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# Rivendale Lodge EMI Care Home

## Inspection report

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## Ratings

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|---|---|
| **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** |

## Overall summary

Rivendale Lodge EMI Residential Home is a detached property in a residential area in the outskirts of Eastbourne. It provides care and support for up to 27 older people who are living with a dementia.

At the time of this inspection 23 people were resident in the home. Everyone had a dementia and some had additional health care needs associated with age and fragility. This included people with limited mobility and people with conditions that affected their ability to eat safely.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 relatives spoke positively of the staff and care provided at Rivendale Lodge EMI Residential Home. Staff also spoke positively about working at the service.

However we found that people's rights were not fully protected. We were told that most people living at the service lacked capacity. No assessment to confirm people's level of capacity had been completed and therefore their understanding and ability to consent to everyday care. One person had a baby alarm in their room to monitor them. There was no evidence that any consent had been sourced or any best interest meeting had been held.

We found people's safety was not always promoted. Some medicines were not administered in a consistent way. Guidelines to assist staff in the safe administration of medicines were not complete. The staffing provision was based on numbers rather than dependency and did not indicate how emergency situations would be responded to.

The management of the service had not supported staff to maintain people's confidentiality. Systems were not fully in place to promote the individuality of people. Staff undertook staff handover within a communal area where people could hear staff conversations.

Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow. Systems for planning the future of the home including the ongoing maintenance planning were not established.

There were a variety of activities and opportunities for interaction inside and outside of the home which met most people's individual needs.. This took account of people's physical and mental health needs. However there were some further opportunities for activity and entertainment. Staff supported people to maintain relationships inside and outside of the home that were important to them, this included friendships formed in the home. Visitors felt able to visit regularly and were offered beverages.

Staff knew people well and responded positively to their daily needs. There were systems for staff to share information on people's changing needs. People had access to health care professionals when needed. Risk assessments were used to identify and respond to most risks effectively. Systems to assess people's moving and handling risks had not been established.

Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse. Recruitment records showed there were systems to ensure staff were suitable to work at the home.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager. On call arrangements were in place to provide suitable management cover.

People were very complementary about the food and the choices available. One person said the food was always "very good." Staff were skilled in the way they assisted people when eating, promoting independence and safety. Staff monitored people's nutritional needs and responded to them.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was available for people to use.

Feedback was sought from people, relatives and staff. Staff meetings were being held on a regular basis and staff handover meetings enabled staff to be involved in people's care and the running of the home. People were encouraged to share their views daily and satisfaction surveys were used to gather information from people and their representatives.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

Some aspects of the service were not safe.

Guidelines were not in place to assist staff on safe administration of all medicines. Topical creams were not administered in a consistent and safe way. Medicines were stored and disposed of safely by staff who were suitably trained.

There was no system to establish and review the staffing numbers to ensure a suitable number of staff were deployed to for people's safety and well-being. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

People had individual assessments of potential risks to their health and welfare that covered most areas apart from safe moving and handling. These had been regularly reviewed and ensured risks were reduced and managed effectively.

People were protected from abuse and avoidable harm.

**Is the service effective?**

Requires improvement

Some aspects of the service were not effective.

Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, the use of mental capacity assessments for people who had limited capacity were not in place.

Staff had a good understanding of people's care and support needs. Communication systems were established and ensured staff were made aware of people's current care and support needs.

People were supported by staff who had the necessary skills and knowledge. Staff undertook regular training.

People's nutritional needs were assessed and recorded specialist advice was sought about people's diets. People were consulted with about their food preferences and were given choices to select from.

**Is the service caring?**

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

# Summary of findings

**Is the service responsive?**

Requires improvement

The service was not responsive in all areas.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activities inside and outside of the home, these met their individual interests.

People and relatives were made aware of how to make a complaint and believed that these would be responded to appropriately.

**Is the service well-led?**

Requires improvement

Some aspects of the service were not well-led.

The management of the home had not supported staff to maintain people's confidentiality or to individualise people's rooms to promote people's identity.

Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow. Systems for planning the future of the home including the on-going maintenance planning were not established.

Systems for monitoring the quality and safety of the service were in place and included people and representative's satisfaction surveys. Information gained was used to improve the service.

