

Dyzack Limited

The Rivendell

Inspection report

6 Beacon Road
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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 Rivendell provides accommodation and personal care for up to four people with a learning disability. The service is a small converted domestic property in a residential area of Herne Bay and the rooms are arranged over two floors. There were four people living at the service at the time of the inspection.

The Rivendell is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Good.

At this inspection we found the service remained Good. We found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be supported to stay safe and were protected from abuse and avoidable harm. They were supported by enough trained and knowledgeable staff who had been recruited safely. People were involved in planning their care and discussing and minimising risks. People's medicines were managed safely. When incidents or accidents occurred people and staff worked together to minimise the risk of them happening again.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

People continued to be involved in the planning and reviewing of their care and support and their preferences and choices were recorded. People were supported to eat well and to remain healthy. Referrals were made to health care professionals when needed and any advice given was followed.

People had built strong, positive and trusting relationships with the staff team. Staff were kind, caring and patient and listened to and valued people's views. Privacy and dignity was respected. People and staff laughed and chatted together and the atmosphere was relaxed.

People's care and support plans were written with them and reflected their individual preferences and choices. People were encouraged to follow their own interests and to take part in group activities to increase their well-being. People's religious, spiritual and cultural needs were discussed and recorded. Complaints were handled in line with the provider's policy and people knew how to complain.

The registered manager and staff had a shared set of visions and values. There was an open, inclusive, empowering and positive culture where people lived as a family. The registered manager coached and mentored staff and worked with them each day. Regular checks and audits were carried out by the registered manager and staff from head office to ensure the service being provided was safe and effective.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The 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.

This inspection took place on 27 September 2018 by an inspector and an assistant inspector. The inspection was announced. The provider was given 48 hours' notice because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

During the inspection we met and spoke with all the people living at the service, two members of staff, the registered manager and a care manager from the provider's head office. We looked around all areas of the service. We observed how staff engaged with people and each other. We looked at how people were supported with their daily routines and assessed if people's needs were being met. We reviewed four care and support plans, medicines records, a staff file, staff training and records about how the quality of service was managed.

Is the service safe?

Our findings

People said they felt safe living at The Rivendell. One person told us, "I am safe here. I have lived here a long time". There was a stable staff team who had worked at the service for a long time and knew people well.

People continued to be protected from the risks of abuse and avoidable harm. Staff completed regular training about how to keep people safe. The registered manager checked, during one to one supervision meetings, that staff knew how to raise a concern and that they were aware they could escalate their concerns, if needed, to the local authority or the Care Quality Commission. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. People's money was locked away safely and receipts and balances were checked regularly.

Risks to people were consistently assessed, identified, monitored and reviewed. There was clear guidance for staff about how to reduce risks and keep people safe. Some people occasionally displayed behaviours which may challenge others and there was information for staff about how to provide the right support and what may trigger a person's behaviour. Staff told us about people's triggers and how they supported them to stay relaxed and free from anxiety. Accidents and incidents were recorded and reviewed by the registered manager to check for any pattern and, when needed, action was taken to refer people to health professionals for advice.

People were supported by sufficient numbers of staff who had been recruited safely and who knew them well. The registered manager worked with staff each day and provided on-call management cover. There were contingency plans to cover emergency shortfalls such as sickness. For example, the provider runs other services in the local area and staff from these services were used to cover. On the day of the inspection people wanted to go out to different places and an additional member of staff was brought in to facilitate this.

People continued to receive their medicines on time and safely. The registered manager checked people's medicines and the associated records each day to make sure they were receiving them correctly and to check that staff recorded accurately. Medicines were stored safely. When people needed special creams to help keep their skin healthy there were body maps to show staff where the creams should be applied. The local pharmacy completed an annual audit to make sure medicines were managed correctly.

The service was generally clean. Some areas needed redecoration. The registered manager had raised concerns about the environment with the head office. The registered manager and care manager confirmed that plans were in place for a 'full make-over' to take place in October 2018. The plans we were shown included redecoration and people had chosen what colours they would like in their rooms. A new stair carpet had been ordered and the bathroom and kitchen were due to be replaced.

Fire alarms were checked and staff knew how to support people to leave the service safely in an emergency. Each person had an emergency evacuation plan which set out people's specific physical and communication needs to ensure they could be safely evacuated from the service.

Is the service effective?

Our findings

People received effective care which promoted a good quality of life. People told us that staff supported them to do the things they wanted each day.

People had lived together at the service for a long time. Their physical, mental, social and emotional needs were assessed and monitored to make sure staff were providing the right support in the way people preferred. The registered manager and staff worked with people, their relatives and health care professionals to make sure people received consistent care.

