

Bright Futures Care Limited

Rivenhall

Inspection report

8,10, 12 Rivenhall Close
Great Sankey
Warrington
WA5 3UH

Tel: 01925759162

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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

Rivenhall is a care home providing accommodation and personal care to adults who are autistic and / or have a learning disability. The home is set out over three self-contained domestic properties within a residential area of Warrington. The service can support up to six people and at the time of our inspection four people were living at Rivenhall.

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

People living at Rivenhall were treated well and each person's uniqueness and diversity was respected. Staff had an empowering approach towards people, promoting their status as equal citizens. People showed us by their actions they liked the staff members caring for them, were very comfortable in their company and enjoyed interacting with them. Staff members were knowledgeable about what was important to each person and used this information to provide care and support that was meaningful to them.

People were listened to and were supported to make as many decisions as possible for themselves. Staff used a variety of communication tools and techniques to ensure they constantly sought people's views throughout the day and supported them to make decisions.

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. The service was mostly working within the principles of the Mental Capacity Act 2005 (MCA).

The service was safe. The environment of the home was safe, the administration of people's medication was safe, and people were safeguarded from the risk of abuse. People's relatives told us they felt their family members were safe living at Rivenhall and they had confidence in the organisation. People's relatives told us they knew their family members were happy at the home because of how settled and comfortable they were; along with how happy they were when returning to the home. One person's relative told us, "[Name] looks happy there." Another said, "He is really comfortable there."

The Home manager was innovative and had made improvements in the systems to help ensure staff had the information they needed to be effective in their roles. People's family members told us there had been recent improvements in communication and working collaboratively. They told us they now felt included and involved in the support of their family member. One person's family member told us these improvements had really helped. They said, "Because of great communication; I feel like I can relax, confident knowing he is being looked after."

There were systems in place for the oversight of staff support, risks, and ensuring the completion of important tasks. The provider and home manager undertook regular audits and detailed quality checks.

We made a recommendation about the arrangements in place for having oversight of and providing support

to staff providing overnight care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

- The model of care and the accommodation maximised people's choice and control, independence and promoted opportunities for inclusion. Rivenhall care home was set out across three houses in a terrace that operated as three separate households. Each person's accommodation was thoughtfully designed and adapted in partnership with them and their family to ensure it met their needs and preferences.

The model and style of accommodation promoted people having an ordinary lifestyle within their community and having control over their environment. For most people, the home provided support and accommodation close to their families.

Right care:

- People's care was person-centred and promoted their dignity, privacy and human Rights. People were supported to make their own decisions and take the lead in their lives, staff respected people's decisions and promoted people making as many choices as possible. Each person had a detailed personalised care plan that focused on their needs, preferences and what was important to them. Care plans were written in partnership with people and those that are important to them, such as their family members.

Right culture:

- There was a positive, person-centred culture amongst the staff team. It was clear that people living at the home had benefitted from this approach and had experienced positive outcomes. The provider worked collaboratively and in partnership with people using the service and a range of stakeholders. In the staff team there was a culture of listening to people and taking action based upon their feedback.

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 7 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration with CQC.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rivenhall

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

The inspection was carried out by one inspector.

Service and service type

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

The service had a home manager. They were relatively new to the service and were not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since registration with the CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three people's relatives about their experience of the care provided. We spoke with eight members of staff including the home manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, safe recruitment records and some quality assurance records. We spoke with three people's relatives about their experience of the care provided and one health and social work professional who had worked closely with the service.

Is the service safe?

Our findings

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

This is the first inspection for 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

- People were safeguarded from the risk of abuse. People's relatives told us they felt their family members were safe living at Rivenhall and they had confidence in the organisation. People's relatives told us they knew their family member was happy at the home because of how settled and comfortable they were; along with how happy they were when returning to the home. One person's relative told us, "[Name] looks happy there." Another said, "He is really comfortable there." People showed in their interactions with staff and their body language they were confident and relaxed.
- Staff members were trained in safeguarding people, they told us they felt confident speaking up and were knowledgeable about what they would do if they suspected somebody was at risk of abuse. Staff members told us the home manager was approachable, and they had confidence in them. The organisation had a safeguarding lead who staff could approach and provided guidance for staff members on how to raise concerns.

