

Mrs Dyanne Margaret Ridyard

Rivendell

Inspection report

19 Lynton Crescent
St Catherine's Hill
Christchurch
Dorset
BH23 2SD

Tel: 01202476663

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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

The inspection took place on 9 and 11 March 2016 and was unannounced.

Rivendell provides care and accommodation for up to three people. On the day of the inspection two people lived in the home. Rivendell provides care for people who have a learning disability.

The service had a registered manager in post. 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.

People and staff were relaxed, kind and caring interactions took place. The environment was clean and people were well cared for. A relative said, "It is a lovely bright place the staff are so caring and understanding."

Care records contained information that described what staff needed to do to provide personalised care and support. Staff responded quickly to people's change in needs. Where appropriate friends, relatives and health and social care professionals were involved in identifying people's needs. People preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. Policies and procedures were in place and understood by staff to help protect people and keep them safe.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively.

People had their medicines managed safely and received their medicines as prescribed. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and psychiatrists.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service supported people to share their concerns and complaints. The registered manager confirmed that, whilst they had never received any form of complaint, if they did, they would investigate the matter thoroughly and use the outcome as an opportunity for learning to take place.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding adults from abuse and equality and diversity. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. A relative commented, "There are always plenty of staff looking after her every need." Safe recruitment practices were followed to help ensure staff were suitable to work with vulnerable adults. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

There were quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely. Medicine was stored correctly and accurate records were kept.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected by staff. Staff had knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to maintain a healthy balanced diet. Relevant health care professionals were actively involved to meet people's needs.

Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

Is the service responsive?

Good ●

The service was responsive. People received personalised care, treatment and support. People's individual needs were clearly

set out in their care records. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests and hobbies.

People's needs were regularly reviewed and change in need was identified promptly and put into practice.

Is the service well-led?

Good ●

The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

Staff understood their role and responsibilities. Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements. New ideas were promoted and implemented to raise standards of care.

Rivendell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 9 and 11 March 2016 and was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with both people who lived at Rivendell, two relatives, the registered manager, and one member of staff.

One person who lived at Rivendell had limited verbal communication and therefore could not express their views to us. The other person was able to express their views of the service.

We looked at two records related to people's individual care needs and two records related to the administration of medicines. We viewed three staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People confirmed they felt safe and relatives told us they felt their family members were safe and had no concerns at all. Comments included, "I do feel safe yes" and "Definitely [...] is safe, she has plenty of staff looking after her every need".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse. One staff member told us the registered manager encouraged them to raise any concerns. They said, "If I had any worries, I wouldn't have any problem in raising them."

People were supported by sufficient numbers of staff to keep them safe. A relative commented, "Always plenty of staff, so flexible and always willing to help." Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people's needs. The registered manager confirmed they had never needed to use agency support. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed when people were ready to attend their day care centre, they were immediately supported by staff to gather all the things they needed, have their coats put on and safely escorted to the vehicle that would take them there.

People were protected by safe staff recruitment practices. Staff files evidenced, all employees underwent the necessary checks which determined they were suitable to work with vulnerable adults.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person was a risk of having seizures associated with epilepsy. Their care record clearly set out what action staff should take in the event of the person having a seizure, to help protect the person from suffering any avoidable harm.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

People's medicines were well managed by staff, stored appropriately and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicine administration records (MARs) had all been correctly completed. A relative commented, "The staff are definitely on top of all her medical requirements. They make sure she has

her tablets each day."

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said, "Staff are well trained and good at what they do."

People were supported by staff that had received support through team meetings and training. Spot checks were carried out to monitor staff performance and help ensure they consistently delivered effective support. Newly appointed staff shadowed other experienced members of staff until they and the registered manager felt they were competent in their role. Staff confirmed they felt well supported by the registered manager and had the right skills, experience and knowledge to carry out their role.

The registered manager confirmed they were aware of the new care certificate, recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. As none of the staff employed by the service were new to working within the care sector prior to their appointment, the registered manager confirmed that to date, no staff had been required to complete the care certificate.