Staff completed an induction when they began working at the service. They shadowed experienced staff and got to know people, their preferences and their routines. People continued to be supported by staff who were trained and knowledgeable. Training was organised by the head office and they monitored when staff were due to refresh their training to enable them to keep up to date with best practice. Staff had regular supervision meetings with the registered manager when they could discuss their personal development. The registered manager used these meetings to check staff competence and confidence around topics, such as safeguarding, personalised care and record keeping.

People told us they enjoyed their meals. One person said, "We have take-aways and they [staff] sit and eat with us". Meal times were social occasions when people sat together. During the inspection there was a lot of chatter and laughter around the table. People had chosen the meals they preferred and ate well. Staff were very attentive and knew what foods people liked and disliked. When people had gained weight, a dietician had given staff advice regarding portion size and healthy eating. Staff followed this guidance and people had been discharged from the dietician and weights were stable.

People continued to be supported to stay as healthy as possible. Staff monitored people's physical and mental health and, when needed, referred people to health care professionals. For example, staff had noticed a small change in a person's health and had supported them to have a review. This had resulted in a small change to their medication which had made a difference to the person's health and well-being. People told us they were supported with their health appointments, such as visiting the GP and psychiatrist or arranging for a chiropodist to visit. Advice given by health care professionals was recorded in people's care plans to make sure staff had the most up to date information to follow. People were given information about their health in a format they could understand. For example, an easy to read guide on specific exercises.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff spoke with people's relatives and health professionals when people were unable to make an important decision, such as medical treatment, for themselves to make sure decisions were made in people's best interest. People were encouraged to make day to day decisions about when to get up or go to bed, what to wear and how to spend their day. Staff told us that people required minimal support for some

things, such as personal care, and that much of the time it was about prompting and reminding people. No-one living at The Rivendell was subject of an authorised DoLS, however the registered manager understood their responsibility to continually assess and review this and to apply when needed.

People could choose whether to spend time with others in communal areas or to spend time in their room. There was a small garden at the rear of the service where staff were supporting people to grow vegetables which were used in the kitchen and where barbecues were held in the warmer weather.

Is the service caring?

Our findings

People continued to be supported by staff who knew them well. People said, "The staff are all good" and "I like the staff". Staff were kind, patient and caring. The atmosphere at The Rivendell was calm, friendly and relaxed. People and staff chatted and laughed with each other throughout the day. People were relaxed in each other's company and in the company of the staff.

People told us they liked the registered manager and staff. Staff spoke politely with people, made sure they maintained eye contact and were patient, waiting for people to respond in their own time. Communication was regularly discussed in 'house meetings' and staff meetings to promote equality and understanding between everyone in the service. Staff explained things to people in ways they could understand, for example using pictures and signs or speaking slowly and clearly. Staff spoke with each other in a respectful way and worked well together as a team.

People continued to be involved, as far as possible, in the planning, management and review of their care. They were actively involved in making decisions about the levels of support they needed. Most people had family to support them however, if needed, staff could arrange extra support from advocacy services. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Staff knew people well, including their likes and dislikes and their preferred routines. They knew about people's life histories and how these impacted on them. People had lived together at The Rivendell for a long time and had built strong relationships with each other and with the established staff team.

People's independence was encouraged, promoted and maintained. Staff told us they were there to make sure people remained safe but allowed them to do as much for themselves as they wanted or were able. For example, staff would run bath for a person and check that the water was at the right temperature and the person could bathe themselves with minimal prompting or assistance. Staff respected people's choices about how much they wanted to do themselves. People's privacy and dignity were respected. The registered manager commented, "Everybody is an individual and entitled to be treated with respect". People's records were stored securely to protect people's confidentiality.

People's friends and relatives could visit when they wanted and people were supported to maintain positive relationships with their loved ones. When people's loved ones lived a long way away the registered manager contacted them with regular updates to keep them informed. People were supported by staff to visit their families. On these occasions staff gave families written instructions and a chart to go with any medicines to ensure people received them at the right time.

Is the service responsive?

Our findings

People received care and support which was agreed with them, personalised and responsive to their needs. People were involved in planning their care and support and information was given to people in a way they could understand.

Each person had a care and support plan which was individual to them. Staff sat with people and talked through their preferences and people signed their plans in agreement. Care plans provided staff with guidance on what support people needed, how they preferred to be supported and the things they preferred to do for themselves. Care plans were reviewed each month or if any changes in people's support was needed. A communications book was used as part of the shift handover to ensure staff were up to date with any changes in people's care and support needs.