The registered manager had a high profile in the home. They were readily available to people staff and visitors and responded to what people told them.

# Rivendale Lodge EMI Care Home

**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 2 and 5 June 2015 and was unannounced. The inspection was carried out by two inspectors.

Just after the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection eight people told us about the care they received. We spoke with seven members of staff which included the registered manager, the chef, laundry person, care staff and the activities person. We also spoke to three relatives and a Speech and Language Therapist who was visiting the service. Following the inspection we spoke to two further relatives and two additional health care professionals including a district nurse and a community psychiatric nurse. We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We attended a staff handover and observed two midday meals.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

# Is the service safe?

## Our findings

People said they felt safe and well looked after at Rivendale Lodge EMI Care Home. Relatives told us they felt people were safe, there was enough staff and the environment was well maintained and smelt fresh. One relative said, "Staff do everything they can to make people as safe as possible." Relatives spoken with were regular visitors to the home and told us the staff were constantly responding to people to keep them safe.

However we found some shortfalls which could impact on people's safety.

People who needed assistance in moving with equipment did not have individual risk assessments To ensure they were moved safely with the use of appropriate equipment. This was identified to the registered manager as an area for improvement.

Medicine administration charts and medicine procedures did not always support the safe administration of medicines. We found records relating to topical creams were not always clear and accurate. For example, when a cream was prescribed to be applied at specific times this was not always recorded on the administration chart. When it was recorded staff did not always follow the instructions. Records indicated that on some days required creams had been omitted. The policies and procedures that supported staff to administer medicines safely were not complete. For example there was no procedure on topical creams or the crushing of medicines. This meant medicines may not always be administered in correctly to ensure medicines were effective. This was identified as an area for improvement.

The staffing levels were based on the number of people living in the home. They did not clearly reflect the dependency of people during the day and night or how an emergency, such as a fire, would be responded to. This meant that the staffing numbers provided may not be adequate to meet the needs and safety of people especially at night. This was identified as an area for review.

People and staff told us that there were enough staff to provide safe and individual care. During the inspection staff were observant and attentive. Staff responded quickly to people who were unsteady on their feet and needed support to move to different areas of the home. We found there was always a staff member attending to people who were in the communal area of the home. Staff told us, "I think there is enough staff, we all work together."

Other records relating to medicine administration were accurate and supported safe administration. For example those people who received crushed medicines we found appropriate advise and guidance had been sought and documented from the GP and the pharmacist and was completed to support people with swallowing problems. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were in place and supported staff to administer these medicines in a consistent way. Each MAR chart included a recent photograph of the person prescribed the medicine.

The medicine storage arrangements were appropriate and systems were in place to receive and return unused medicines to the pharmacist safely. A designated senior staff member was allocated the administration of medicines on a daily basis. Staff administered medicines in a professional way, checking that each person wanted to receive their medicine and providing a drink afterwards. Medicines were administered individually from the storage cupboard with the MAR chart being signed after each administration.

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and health needs. These included risk of falls, skin damage and nutritional risks. People's risks were reflected within individual care plans and ensured staff had guidelines to follow to keep people safe. For example, a number of people had difficulty in swallowing, clear guidelines were in place so that all staff knew how to minimise any risk of choking. This included a plan to support people when eating and special diets.

Staff knew what to do in the event of a fire and told us how people would be moved to safe areas away from the fire behind fire doors. Fire procedures and fire risk assessments were in place. There was an emergency on call rota of senior staff available for help and support. Staff told us they were always able to get hold of the registered manager when they needed her. However there was no contingency plan in place to guide staff what to do in the event of all

Requires improvement

# Is the service safe?

foreseeable emergencies. For example what to do in the event of a gas leak, electrical failure and flood. The provider had not taken steps to ensure the safety of people in response to any emergency situation.

The provider had established systems to promote a safe environment. Rivendale Lodge EMI Care Home had a satisfactory level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. For example the lifting equipment and chair lift to the second floor was checked and maintained appropriately. A maintenance person worked in the home two days a week and responded to issues raised within a designated maintenance book. This included fixing lighting in the home. Staff told us any maintenance issue identified was responded to quickly.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis. Staff were knowledgeable about safeguarding and were able to give examples of different types of abuse, for example "I noticed straight away when I came on duty that X had a bruise on her chin that wasn't there before. I immediately asked the manager about it."

Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew where the home's policies and procedures were and senior staff knew how to raise concerns with the police or the social services directly as necessary. All staff knew to raise concerns with senior staff and to seek further advice from the local authority if need. Senior staff gave us examples of when they had raised a safeguarding alert and how this had been processed in the past.

People were protected, as far as possible, by a safe recruitment practice. The manager was responsible for staff recruitment and followed the organisations recruitment policy. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. One staff file demonstrated the management took appropriate action to deal with poor staff performance.

Requires improvement

# Is the service effective?

## Our findings

People told us that the care they received was good for them and they felt able to do as they wanted to. People felt that they made choices and these along with their preferences were responded to. Visiting professionals said the home responded to people's individual needs and people were well looked after. The SOFI observation showed that staff understood how to assist people who were forgetful and were living with a dementia. We saw that staff used a very calm manner when offering assistance. People had regular interaction with staff and each other and showed signs of well-being.

Staff had undertaken training on the MCA and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the home for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. Care staff had a basic understanding of mental capacity and informed us how they gained consent from people. However, records did not support people's consent was gained in a consistent way. Staff told us most people living in the home lacked capacity. However there was no assessment in place to confirm people's level of capacity and therefore their ability to consent to everyday care. One person had a baby alarm in their room to monitor them. There was no evidence that any consent had been sourced or any best interest meeting having been held although the registered manager confirmed this had been discussed with the Mental Health Team.

This was a breach of Regulation 11 (1) (3) (4) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed that DoLS were in place for two people and we saw supporting documentation, with relevant guidelines for staff, within each person's care plan. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. Staff understood who had a DoLS in place and why. The registered manager knew where to get advice and guidance regarding DoLS and had established appropriate links.

All feedback about the food from people and visitors was positive. They said the food was well cooked and provided at the right temperature. People's comments included, "The food is beautiful," and "The food is lovely."

Staff ensured people had the support required to eat their food in a safe and as independently as possible. Some people needed constant supervision as they had difficulties in swallowing. Staff including the chef understood people's individual needs and preferences and followed guidance provided from professionals to maintain their safety and dietary needs. Information on people's special diets was clearly recorded in the kitchen and within individual care plans. Instructions from the SALT were also displayed in the care staff office. Clear instructions were available for all staff to follow. Equipment to enable people to eat as independently as possible was used and included plate guards and non-slip mats. Most people ate their meals at a dining table and staff ensured they were positioned close to the table to promote a good eating position.

Staff responded to people in a patient way spending a great deal of time supporting and encouraging people. Staff also used wipe boards to communicate with people to reinforce safe eating, and reminding people to swallow. Staff were consistent in the way they encouraged people to using repetition and positive encouragement when needed. This approach demonstrated an awareness of the physical and cognitive needs of people. One person walked away from their meal. Staff followed them and asked if they were alright and needed anything else before guiding them back to the table where they ate their meal. Some people took a long time to eat their food and staff were aware that food could get cold and become unpalatable. One staff member said, "If they take too long and the meal gets cold or they leave the table we often re-heat it for them later."

Staff monitored people's individual needs and responded to these. A nutritional assessment was completed routinely along with the regular weighting of people. When concerns were identified professional advice was sought through the GP. Some people were prescribed dietary supplements and staff recorded what each person had eaten on a daily basis to identify any early trends for people who may not being eating well. Extra support and monitoring was undertaken for those people who were at nutritional risk. Staff were aware of people's different needs regarding eating and drinking. For example one person was on restricted fluids

# Is the service effective?

due to medical condition. Staff explained to this person when they asked for more drinks and this information was known by other staff and recorded within this person's care records.