Assessing risk, safety monitoring and management

- The provider had ensured there were systems in place to make sure people received the support they needed to be as safe as possible. People's family members told us they felt consulted with and involved in this process. One person's family member told us how impressed they were with the steps that had been planned and taken to help their family member remain safe. Staff enabled people to take positive risks and have new experiences as safely as possible.
- If something went wrong and staff members needed to take steps to ensure a person was safe, this was reviewed including with the person involved. The review process was constructive and with the aim of reducing any further risk; while considering the communication, thoughts and feelings of the person being supported.
- A series of adaptations, assessments and checks had taken place which ensured the home's environment was safe.

Staffing and recruitment

- There was not a large enough staff team employed at the service; the service was making significant use of temporary agency staff, particularly at night-time. The provider had a contract to use the same temporary staff to help provide people with as much consistency of support as possible overnight.
- There were enough staff on duty at Rivenhall to meet people's needs safely. Staffing numbers had been determined by people's support needs, lifestyle choices and risks. Family members told us there had been a recent improvement in the consistency of staff at the home.
- The provider had a recruitment team who ensured new staff were suitable for the role and had been recruited safely using appropriate checks.

Using medicines safely

- The management and administration of people's medication was safe. Each person had personalised medication guidelines, which contained all the information staff needed to administer people's medication safely. Effective recording systems ensured people's medication was administered as prescribed.
- Staff received training in the safe administration of medication and had their competency assessed following this training.
- The management of stocks and administration of medication was regularly checked and audited by senior staff to ensure it was safe. Recent audits had led to improvements being made in the system used for obtaining and managing medication.

Preventing and controlling infection

- The service had taken effective action in response to the COVID-19 pandemic. The home manager had made sure staff had appropriate support and guidance to enable them to support people as safely as possible. There was a regularly updated COVID-19 risk assessment in place for the service and regular infection control audits took place. Visitors were supported to visit the home safely.
- People living at the home and staff members had taken part in the COVID-19 vaccination program. Staff used PPE appropriately. The service made good use of COVID-19 testing in line with government guidance, for both staff and people living at the home. The home manager had set up a specific COVID testing room to help prevent the spread of any infection.
- Each person had an individualised COVID-19 risk assessment. There was also easy read information about COVID-19 available for people. Some people had particular communication and support needs to help them respond safely to COVID-19. They had received person-centred and thoughtful support to enable them to remain as safe as possible.
- People's family members told us they were happy with the support provided during this time. One person's family member said, "The staff have been amazing during a difficult time."

Learning lessons when things go wrong

- There was a culture of ongoing improvement at the home. Staff used a system to record, review and learn from times when something went wrong, or an unexpected event occurred. Staff recorded in detail any accidents and incidents that took place. We saw examples of action taken and improvements being made in response to accidents and incidents.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was mostly working within the principles of the MCA. If needed staff had arranged for an application for a DoLS to be completed.
- For most significant decisions, the principles of the MCA had been applied. Documents showed how people had been supported to make their own decisions as much as possible; and if they were unable to, how the decision made was in the person's best interests.
- One person's support was more restrictive than what was detailed in their care plan. The home manager and staff members told us they had taken these actions with the aim of ensuring the person remained safe. However, the care plan needed updating and the necessary processes and documentation needed to be completed to demonstrate this was in the person's best interests. The provider addressed this in partnership with the person's family following our inspection.

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

- The assessment of people's needs, preferences and choices was a thorough and detailed process. The assessment process was adapted to ensure it met each person's needs; people and their family members were at the centre of the assessments.
- One person's family member told us the assessment of their relatives needs considered even minor details that had helped to make a big difference. They said, "Their approach has been really positive, considered and well thought out during this process... The home manager and staff have been very responsive to all of our thoughts and feedback."
- Staff used this information to put together detailed care plans that outlined care and ongoing support

that was in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to help them be effective in their roles. New staff members had increased contact with their line manager, more established staff members had a supervision meeting every eight weeks.
- Staff members told us they were well supported in their roles. One staff member said, "I feel well supported and I find my supervision meetings useful in agreeing future actions." Another staff member told us, "we meet and discuss big ideas that bring us all together."
- There was a programme of training the provider had identified that staff members needed to complete. There was also additional training that was specific to people's support needs and helped staff to ensure people were as safe as possible.
- People's relatives praised the approach and skills of staff members. One family member told us about staff members, "They have been amazing really."
- The staff team told us they communicated regularly and shared learning and ideas. During our inspection the home manager identified the need to start having supervision meetings with agency staff who temporarily formed part of the staff team overnight.

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

- Each household had a separate well-equipped kitchen; these facilities enabled staff to support people to eat a fresh and healthy diet of their choice. The people in each household chose their own food shopping and were involved in planning their own meals. Each person's kitchen was well stocked with a variety of food.