Some people occasionally displayed behaviours which may challenge others and there was guidance for staff about what may be a potential trigger to someone's behaviour and how support people, by distractions and diversions, to reduce their anxiety. Staff knew people well and told us about people's individual triggers. These behaviours were very rare as staff could pre-empt potential situations which may cause people stress. Staff said, "It is all about the interventions and redirection".

People told us they did not have any complaints about the service or staff. They said they knew how to complain. One person pointed to the registered manager and gave a thumbs-up sign and another said, "I would talk to [the registered manager] or any of the staff". There were regular 'house meetings' where everyone sat and chatted about things they would like to do or any changes they would like. One of the topics covered was about how to make a complaint. It was noted in the minutes of the meeting that everyone would speak with the registered manager or staff if they had any concerns. Complaints were dealt with at the provider's head office. One complaint had been received in the last 12 months and the provider had investigated and responded to this in line with their complaints policy.

People were encouraged to engage in meaningful activities. The registered manager told us there were regular planned activities, such as music therapy, swimming and horse riding and that people chose to take part in the things they enjoyed. During the inspection some people were supported to go shopping in Canterbury and others visited the local community where they were known by local shopkeepers. People's spiritual and cultural needs were discussed and recorded. People were supported to follow their religious beliefs. Staff attended church services with people when they chose to go and arranged for visiting clergy when this was requested.

People and their relatives were asked about their views on the quality of care of the service. The results of these were at head office and had yet to be analysed. The care manager commented, "If there is a something that isn't positive then we respond to it". The registered manager said, "The questions for the people living here are done in an easy to read way and staff support people to fill them in".

The registered manager told us that although the service was not providing end of life care they would want

to support people for as long as possible. They knew where they could obtain support. For example, the local hospice outreach team.

People's family and health care professionals were asked their views on the quality of service their loved ones received. Responses received so far were all positive. The surveys were in the process of being collated at head office and the responses were due to be analysed and fed back to the registered manager to take any action needed.

Is the service well-led?

Our findings

People told us the registered manager was "Good" and "Lovely". They had built strong, positive, trusting relationships with the staff team.

The registered manager had worked at the service for many years. They led by example and promoted a fair, open and inclusive culture which was centred on the people living at The Rivendell. They worked at the service each day and mentored and coached the staff team. They also provided on-call management support outside office hours. They said, "Staff are encouraged to raise any concerns". Staff felt the registered manager was approachable. They understood their roles and responsibilities. They knew about the provider's whistle-blowing policy and that they could take any concerns to external agencies, such as the local authority or the Care Quality Commission (CQC), if they needed to.

The registered manager and staff shared their visions and values about the service. The registered manager commented, "Our vision is to provide an excellent quality and good value homely service that meets people's individual needs. I think we excel at that". They spoke passionately about people's rights to live their life in the way they chose. Staff said, "We are one family, everyone is equal and there is respect between everyone".

Staff could access policies and procedures and these were reviewed annually by the registered manager. Records were stored securely to protect people's confidentiality. When we asked for information during the inspection it was available and up to date. There were regular staff meetings and three-monthly supervision meetings when staff discussed their performance and personal development needs. Staff said they could make suggestions about the day to day running of the service, that they were listened to and had their opinions valued by colleagues and the registered manager.

The registered manager and staff spoke knowledgeably and passionately about people. They were genuinely pleased when they told us about improvements in people's health and well-being. They supported people to do as much as possible for themselves to promote and maintain their independence. Staff spent time sitting and talking with people and throughout the inspection there was friendly banter, laughter and constant chatter.

People were treated as individuals and equals. Different cultures were supported and embraced. People told us they had regular 'house meetings'. They said they would speak to the registered manager or staff if they needed anything and that they would get the support they needed. People's choices and preferences were considered and acted on. For example, when a person preferred not to have many items in their bedroom an additional room was provided to place their wardrobe and drawers. People were involved in the day to day running of the service and their in-put into things like planning the menus were valued.

The registered manager continued to have a good oversight of the service. They completed regular checks on care plans, medicines management and the environment. Any shortfalls identified were discussed openly with staff and used as opportunities to improve the service. Records were kept up to date. Accidents and

incidents were records and reviewed to check if any referrals were needed to health care professionals. Quality checks were carried out by staff from the provider's head office. When a shortfall was identified action was taken to address this.

The registered manager worked closely with managers from other local services run by the provider to share ideas and best practice. The staff team worked in partnership with people's relatives, care managers and other health care professionals to support the care provision and ensure joined-up care.

The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service. At the time of the inspection the provider did not have a website.