People received care from staff who had appropriate knowledge and skills. People and relatives told us staff were trained and understood the care needs of people. One relative said "The staff are skilled in the way they look after my mother." One visiting professional told us staff responded appropriately to people's needs. Another professional said that they met one of clients' needs very well and understood his individual needs. We saw that carers used distraction and reinforcement to support people who were distressed. For example starting a sing song with one person when they started to shout, as they knew that she liked to sing. This worked well and we saw the incidence of shouting reduced during the day as carers worked with her

Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in Rivendale Lodge EMI Residential Home. The staffing team was very stable with many of the staff having worked at the home for a number of years. The use of agency staff was minimal, this meant staff who worked in the home were familiar with people and how the home's services were provided. Records confirmed a programme of training was in place and a member of staff told us, "The manager gives us reminders for when our updates are due." The essential training included infection control, safeguarding, fire and dementia. Additional training was also available and accessed via the registered manager. Training had also recently been provided by a health care professional to ensure staff had additional specific skills relating to people who had difficulty in swallowing. Another member of staff told us "We can ask for special training such as further dementia training and wound care training." Staff told us this was important to them and allowed them to understand different aspects of care relating to people living in the home. The training was provided in a variety of medias and from different sources including a provision from the local authority. Most care staff had completed a national vocational qualification in health and social care or equivalent. This meant staff had access to a variety of training that stimulated and motivated staff and provided additional skills when required.

Staff told us they were happy in their work and felt well supported by the management of the home. One staff member said, "There is nothing I would change I am happy it is really good here." Another said, "There is a happy atmosphere and I work here because I love it."

Staff felt they could speak to the registered manager at any time and that she was readily available. Staff told us they received supervision meetings which included individual one to one time with the registered manager at least twice a year. Staff said these meetings were productive and gave them the opportunity to raise any issues they felt they were listened to and had the opportunity for further training and development. One staff member said, "I am asked if I am happy, what I would change, any problems and any feedback about me and any training I need." Supervision meetings were separated by staff team meetings that were also a forum for staff to share their views and discuss training and developments for the home.

Staff worked with external health and social care professionals to support people with health and social care needs. People said they saw the GP when they needed to. Relatives confirmed that the health care needs of people were well attended to and they were kept informed of any changes in health and care needs. One relative said, "When something is wrong with someone's health they respond quickly and do the right thing."

Feedback from a visiting professionals was positive and indicated timely and suitable referral to appropriate services. For example, people at risk from skin damage were referred to the district nursing team. During our visit one person became unwell and a GP visit was arranged to provide medical advice and support. A SALT was also reviewing a person in the home at the time of the inspection. This professional confirmed that the staff were responding appropriately to advice and guidance provided. Care records confirmed regular review of people's health needs and the incorporation of the advice and support of health care professionals.

Good

# Is the service caring?

## Our findings

People were supported by kind caring and very attentive staff. People told us staff were kind and were always nice to them. Relatives confirmed that staff were friendly, polite and respectful. One relative said, "I cannot say enough good things about the staff they are really all top notch." Visiting health professionals were positive about the approach of staff and the relaxed atmosphere fostered by staff.

Throughout the inspection process staff were kind and attentive to people and used positive encouragement. The SOFI evidenced good interaction and staff approached people in a way that demonstrated respect. When staff spoke with people it was meaningful and staff made it an important interaction. Eye contact was made and people responded to staff in a positive happy way. Staff maintained good relationships with people that they enjoyed. Staff approached people with a smile and used touch appropriately to confirm they were listening or were close for support. For example, staff touched people softly to remind people they were there providing support while eating. This demonstrated staff understood the approach needed when caring for people living with a dementia. We observed a staff member speaking to one person who was upset they took them somewhere that was private to ask how they were and what was upsetting the. They responded in a genuinely caring way that gave appropriate support to reduce this person's worries. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Care and support was provided with good humour and staff and people enjoyed each other's company.

Staff promoted people's independence and respected their privacy and dignity. Staff greeted people respectfully and used people's preferred names when supporting them. Staff encouraged people to be as independent as possible. For example one person with poor eyesight used a yellow cup which they could see this enabled them to drink independently. Staff told us that they knocked people's doors before entering and ensured that curtains were drawn during personal care. One staff member told us that some people ask them to wait outside the room until they are ready.

People were encouraged to make their own decisions about what they did and where they spent their time. For example people were not restricted from going into areas within the home and were asked where they wanted to sit. The garden was accessible and had seating areas. One staff member said, "In fine weather the door to the garden is always open for people to access outside."

