager or field supervisor visited the person to complete an assessment of their care needs. The assessment documented people's care needs in areas such as physical ability, medical needs, mobility, personal care, eating and drinking, mental health and social needs.

Throughout the inspection, we observed office staff liaise with health and social care professionals on a regular basis to discuss changes to people's care needs and escalate concerns where necessary. A professional involved with the service told us, "They are very proactive in reporting concerns to the appropriate professionals and they have shown a flexibility in supporting and helping clients as well as professionals when required."

Contact with health and social care professionals was documented in the providers care planner system. The service was utilising technology available to ensure a more responsive service. The service had recently implemented an electronic call monitoring system and at the time of inspection, they were commencing the roll out of an electronic care planning system which would enable changes to people's care records on a real-time basis. The effectiveness of which will be assessed at a future inspection.

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about their carers. One person told us when asked if staff were caring, "Yes they seem to be alright. If I'm not satisfied I will call the office and ask for them not to be sent." Feedback from relatives included, "I'm really happy. It's the biggest relief for me and I'm an only child. The carers have been wonderful. It's been amazing back-up" and "Our Rivendell Carer always goes the extra mile to keep dad cheerful and happy. Makes food that he enjoys and generally keeps his spirits high."

People and relatives told us that they had a small group of care staff who knew their relatives needs well. Care staff told us that they had built relationships with the people they cared for. One staff gave an example of accompanying people to medical appointments outside of their working hours as their relative was unwell. The staff member told us, "If it helps, I don't mind doing extra things." A second staff member told us that they found that a person was being overcharged for their newspaper and they helped them to cancel the subscription and now the staff member picks up their paper for them. We observed on inspection a telephone call made by a staff member to the office as the person they were caring for had become upset. The manager reassured the person and told them that they would visit them later that evening for a cup of tea. We observed that this reassured the person.

People and relatives confirmed that they felt that staff demonstrated an understanding of how to protect people's dignity and privacy and could give examples on ways they ensured this happened, for example, closing doors and curtains and covering exposed areas of skin. When asked if they felt they were treated with dignity and respect, a person told us, "Yes I do. They know my needs." A relative told us, "They help her into the bath and help her dress. Mum's not mentioned anything to cause concern."

People and relatives also told us that staff supported people to maintain and improve their independence. A relative told us, "They realise her capacity is still not bad, so they encourage independence. They keep an eye on her, but she does things herself." A person told us, "I'm fairly independent already. I have carers to help me with washing." Care assessments documented the assistance people required with care tasks such as cooking whilst advising care staff to ensure people could complete tasks they were able to do. People and relatives told us they were consulted and involved in making decisions about the care that was delivered.

Rivendell Care provided care for clients from diverse cultural and religious backgrounds. Many of the people who used the service were Jewish. Details of people's religious and cultural background was detailed in their care records. Where people had specific diet requirements such as Kosher or Halaal, guidance was provided to care staff on what foods people could and could not eat. People and their relatives told us that they were happy with the support given in relation to their cultural and religious requirements. We saw that the service had, where possible, matched care staff who spoke the same language as the people they were caring for.

Is the service responsive?

Our findings

We reviewed five care plans in detail as part of this inspection. Most care plans were detailed and person centred. Care plans detailed how care staff should support a person in areas such as washing and dressing, personal care, nutrition and hydration, sleeping, mobility and social activities. One care plan provided detailed guidance to care staff on how to reassure a person when they became agitated due to the symptoms of living with dementia. For another person, who had complex care needs, their care plan provided detailed guidance for care staff on how to provide nutrition via an enteral feeding regime. The person's care plan had recently been reviewed and new record keeping guidance had been provided to care staff on how to appropriately document the care given.

However, we found that not all care plans were up to date with people's current care package and support needs, which meant that up to date information was not always available to care staff. A relative told us that they had asked the service to update their relatives care plan following discharge from hospital as their care needs had increased. A second relative told us, "That's the only little sticking point. I would put this down to change of personnel in the last six months has not gone smoothly and it's been reflected in the fact that we had a care plan. My [relative's] needs have changed very rapidly. In pragmatic terms, we felt the care needed to be assessed because of politics within the office, it never happened." For one person, their care plan was last updated in August 2017. Since then they had two changes to how their care was delivered following changes to their care needs. Their care plan had not been updated to reflect the changes. In addition, the care plan did not detail the support tasks care staff were required to assist the person with and how they would like their care delivered.

We spoke to the nominated individual and manager about our findings who advised that the service was implementing a new electronic care planning system and all care plans would be reviewed and updated prior to the rolling out of the new care plans before the end of September 2018. We saw that they had started to update people's care records to the new system at the time of the inspection.

Care staff recorded their daily interactions with people on daily recording sheets which were held at the person's home and returned to the office for quality checking. We found entries made by care staff generally to be comprehensive, detailed and where concerns were noted such as people feeling unwell, they were recorded and escalated to management.

