

Egham Care Limited

# Rivermede Court

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rivermede Court is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The home can accommodate up to 80 people in one adapted building. The home opened just prior to the pandemic and was in the process of increasing the occupancy. The management team explained that they wanted to ensure new admissions to the home were completed in a safe way. People are currently supported across two separate wings. The ground floor was a residential setting and on the second floor was an area dedicated to people living with dementia. The first floor was empty, however was being utilised by office staff, to support staff training and internal visits.

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

People were supported by caring staff who were compassionate and respectful to people's individual needs and preferences. We saw staff supporting people with care and people responded well to staff. There was a friendly atmosphere in the home with people and staff regularly heard laughing and enjoying themselves.

Staff ensured people were safe from any risks of harm. This was ensured by detailed risk assessments that were in place and safeguarding policies and procedures.

People received their medicines by trained staff who were subject to competency checks. People also received a balanced diet with lots of various options throughout meal times. People told us that they were very happy with the food choices that were offered to them.

People were supported to access healthcare professionals and staff worked well with other social care professionals.

People received person centred care. This included activities to meet people's interests and staff supported people in a way which matched their preferences. People enjoyed showing us the different activities that were offered to them and felt involved with the choices that were made.

People, relatives and staff felt involved with the running of the service. Audits were thorough to ensure a high standard of care was maintained.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about recent safeguarding referrals that included concerns around medicines management, unwitnessed falls and mental capacity assessments. In addition to this being an unrated service a decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Rivermede Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practise we can share with other services.

#### Inspection team

This inspection was carried out by three inspectors as at the time of planning we were unsure of the occupancy as the capacity of the home.

#### Service and service type

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

The service had a manager who had begun the registration process so they could become registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the care and quality manager, home manager, deputy manager, previous home manager, previous deputy manager, maintenance manager, activities co-ordinator and care workers. We also spent time observing the wing with people living with dementia, that may be unable to speak with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records. We spoke on the phone with two professionals who visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at Rivermede Court. One relative said, "I can't explain how safe I feel my Mum is here. They're just brilliant."
- Staff had received safeguarding training and told us they were confident in this area of their responsibilities. One staff member said, "We were shown how to look for signs of abuse – like if they are fearful. I would report this to my manager."
- The management team were knowledgeable in what constituted a safeguarding incident. For example, they had successfully identified safeguarding concerns and made the relevant referrals to the local authority and CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff knew their individual risks and how to manage them safely. One person said, "After I fell staff helped me get my confidence back and supported me to use a walking aid. I haven't fallen since."
- There were in depth risk assessments to ensure action was taken to reduce potential harm. An example of this was a risk assessment for a way in which a person greeted visitors was to run towards them. A risk had been identified that he may twist his ankle or fall as a result of the foxholes in the garden, so the maintenance team had filled the holes.
- Records showed that risks had been identified, assessed and were reviewed regularly. An example of this was seen of a regularly reviewed choking risk assessment for a person. This detailed guidance for staff to follow to keep the person safe.
- All care plans reviewed had Personal Emergency Evacuation Plans (PEEPs). This offered advice for staff to follow which detailed people's individual needs and how to support them safely in an emergency.
- Accidents and incidents were recorded in a log. This identified trends and patterns for staff to take action to prevent any reoccurrence.
- There had been medicine errors made in the past, however, no major impact on people had been noted. As a result an online system was being used which alerted the management team if a medicine was given incorrectly or had not been administered to a person at the allocated time.

Staffing and recruitment

- People told us there were enough staff to meet their needs. People told us how they had call bells that they could carry with them. One person said of the call bell system, "They (staff) are very responsive."
- Staff told us they felt there were enough staff for them to carry out their roles effectively. One staff member said, "There are always enough staff."
- The management team had introduced a dependency tool system to ensure they could accurately work

out safe numbers of staff to meet people's needs. This had to be regularly reviewed or would alert the care and quality manager that it was out of date.

- The manager followed thorough recruitment processes. This included reference checks, interviews, identification confirmation and checks with the Disclosure and Barring Service (DBS). These checks confirmed whether a potential employee was known to the police, this meant they could make safe recruitment choices.

#### Using medicines safely

- Staff received training specific to medicine administration to ensure they supported people safely. The management team also completed staff competency checks to ensure no further training was needed.
- Staff were observed using the digital system and were confident to explain it to us. The system detailed people's individual medicines and any risks related to them.
- There were clear protocols in place for as and when medicines (PRN). This had advice for staff of when people may need support as well as side effects they may experience from having medicines they don't regularly take.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us that staff knew their preferences and met their needs. One person said, "They know us very well. They know how I prefer to receive my care."
- The management team completed thorough assessments prior to someone moving into the home. This ensured people's individual needs were met. These were reviewed after any change to a person's needs. There had been a recent example where the management team had identified a change to a person's needs where they acknowledged they could no longer meet these changes. They had liaised with the local authority acknowledging that the person needed to be moved to a different setting to receive the right care.
- There were various assessments that were used for people's care files. These included the Malnutrition Universal Screening Tool (MUST), this is identified as good practise to follow to ensure people are receiving effective care.