People were supported by staff who know their individual communication needs, and were skilled at responding to people appropriately. One person said, "I like to use Makaton signs with [...], we have a book we use." Staff told us the unique ways in which they communicate with people, for example, one person communicates through the expression in their eyes. The registered manager said, "I have known [...] for many many years, she has no verbal communication, I know and understand how she uses her eyes to express what she needs."

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. The registered manager had knowledge of their responsibilities under the legislation and was awaiting authorisation on all the applications made.

Staff understood the main principles of the MCA. Staff put this into practice on a daily basis to help ensure people's human and legal rights were respected. Care records evidenced and staff confirmed that people's capacity to make decisions was always considered. Staff involved the right professionals and family members if appropriate to help ensure best interests' decisions were made in line with legislation.

People were supported to maintain a healthy balanced diet. People were asked on a daily basis what they would like to eat. Staff knew people's food preferences and timed meals around people's individual daily routines. Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced where staff had sought advice and liaised with a speech and language

therapist (SLT). Staff had recorded a change in a person's eating skills. An assessment had taken place and advice had been given to minimise the risk of the person choking. Staff adhered to advice given by the SLT and supported people in line with their current needs.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Notes evidenced where health care professional's advice had been sought regarding specific guidance about delivery of specialised care. For example, a consultant psychiatrist had been contacted following staff having been concerned that a person's memory was starting to deteriorate. Various tests had been carried out and were on-going to help ensure the person received the right care and support. A relative said, "Staff know [...] really well and are quick to pick up on changes in their health."

Is the service caring?

Our findings

People were well cared for and received good support from staff. One person said, "I love it here, I'm well looked after." A relative said, "The staff are so caring and understanding" and "[...] loves every member of staff; they are so kind to her".

People were treated with kindness and compassion by staff who knew them well. Staff were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in care records. Staff knew people's preferences and personal histories. For example, what television programmes a person enjoyed or the importance of having sensory items in a person's bedroom to enhance their wellbeing. A relative relayed how they felt overwhelmed by the staff's caring nature and how well they knew people. They said, "[...] (The registered manager) has known [...] for 30 years or more. [...] is always raving on about how happy she is and how kind the staff are."

People were made to feel they mattered by staff who listened to them and understood their needs. For example, one person was very excited about a holiday they were set to go on. They said, "I'm very happy, we are going on holiday very soon; in a caravan." The registered manager explained that the person would ask each day where and when they were going. To support the person to understand and know this information for themselves, staff knew visual aids would help. Staff sat with the person and devised a holiday chart with them. Each day the person put a cross on the chart to count down the days. Staff also purchased a map to show the person where they lived and drew a line to where they were going. The registered manager said, "It was simple ideas, but very effective. [...] loves marking off her chart each day."

People's privacy and dignity were respected. A relative said, "[...] has her own en suite, she's very proud of it and loves telling people. This helps give her the privacy she needs." Staff told us the various ways they helped to ensure people's privacy and dignity were respected. For example, staff drew curtains and closed doors, talked people through each step of the care they gave and knew the importance of maintaining people's confidentiality. The registered manager told us, only they would support people with very intimate personal care needs, so that people had their privacy respected as much as possible. Staff also made sure one person always had wet wipes with them, so staff could gently wipe their face following a meal time to respect their dignity and maintain their appearance.

People were supported by staff who knew their individual communication needs well, and were skilled at responding to people appropriately. Staff gave people information and explanations about their support, so they could be involved in making decisions about their care, no matter how complex their communication needs were. A relative said, "Staff are able to understand what [...] wants, she lets them know what she wants to do. They bring her so much pleasure."

People's friends and relatives were able to visit without unnecessary restriction. They told us they could visit at any time and were always made to feel welcome. Comments included, "We are always made to feel welcome and invited for tea" and "Friends and family are welcome anytime, we are never put off".

Is the service responsive?