People were dressed individually and according to preference. Staff paid attention to how people were dressed and ensured when people needed help or support in choosing or changing clothes this was offered and completed in a discreet way. We saw that people's differences were respected. We looked at most areas of the home, including peoples own bedrooms. Some rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display.

The home encouraged people to establish and maintain relationships with their friends and families. Three relatives told us they were able to visit the home regularly at times that suited them. Staff supported people to make friendships within the home but responded and monitored people's relationships to ensure all people involved felt safe and comfortable. One staff member said, "We keep an eye on things as sometimes she likes the attention and sometimes she prefers her own company." Another staff member said "We want them to have a normal life and we make sure that they have private time with relatives." Staff used distraction if one person did not want to spend time with another person. This ensured people were able to spend time with who they wanted to, in a way that they wanted to.

Care records were stored securely in the office areas. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and told us they had received training on this subject.

Requires improvement

# Is the service responsive?

## Our findings

People were able to choose how they spent their day and were encouraged and supported to make decisions about what they did. People chose where and who they sat next to. Staff offered people choice of when they got up and had breakfast. We saw that staff offered people choice in the time they got up and had breakfast. For example one person came down to the dining area at 10.45am and was offered breakfast straight away. Staff were knowledgeable about her preferences and said "She always gets up when she fancies."

However life story documents, which are widely regarded as useful documents in dementia care to enable staff to gain a better appreciation and understanding of people as individuals with unique wishes, needs preferences and desires, had yet to be implemented within the unit. Care plans that recorded people's wishes at end of life were not completed for most people. Therefore staff did not have an understanding of people's wishes before and after death and could not respond effectively to people's choices. These areas were raised with the registered manager for improvement.

During our visit background music was playing and people told us they enjoyed this. Some people sang along to songs that they knew. Further singing and a quiz was facilitated by an activities person who worked in the afternoons. The home had purchased a ukulele for one person who had played this instrument in the past. Staff sat with her but when she lost interest staff did not return to assist again. A film was also planned for the afternoon on a big screen via a projector. The projector did not work and people were not provided with an alternative other than the television. People mainly fell asleep with a lack of any stimulation. The activities co-ordinator spent a good portion of her time helping with caring duties which included supporting people in eating and taking people to the toilet, this limited the designated time for meaningful activity and entertainment. Staff felt more activity and entertainment would be beneficial to people. . This was raised with the registered manager as an area for improvement.

People and relatives told us there were different things for people to do during the day. The SOFI confirmed that everyone had contact either with each other or with staff on a regular basis and people were not isolated sitting on their own. Most people were in the communal area of the home. This area was divided into a dining room and different seating areas, this allowed for some separation for people who benefitted from a different environment. However there was no separate area which could be used as a quiet room or for private interviews. The PIR confirmed that further communal space was to be provided that would allow people different environments that would suit individual preference. For example some people living with a dementia appreciate a quieter area away from people who may be calling out.

A variety of activity and entertainment was planned for people and this was adapted to individual preference. One person had a particular interest in gardening. Staff spent time looking at gardening books with her and supported her with gardening that she could undertake. A staff member said, "We work with her to plant seeds and do the watering of plants when it is a nice day." Another person was helping staff to lay and clean tables. Staff told us, "We like to get people to do small things like fold towels, things that they would do at home." This enabled people to undertake a meaningful activity that gave people a feeling of worth.

Staff told us that the morning was usually spent chatting and looking at magazines and newspapers. Observation confirmed this was the main activity in the morning. The activities co-ordinator described a range of activities that were organised that included painting, collage, puzzles, jigsaws, craft and games. It was clear from observation that people enjoyed signing and close interaction with staff. The registered manager and relatives confirmed people were able to go on outings such as to town shopping or for ice creams on the beach. The home had a minibus to take people on trips.

People had full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. This included what religion or beliefs were important to people. Staff mainly talked to relatives when completing care assessments. The PIR identified that the service planned to involve people in this process more centrally and to develop a clearer person centred approach to care.