Care plans documented when staff were required to support people to access the community or attend scheduled activities. People and relatives told us they were happy with how they were supported in that regard. One relative told us that a staff member had worked with their parent to support them to regain confidence to go out in their wheelchair for short periods of time.

We looked at how the service handled complaints. People and relatives told us they knew how to make a complaint and would do so if needed. Feedback received indicated that when concerns were raised, they were dealt with informally to people's satisfaction. One person told us, "I've only complained once or twice re carers I didn't like. It was resolved." A relative told us, "On one occasion staff were late; we complained

and it was resolved to our satisfaction. Whenever I called management, they were very good at addressing the situation." An overview was kept of how complaints were investigated and responded to.

At the time of the inspection, the service was not providing end of life care. The nominated individual told us of how they had previously supported a person at the end of their life and that they had received positive feedback from the person's family. The feedback referred to staff showing compassion and kindness. The registered manager told us that he intended for care staff to undergo end of life training and further develop their approach to end of life care.

Is the service well-led?

Our findings

We received mostly positive feedback from people and relatives regarding the overall care service received. When a person was asked if the service was well managed, they told us, "Usually, yes. It's not perfect, then nothing is." Feedback from relatives included, "Extremely well managed. I also have experience of other agencies and Rivendell has been the most responsive and responsible organisation to work with", "They work hard to deliver safety and are very reliable", "I think they have been through a wobbly stage, but I wouldn't not recommend them" and "[Care co-ordinator is excellent. Whenever we deal with her we know everything will be fine."

Staff told us they felt supported overall. Feedback from staff included, "Any problems, we can phone [the office]. Everyone is fantastic and I feel supported", "Great communication, fantastic. I always get my rota" and "I feel supported. I go to [nominated individual]. He is supportive, listens and actions." The nominated individual told us that they had a great team of care staff and they tried to recognise the good job done. The nominated individual told us of a member of care staff who stepped in to assist with covering care visits due to high levels of summer absence. This care staff member was rewarded by being named carer of the quarter and received a voucher. Office based staff regularly assisted care staff on the field and as a result, were knowledgeable around people's care needs and liaised with them by telephone in a friendly and reassuring manner.

There was no registered manager in place at the time of this inspection. The last registered manager left the service in late 2017. Since then there have been two managers in place, neither of whom registered with CQC. Since mid-July 2018, the role of manager was filled by a care-coordinator on an interim basis. Following the inspection, the nominated individual confirmed that the interim manager was applying to CQC to register.

We found that because of the lack of stability in management terms, there were aspects of care delivery that were not robust, such as ensuring care records were reviewed and audited on a regular basis. Some relatives and staff fed back that the lack of a stable management team resulted in concerns not being dealt with appropriately and a lack of direction for care staff. A relative told us, "The management hasn't been great. There has been a high turnover of managers." A staff member told us, "There is the turnover of registered managers. One manager does one thing and another tries another thing. I raised concerns but what was said was not honoured."

Quality of care was monitored by senior office staff to ensure safe care. Quality checks included regular spot checks on care staff. However, we were unable to evidence that concerns raised as part of the spot check process were actioned and resolved. For example, during one recent spot check, both staff and the relative raised concerns with rotas, timeliness of care visits and advance notice of new staff attending shadowing. We showed the feedback to the nominated individual who confirmed that he had not seen the feedback before.

MARs and daily records were checked on return to the office. We were initially advised that records were

returned monthly by care staff, however, this was not always the case. For example, one person's MARs were last returned to the office in May 2018. For another person, their records were last returned to the office in June 2018. Therefore, we could not be assured that any errors relating to medicines management were picked up in a timely manner. MARs which had been audited contained an initial at the top of the page to indicate that they had been checked. The findings of the audit or any resulting actions were not detailed, therefore, we could not be sure of what had been checked and if any actions were needed to improve how medicines were managed. As described in the Safe section of this report, we found concerns with how MARs were transcribed which had not been picked up on audit. Overall, there were shortfalls in the quality monitoring processes in place at the time of inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People and relatives told us that they were given opportunities to provide feedback on the service they received via regular telephone calls and a yearly satisfaction survey. The latest survey was completed in January 2018. Feedback was collated and kept in a folder. However, there was no action plan or evidence that steps had been taken to address any concerns raised such as issues with timeliness of care visits. We discussed this with the nominated individual.

Office and care staff meetings took place on a regular basis. Office meetings took place monthly and a care staff meeting was last held in April 2018. We saw that the manager in place at the time arranged for the meeting to take place on three occasions to accommodate staff attendance. Office staff meetings discussed staff training needs, supervisions and updates on people's health needs.

Throughout the inspection we gave feedback to the nominated individual, manager and care coordinator and clarification was sought where necessary, for example in relation to the concerns regarding medicines management and the care planning process. The management team demonstrated a willingness to learn and reflect to improve the service people received as a result.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(1) The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1) The service did not have effective systems in place to record and monitor the quality and safety of service provision in order to improve, learn and develop.