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

- People told us they enjoyed the food provided to them at Rivermede Court and they were always given choices. One person said, "They go out of their way to make sure that if you ask for something, you get it. I asked for more fish and we have more fish now. I love duck and we had that once."
- The menu offered to people had several choices of starters, main courses and deserts. This ensured that people had choice to meet their preferences.
- Staff told us how they supported people to have a balanced diet. One staff member said, "I give gentle encouragement to help people eat and drink."
- People's food preferences were detailed in their care plans so staff could encourage people to have a balanced diet including items they enjoyed. One person was observed to ask for a different drink to what was being offered. The staff member supporting them said, "Hold on a minute, I'm sure we can sort that out for you." We then saw the person provided with the drink they requested a few minutes later.

Staff support: induction, training, skills and experience

- People told us they thought staff were well trained. One person said, "They (staff) are very knowledgeable and well-trained."
- Staff told us they were supported by the management team to carry out their responsibilities. One staff member said, "I feel very supported." The new manager also told us that she felt very supported. She said, "You can see from the management team that are here today how supported I am and have been since day one. It's so nice to work for a company that really cares."
- Staff received training relevant to people's individual needs. For example, staff had received positive behaviour training and moving and handling training to support people who required mobility support such

as hoists. Staff had also received dementia training to ensure they could support people that were living with dementia effectively.

- We saw thorough induction packs and training programmes that were provided to staff when they first started working at Rivermede Court. One staff member said, "The induction is very good, it really prepares us for working here."

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

- People told us they were supported to access healthcare services when they needed it. One person said, "The doctor comes every week. I had to have my eyes tested. They got someone in for that."

- We saw examples in care plans how referrals to health professionals were made in a timely way. One person had been referred to the community rehabilitation team, this was in response to staff noticing the person showing signs of distress.

- We saw that activities had promoted mobility so people could live healthier lives. Some activities included armchair aerobics and one to one activities of walking in the garden.

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

- The home was designed to suit the needs of the people living there. The residential floor had small communal areas to promote socialising. The dining area had also been designed to promote social interactions. We saw people interacting happily at the lunch service.

- The floor dedicated to people living with dementia was designed to meet the needs of the people living there. There was clear signage around the entire floor to ensure people could be reminded of the layout and find their way around the home.

- We saw examples of good practise to support people living with dementia. There were memory lane books and activity books with large pictures of activities that had taken place. This supported people to remember different events.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had restrictions in place to ensure they were safe from harm, appropriate processes had been followed.

- We saw an example of where a person's needs had changed dramatically in a short space of time. The management team had applied for decision specific DoLS and completed the appropriate mental capacity assessment and best interest decision. They then liaised with the DoLS team at the local authority to ensure the correct authorisation was in place.

- People who had capacity had documented conversations. One care plan we reviewed detailed how a person had capacity to make decisions around them living in a community with keypad entry and around consent to treatment. Detailed discussions were recorded with them showing that they understood why they were there and that it was their choice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us they were cared for by caring staff. One person said, "The staff are out of this world They are good because they like what they are doing – and that makes all the difference".
- People told us that staff supported them in a respectful way. One person said, "The staff are really good here. They are very respectful of us, all of them."
- People also told us how they were involved with decisions and always offered choices. An example of this was people being involved in the menu choices. One person said, "The main chef, he is interested in hearing what we think of the meals."
- Staff told us how it was important to them to treat people with respect. One member of staff said, "I give people lots of options so that they can choose. They can and do change their mind, but that is fine".
- People and relatives told us how caring staff were. One relative said, "I get emotional because they're just so brilliant, they care for [person] so much."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how it was important to treat people with dignity and respect. One staff member said, "Dignity is very important. To preserve their dignity is very important to me."
- People were encouraged to be as independent as possible. On the residential floor there were hot drinks machines so people could help themselves if they preferred to do this.
- We also saw examples of staff supporting people to be independent on the floor for people living with dementia. One person appeared to enjoy walking frequently. All doors were open so the person could move around independently with no restrictions.
- Care plans had details for people's preferences in relation to privacy. Staff followed this and we saw examples where they respected people's privacy and dignity. For example, we saw staff support a person with limited mobility with a hoist. Staff continued to subtly move clothing to ensure the person's dignity was preserved.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People were involved in making choices about their care. Care plans showed that people and relatives, where appropriate, were involved in decisions about the care they received.
- People and relatives told us they were confident to raise an issue if they wanted to. One relative said, "If ever I had an issue, I would have no problem with raising it with any of the staff and I know they would deal with it appropriately. I haven't had to raise any major issues, but I have total faith they would sort anything quickly."
- People had care plans that were detailed in their preferences. One care plan stated "[Person] likes to come to have his lunch in dining room, but may change his mind if it is too busy and noisy. Staff need to watch for signs of distress and then can offer to bring his meal to his room."
- There was a complaints policy and procedure in place. Staff were knowledgeable when discussing what process to follow. We saw evidence that complaints and concerns had been dealt with in line with their policy in a timely way.