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

- Rivenhall is based across three individual adjoining houses. Each house is self-contained with a fully equipped kitchen, dining area and lounge. There was one communal garden and patio area. The service operated as a care home; however, each person's accommodation was individualised in its layout and décor to safely meet their needs and preferences.
- The model and style of accommodation promoted people having an ordinary lifestyle within their community, being as independent as possible and having control over their environment. One person's relative told us, "The environment of the home is great for meeting their needs. Rivenhall is part of the neighbourhood." Another relative said, "They were very keen to make sure his room, environment and décor met his needs and likes."

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

- People received effective support to ensure they were as healthy as possible and were supported to use community-based healthcare services.
- Each person had a keyworker who took the lead in supporting the person with their health care plan. The health care plan contained the details of every medical appointment the person attended and the outcome along with any advice from healthcare professionals and what support a person may need to follow this advice.

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 were well-treated and supported. Each person's uniqueness and diversity were respected. Staff had an empowering approach towards people, promoting their status as equal citizens. People were relaxed at the home and the approach towards people from staff was relaxed, respectful and kind. For example, we observed one staff member asking the person in a friendly manner if they could help them, before providing any support.
- Staff members were knowledgeable about what was important to each person and used this information to provide care and support that respected the person and was meaningful to them. Staff members described occasions when they felt proud and really happy when a person they supported achieved a positive outcome for themselves.
- People's relatives told us their family members were happy and well-treated. One family member said, "[Name] is really comfortable there, he is well loved and well looked after." Another person's family member told us, "He enjoys living there; that's his home now."

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

- People were listened to and were supported to make as many decisions as possible for themselves. Staff used a variety of communication tools and techniques to ensure they constantly sought people's views throughout the day and supported them to make decisions. Although staff encouraged people at times, they respected people's decisions.
- People's relatives told us they were confident their family members were supported to express their views. One person's relative told us, "They are really good support workers; they advocate for [Name] as much as I do... they go above and beyond for him." Another person's family member told us their relative had been supported to express their views by staff interacting with them in environments they are familiar in and are comfortable with.
- Staff told us they supported people to choose doing things they enjoyed and planned parts of their week around this. For some people having a plan was important to them. However, staff told us they consulted with people and sought their views. One staff member told us, "There is an activity plan, but [Name] can change their mind and this will be ok."
- Reviews of people's care and their quality of life were focused on their feedback and opinions. Each person had a keyworker who regularly reviewed with them what had made the person happy, sad or worried; what had the person enjoyed and any celebrations they may have had.

Respecting and promoting people's privacy, dignity and independence

- People living at the home were treated with dignity and respect. Staff were creative in involving people,

dignifying them and promoting their independence. The approach of and language used in people's care plans and records was positive and respectful, staff used everyday language when referring to people which dignified them.

- People's care plans and staff guidance promoted people's independence and people making as many choices for themselves as possible. Staff were able to tell us examples of recent choices people had made and day-to-day tasks the person now completes independently and no longer needs support with.
- We saw people enjoying using the home, coming and going throughout the day we visited. The standard and design of the accommodation promoted people's dignity as members of their community, along with promoting their privacy and independence. People's relatives were positive about the accommodation and how it promoted people's dignity and independence. One family member told us, "The accommodation is of very good quality. There is no difference between Rivenhall and other people's homes in the neighbourhood; it does not stick out like a sore thumb."

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

- Each person had a detailed personalised care plan that focused on their needs, preferences and what was important to them. Care plans were focused on people having positive outcomes in their lives, gaining independence and enabling them to live a lifestyle of their choice. One health and social care professional told us, "They have really creative ideas when helping people to plan their support, they have worked really well with the person, their family and us."
- Staff kept records of the decisions made by each person about what was important to them, who they spent their time with and times when the person had changed their mind about something. This information was used to help improve the care and support provided and as a form of gathering feedback from people.
- The provider had appointed a person-centred planning champion, they provided coaching for staff on developing person centered support plans and supported people to achieve their goals. People's support plans were written with their family members and others who were important to them. One person's family member told us, "We are involved in care planning... since moving to Rivenhall [Name] has had positive outcomes and gained life skills."

Meeting people's communication needs

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

- There was a focus on ensuring people received the support they needed to communicate effectively. Each person had a communication support plan, this included details of how people processed information visually and audially.
- Each person's support was adapted to meet their way of communicating. For example, we observed staff members using Picture Exchange Communication System (PECS) to communicate with people. There was real engagement and communication between the person supported and the staff member when planning the events of the evening together. PECS is the use of an exchange of pictures to communicate with a person.
- Family members told us how people had benefited at the home from making use of talking mats and having conversations with people using these. Talking mats are a method of laying out picture cards to facilitate a conversation and obtain people's opinions.