Care plans were written following admission and reviewed on a monthly basis. Care plans included some people's

Requires improvement

# Is the service responsive?

preferences including if they wanted female or male staff to provide personal care. The registered manager told us how some people were given a choice of décor in their own rooms. This had been achieved by using paint charts. We found one room that had been painted brightly in accordance with one person's preference. People's choices around beliefs and religion were recorded. A local non denomination church service was held in the home each month. The staff and chef had an understanding of people's beliefs that affected their diet. This included religion and people who were vegetarian. The chef was knowledgeable about the resident's likes and dislikes and developed the menus accordingly. They knew that most people did not like salad or rice dishes, so focussed on providing meat and vegetables.

Staff had allocated people to work with as a key-worker and people's relatives knew who these staff were. A key worker is a staff member who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. The PIR confirmed the Key worker had a responsibility to review and update the care plan on a monthly basis. Care plans reflected how individual care needs were to be met and how changing needs were responded to. For example, one person had increasing health needs that had led to reduced mobility this was reflected in the care plan. They had also in consultation with her son moved her to a ground floor room in order to attend to her changing needs.

People and relatives told us they would raise a complaint if they needed to, and would speak to the registered manager. They felt they would be listened to and have any concern dealt with. One relative said, "I have never made a complaint but am confident that the manager would respond."

The 'resident's information book' contained information on making a complaint and a full complaints procedure was available in the office. There had been no complaints for a number of years the way the service dealt with complaints could not be assessed. The registered manager was available within the home to receive any concerns if people wished to raise any.

Requires improvement

# Is the service well-led?

## Our findings

People and relatives told us they were happy with the way the home was managed and felt they could speak to the registered manager at any time. People liked the relaxed and friendly atmosphere in the home. Visiting professionals told us staff responded to their recommendations and worked with them to the benefit of people living in the home. Care documentation recorded the advice provided by visiting professionals and staff were able to confirm what care was needed. During our inspection a local GP attended. Staff shared relevant information in a professional way and supported the person to see the GP when and if they wanted.

The PIR recorded staff would support people's confidentiality. However the staff handover, which shared confidential information about people, was held in a communal area where people could hear staff conversations. This meant that people's individuality and privacy was not being fully promoted within Rivendale Lodge EMI Residential Home. This areas was discussed with the registered manager for improvement.

We found the policies and procedures displayed and the manual which was available for staff to use was not up to date. For example we found procedures which referred to the previous registering authority. This meant staff did not have relevant and up to date information and guidance to base their practice on. We asked for a copy of the service's business plan and maintenance and improvement plan. These were not available and demonstrated there was no identified framework for ongoing improvement to the service. This was raised with the registered manager for her to address.

Staff told us they enjoyed working at Rivendale Lodge EMI Residential Home. They talked positively about working with people living in the home and how they had formed close relationships. Staff felt well supported by the registered manager and told us they could raise issues with her and they were dealt with. However we found there was no system in place to ensure staff received an annual appraisal to support them in their role within the home. The registered manager told us appraisals were being planned and showed us documentation that was to be used. Staff told us the registered manager had an open door policy and they could go to her at any time. The registered manager confirmed there had been some recent feedback from staff on clarity of roles when she was not working in the home. A survey was being used to identify a clearer understanding from staff regarding the role of senior staff in the home. There was an on call arrangement to ensure advice and guidance was available every day and at night. One staff member said, "If I ever need anything like equipment it is replaced straight away. I feel I am managed well she is there if I have any trouble." Another said, "We have a really good manager she is very helpful." Records confirmed the management dealt with staff disciplinary matters effectively. This demonstrated that the registered manager listened to staff and responded to feedback from them.

The registered manager completed a number of quality monitoring audits that were used to establish safe and effective care. This included audits of infection control, the environment and medicines. The provider also sought the views of people who used the service through satisfaction surveys. This were completed on an annual basis and analysed by the provider and registered manager. Information gained was used to reflect on practice and improve the service. For example feedback about the laundry service was used positively and the provider was able to share with people and their representatives that a staff member to deal solely with laundry had been employed.

Information on the aims and objectives of the service the philosophy of care and people's rights were recorded within the 'resident's users guide' which was available to people, staff and visitors. This included the aim to provide people with the best quality of life. Staff were well aware of the aims philosophy and people's rights and worked with these in mind. One staff member said, "It is important to protect people's rights and treat them as individuals." The culture in the home was open and both staff and people could say openly what they thought about all services and care provided.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.<br><br>Regulation 11(1)(3)(4) |