Our findings

The service supported people to express their views. They actively involved those who acted on people's behalf in decisions about the planning of care. Care records were written from the person's perspective and detailed people's communication skills, abilities and preferences. They evidenced how people wanted to be supported in all aspects of daily living. For example, one care record listed in detail a person's bedtime routine and exactly what was needed for the person to be as comfortable as possible. The registered manager commented that if the person had things exactly as they wished, the person would get a good night sleep. Staff ensured this always happened.

People's care records clearly set out what people could and could not do independently and where support was required by staff. People's strengths were promoted where possible to help ensure elements of independence were encouraged. For example, where people needed to be physically assisted to perform tasks, such as taking part in creative activities, such as card making. Staff would support people to use their own hands in conjunction with theirs so the person still felt in control.

People had their individual needs regularly assessed to help ensure personalised care was provided when they needed it. Arrangements were in place to ensure care records documented where people's change in needs had been identified and met. For example, a diary system had been introduced to help one person to remember tasks and activities they had taken part in that day. The person would write in their own diary each time they did something. Staff would sit with them at the end of a day and go through it with them. This supported them to recollect and recall important information about their day. Health and social care professionals had been used where appropriate, when reviewing care needs. This included dentists, social workers, psychiatrists and GPs. The registered manager commented they sought as much professional help as possible when assessing people's needs. They made sure people got the right support at the right time. A staff member commented, "We always discuss how the girls are progressing so we are all up to date with their current needs."

The registered manager had supported people for a number of years, understood all their histories and knew their interests and hobbies. The provider explained having this in-depth knowledge of people meant activities could be meaningful and designed around them. For example, staff knew the importance sounds and sensory aids played in person's life, what type of music they enjoyed and when they liked to listen to it.

People were supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. People enjoyed visits to their day centre, shopping and holidays. A relative commented, "[...] is able to do many more things than she ever could when she lived at home. She goes to some lovely places."

People were supported to maintain relationships with those who mattered to them. A relative explained how staff surprised them on their birthday by bringing their daughter to see them for the afternoon. They said, "It was a lovely surprise, really made the day perfect".

People where possible, went home for weekends and holidays with their families. One relative commented on how staff went above and beyond in order to make sure their loved one was able to visit them. They said, "I have recently been unwell. [...] was meant to come to us for Easter. I realised I wasn't well enough. I spoke to [...] (The registered manager) they were very flexible and changed all their plans. Staff are even going to bring her to see us just for the day." The registered manager understood the importance of people maintaining close contact with their loved ones, and told us; one of their key values of was to work closely alongside families.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The registered manager confirmed they had received no written or verbal complaints.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at Rivendell. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, those who matter to them, and staff all described the registered manager of the home to be approachable, open and supportive. A relative told us the registered manager was, "very approachable and easy to talk to." A member of staff commented, "I never have any problems talking with [...], she is very supportive."

The manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they were able to share their opinions and ideas they had. The registered manager talked through ideas from staff that had been implemented and acted upon with success. These included an increase in the choice of activities people had the opportunity to take part in within their home. They said, "Each member of staff has their own unique creative skills, one of them supports [...] to make lovely bracelets and necklaces that she loves to wear."

The registered manager told us their core values were, for people to be supported to live as full a life as possible, staff to be equally supported, and to have an open and transparent service. The registered manager understood their responsibilities regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment.

Staff meetings were regularly held to provide a forum for open communication. A member of staff said, "Staff meetings are very beneficial, we discuss everything about the girls and how they are developing."

Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One staff member commented, "I'm very happy here, [...] is great to work for."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff understood their individual role and responsibilities and were accountable for their actions. There were clear processes in place to monitor staff behaviours and performance.

The service worked in partnership with key organisations to support care provision. The registered manager called upon health and social care professionals when required to provide joined-up care and enhance people's lives. Staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

There was an effective quality assurance system in place to drive continuous improvement within the

service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, a medicine audit, highlighted how medicine administration was being effected due to the way the pharmacy dealt with the delivery of new prescriptions. A new pharmacy was sourced that aided staff practice and helped ensure medicine errors did not occur.