

Britten Associates Limited

Rivendell Care & Support

Inspection report

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Date of inspection visit:
22 May 2017

Date of publication:
20 July 2017

Ratings

Overall rating for this service

Inspected but not rated

Is the service effective?

Requires Improvement



Summary of findings

Overall summary

This inspection took place on 22 May 2017. It was a focussed inspection to look at the Effective domain.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk.

Rivendell Care and Support is a domiciliary care agency that provides care in people's own homes. They were registered to provide personal care to people who had a range of diagnosis. This included older people, people with dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment and younger adults. At the time of inspection 54 people were using the service.

There was a registered manager. The 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.

The service was previously inspected on 25 May and 03 June of 2016 where the service was rated Good overall but Required Improvement in the Effective domain where there was a breach of regulations with regard to staffing. This was because staff had not received supervision to support them to undertake their role. The service sent us an action plan that outlined how they would meet the regulations. We found that although measures had been implemented as stated they had not been done so in a consistent manner.

During this inspection staff told us they were well supported. We found supervision sessions had taken place, but they were erratic and there had been some significant gaps in supervision in 2016. However all staff had received a supervision in 2017 and had received monitoring visits to observe their practice. There was office support and staff were encouraged to phone in or visit the office. We found however that regular supervision sessions were not yet embedded into the practice of the service. Therefore this is a continuing breach the regulations.

Staff told us training was provided and staff received an induction and ongoing training to support them to undertake their role.

Staff supported people to access health and social care services, including the emergency services when appropriate.

People were supported to eat well and remain hydrated. People's meal preferences were stated in their care plans and guidance for staff prompted good hydration for people. Where people required specific support to eat staff had received the appropriate training to enable them to support people in a safe manner.

The provider understood their responsibilities under the Mental Capacity Act 2005 and staff ensured they had people's consent before offering care and support.

We found a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 Staffing

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective. Staff had received a supervision sessions in 2017 to support them to undertake their role and informal support was in place. However since our last inspection there were still significant gaps in supervision for some staff.

Staff had received an induction and appropriate refresher training.

Staff supported people to access the appropriate health care services.

Staff supported people to eat healthily and to remain hydrated.

The service worked to the Mental Capacity Act 2005. Staff told us how the gained people's consent before providing care.

Requires Improvement ●

Rivendell Care & Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 22 May 2017 and was announced. This was because the service offers care and support in people's homes and we needed to ensure there was someone in the office so we could look at the relevant documentation.

One inspector carried out the inspection. Prior to the inspection we reviewed the 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 looked at five people's care records this included associated documents such as daily notes. We looked at four staff personnel files, this included supervision and training records. We talked with two support staff, the registered manager, the director, care coordinator and field supervisor.

Is the service effective?

Our findings

At our previous visit we found staff had not received supervision to support them to undertake their role. During this visit staff spoken with all confirmed they had received supervision sessions and told us they found them "Most definitely supportive" saying they could "Get our point across and ideas given are helpful". However we found some staff had not had supervisions every three months in line with the provider's supervision policy. There were significant gaps in some staff supervision sessions of over six months duration in 2016 when a supervising staff member had left. The provider had taken action and promoted an experienced staff member to field supervisor to ensure that supervision sessions now took place, as such all staff had received a supervision session in 2017. Staff had also received spot checks called 'Carer/support worker monitoring visits' these had taken place in people's homes to monitor staff performance. Monitoring visits included checks that staff were adhering to the moving and handling policy and were maintaining health and safety. The management team explained they asked questions of staff in supervision about the people they cared for to check they had read understood the care plan and were implementing the guidelines.

A staff member told us "It's friendly; help is given when you need it". The registered manager told us staff were "freer at talking and phoning in" in addition to being "more relaxed" about coming into the office and would for example come in and eat their lunch with the office staff. This was confirmed by staff we spoke with who told us they could phone or drop into the office at any time. There was an 'On call' out of hour's number for staff to call outside of the office hours to obtain support from the management team. On balance we thought that the provider was supporting staff to undertake their role but that supervision sessions as stated in the provider's policy had not taken place therefore although we acknowledged progress had been made but it was not yet embedded into the practice of the service.

The provider had scheduled team meetings with staff but they had found staff uptake was poor. The director explained they had looked at the reasons why and decided that they would pay staff to attend meetings and had taken action to divide the staff meetings into area meetings. As such a staff meeting had occurred with the staff based in Hertfordshire and this was successful. Arrangements to meet with staff as a group in Barnet were in progress. There were now weekly meetings with the office staff to enhance communication and the handover of information.

When commencing their role staff received a three day induction that covered a range of training. This included health and safety, recording information, use of medicines, safeguarding adults from abuse, food safety, effective communication, equality and diversity, role of the support worker and the principles of care. Staff completed test questions that showed if they had understood their training.

Staff signed to say they had received a code of conduct and the home care hand book for their reference. Staff received ongoing refresher training that included safeguarding adults, practical manual handling and food hygiene. One staff member told us they had requested extra refresher training for support with certain areas associated with their role and had received the training they asked for. We saw that some staff been identified and had received specialist training to support them to care for people who used a PEG feed.

(Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.) Some training was e-learning and some was face to face. The service had a designated training room that contained equipment to support them to demonstrate practical moving and handling techniques.

Staff told us how they had supported people to access the appropriate health services. We saw office diary entries that recorded when staff had phoned the office concerned about a person's health. On one occasion the GP had been called appropriately by staff, the GP had visited, the person had an infection and antibiotics were prescribed and administered. On another occasion a staff member had responded appropriately and called the emergency services when they had found someone fallen. They had also informed the person's family member and the office.

People were supported by staff to eat well and remain hydrated. People had electronic records for their Waterlow assessments, that is a skin integrity assessment and MUST (Malnutrition Universal Screening Tool) assessments that showed if they had high needs in these areas. The outcome of the assessment was documented in people's care records and guidelines to meet the support need were stated. Staff told us the ways they encourage people to eat and remain hydrated by reminding people to drink enough and eat with them when they will not eat alone. People's care plans stated for example "Carer will prompt hydration during the day with a drink of [X] own choice". Care plans gave meal preference details and stated where people liked to eat their meals. Examples seen included one person's tea time support "Possibly sandwiches and a slice of cake with a drink of [X] choice ...to be placed on a side table". We saw that staff recorded in people's daily notes their food and drink intake "[X] ate well and drank a cup of tea given". People who had high nutritional and hydration support needs had their food and fluid intake monitored, daily notes specified amounts taken "[X] drank 150ml water, 2 slices of pizza and a cup of tea 280 ml".

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. The registered manager told us "We will never force someone" and described staff will try to work with people and encourage them, they record refusals, and then report to the appropriate body naming the family, GP or local authority if the situation becomes a concern. Staff told us how they gained people's permission before providing care and described how they worked with people who may refuse the care they needed. "I would encourage them, it is the best way, I would talk them through it". Another staff member told us "I would talk calmly and evaluate the situation and try to find a way they find comfortable or acceptable. 9 times out of 10 that works well, but if not I would leave it and report back to the office". People had signed consent forms to show they agreed to information being shared, medicines being administered and that they consented to their care and treatment. When people did not have the capacity for some decisions their care records detailed when a person was acting on their behalf such as a court appointed guardian.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1)(2)(a) Staff had not received regular supervision to ensure their competence was maintained.