Meeting people's communication needs

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

- Care plans contained individual communication advice for staff to follow. One person said, "They are very good at communicating everything to us."
- Staff told us how it was important for people to know exactly what is happening. One staff member said, "I always explain everything I am doing before I do it, so they completely understand what care I'm going to provide and I make sure they confirm they have understood."
- People living with dementia were provided with a large planner of activities for the week with bright pictures detailing each activity. We saw two people looking through the plan together and deciding what activity they were going to join.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us the home had managed well with the visiting restrictions during the pandemic. One person said, "They have worked very hard to make sure we can have visitors."
- People also told us staff had accommodated more visits for family who had travelled a long distance to spend a couple of days in the area to see them.

- People were supported to take part in a range of activities. One person said, "We have a games cupboard. Its full of things to do. They have also installed a shop on the corridor, which is a lovely idea. They sell all sorts of things."
- A person also took pride in showing us the activities timetable which detailed a wide variety of activities including music and movie nights.
- People were encouraged to continue hobbies they may have not engaged in for a while. For example, a relative told us how a person had previously enjoyed artwork, however, had not done this for years due to them being diagnosed with dementia. The activities co-ordinator had sent the relative pictures of the person taking part in an art class. The relative said, "I was just so shocked, I just didn't think [person] would ever do that again."
- Staff supporting people living with dementia liaised with family to understand what people's preferences were. When we were speaking to one relative the activities co-ordinator stopped and said, "Next time you're here we will have another proper catch up." After the staff member left the relative said, "That's what I mean, they care so much about getting it right and really knowing [person]".

#### End of life care and support

- Care plans showed end of life conversations had taken place and details were set out for people that entered this period of their life.
- The management team were knowledgeable in how to support someone entering this stage of their life. The manager confirmed they would liaise with local hospices to ensure the person received the best standard of care if they started nearing the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care plans were person centred and regularly reviewed. This included involving people and relatives to input important additions to ensure staff knew people as well as possible.
- People were involved with decisions made in the home such as putting ideas forward for activities that met their preferences and helping to design the menu.
- Relatives felt involved and listened to by all staff. One relative said, "They listen to every tiny detail. They're just great."
- Staff felt supported to put forward ideas. One staff member said, "Absolutely. If I have any questions, I can ask. It is very good. Everybody here is a like a family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The home had worked closely with the local authority following recent safeguarding concerns raised to ensure the home was operating in a safe way.
- There had been a recent incident where the home had recognised they could no longer meet a person's needs. They worked in an open, transparent way to try to resolve this and support the person to be moved to a more suitable location that could meet their needs.
- The management team are responsible for notifying CQC of all significant events. We found relevant notifications had been submitted when necessary.
- The management team also had a record of lessons learnt to ensure action was taken to prevent any reoccurrence. This included identified medicine errors.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team had experienced some changes over the last twelve months. There had been a temporary management team supporting the new home and deputy manager who provided a full robust handover to the new home manager that had started their registration process with CQC. During the inspection we received assurances to any questions raised. The previous registered manager had left at the beginning of the year and recruitment for a new manager had started immediately with the management team in place to ensure the standard of service was not impacted.
- Staff were clear about their roles and responsibilities and felt supported by the management team. One

staff member said, "I felt well supported – the managers have been very good".

- The management team completed regular audits to ensure the quality of service remained at a high standard. These were completed by the care and quality manager as well as the home manager, maintenance manager and other members of the management team. This ensured that all areas of the service were regularly monitored.
- The new manager was keen to build a rapport with the local authority. Following our inspection, the manager supported a visit from the local authority's quality assurance team. The manager said, "I'm really looking forward to working with them to make sure we are providing the best service possible across the board."
- We saw evidence of staff working with health professionals to ensure the best results for people. An example of this was seen where staff had supported a person with a hoist to provide them with more options of mobility throughout the home.