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 were active members of their community and their support plans ensured they received the support they needed to maintain relationships that are important to them. At times the staff member who was going to support a person was thoughtfully chosen, especially when the person was taking part in events that were socially and culturally important to them.
- During the COVID-19 pandemic people were supported to keep in touch with those who were important to them as safely as possible. One person's family member told us, "During COVID we used to speak each night by video call."

Improving care quality in response to complaints or concerns

- The home manager had a system that ensured any complaints or concerns raised were recorded, addressed and responded to appropriately.
- People family members told us the responsiveness of staff and the home manager, along with the culture of the service meant they felt comfortable raising any concerns they may have. One person's family member told us, "When I raised a concern it was addressed and dealt with properly. If there are any little issues things get sorted out." Another person's relative said, "If something is not quite right, if there are any concerns; their response is great."

End of life care and support

- Nobody needed end of life care at the time of our inspection.

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.

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

- The service had a new home manager; they were not yet registered with the care quality commission. The home manager was innovative and had made improvements in the systems to help ensure staff had the information they needed to be effective in their roles.
- Staff at Rivenhall had clearly defined roles and were provided with the tools and support they needed to provide safe and high-quality care. There were clear lines of responsibility and staff were knowledgeable about their roles and expectations.
- There were systems in place for the oversight of staff support, risks, planning for winter and ensuring the completion of important tasks. The provider and home manager undertook regular audits and detailed quality checks.
- There had been a reduction in the use of physical interventions when supporting people. The provider and home manager had effective oversight of any times when staff members physically intervened when supporting a person. This helped ensure there were effective safeguards in place. People were consulted about how they felt following any physical intervention by staff members.
- At the time of our visit there was a team of agency staff providing care and support overnight. The same agency staff members were used for continuity of care. However, there were limited checks on the quality of overnight support; frequently used agency staff members did not receive the same program of staff and supervision meetings as other staff members. This meant the home manager had reduced oversight of the care and support being provided overnight.

We recommended the provider review their arrangements for having oversight of and providing support to staff providing overnight care and support.

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

- There was a positive, person-centred culture at the home. People at the service had benefited from the approach of the home manager and staff members. The home manager had a clear vision of the journey made by people so far and plans for the future of the service. The home manager showed us the system in place for ensuring the ideas of people living at the home and staff members were recorded and explored.
- Staff members were very positive about their roles and the support they received to be effective in supporting people. One staff member told us, "We are well supported and feel valued." Another staff member said about the home manager, "They have a vision and their leadership has had a positive impact."

Staff spoke with us about supporting people to have new opportunities and life enriching experiences.

- People's family members praised the quality of the service; the approach of staff members and the home manager. One family member said, "We were overwhelmed by the quality of the accommodation, atmosphere and staff." Another family member told us how improvements in their relative's support had led to improvement in the person's wellbeing and they now enjoy living at Rivenhall. They told us, "He used to try and escape. Now he gives us a kiss, pushes us out and slams the door."

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

- The provider understood their obligations in line with the duty of candour. There was a culture of staff and the home manager being open and honest with people, their family members and other partnership organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The home manager and staff at Rivenhall worked closely with people's family members. The home manager had consulted with people's family members on what were the most important aspects of their relative's day; then each evening if appropriate this key information, at times along with photos was shared with people's families.
- People's family members told us there had been recent improvements in communication and working collaboratively. They told us they now felt included and involved in the support of their family member. One person's family member told us these improvements had really helped. They said, "Because of great communication; I feel like I can relax, confident knowing he is being looked after." Another person's relative told us, "We all work really well together, we feel involved."
- People living at the home were engaged with and involved in planning. The home manager and staff had sought feedback from people in creative ways; for example, people had been consulted using a pictorial system to show what they liked and did not like.
- The home manager and staff members worked in partnership with other organisations to provide people with effective care and support. One health and social care professional described staff at Rivenhall as "great communicators." They added, "They have regular contact with us, which helps me feel confident in them."

Continuous learning and improving care

- There was a culture of continuous improvement and effectively using information to improve the quality and safety of support, care and accommodation being provided for people. There were a number of recent examples of information that had been recorded by staff, being used effectively to improve the systems and practices used at the home. Staff were fully involved and spoke positively about improvements that had been made. This had become part of the culture of the service.