North Yorkshire County Council

Rivendale Extra Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place between 19 and 26 November 2018. This was the first inspection of the service since it was registered in December 2017.

Rivendale Extra Care Housing is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People at Rivendale Extra Care Housing lived in apartments that were situated in the grounds. People had access to a restaurant, communal areas and a garden.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some risk assessments were in place, although we found when people had specific medical conditions, risks associated with these conditions had not been recorded. We have made a recommendation regarding risk assessments.

Staff had received safeguarding training and knew how to raise any concerns. They were confident any concerns would be dealt with by management appropriately.

Medicines had been administered safely and staff had received appropriate training in this area. Staff had a clear understanding of infection control practices they were to follow.

Safe recruitment processes had been followed and new staff had been provided with a comprehensive induction and ongoing support. Regular one to one supervisions had been conducted and a variety of training had been provided to ensure staff had the skills and knowledge to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was clearly recorded and staff respected people's choices. People told us they were actively involved in the development of their care and support plans.

Other professionals involved in people's care and support was recorded. Staff assisted people with making appointments where required to ensure their health care needs were met. Management and staff had developed good working relationships with the housing provider to ensure all aspects of the service met people's needs.

Most people preferred to use the onsite Bistro for their main meals. Staff were able to provide support in relation to meal preparation if this was required.

People told us staff were kind and caring and treated them with dignity and respect. Observation showed staff had time available to have general chats and discussions with people and it was clear positive relationships had been developed.

Care plans were in place where required and contained person-centred information. Regular reviews of people's care and support had been completed to ensure people's needs were being met.

A complaints policy and procedure was in place and people told us they knew how to raise a concern. The registered manager has requested feedback from people who used the service and people told us they regularly attended 'resident meetings' where they could express their views and wishes.

The registered manager was supported by two team leaders. Quality assurance processes were in place and these had been effective in identifying shortfalls. Staff told us the management team were approachable and they had an open-door policy. People who used the service said they were listened to and respected. They told us they felt the service was well-led by an experienced management team.

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

The service was not always safe.

Risks in relation to specific medical conditions had not been considered or recorded to ensure staff had access to sufficient guidance.

Safe recruitment processes had been followed and staff had received safeguarding training.

Medicines had been administered safely.

Is the service effective?

Good

The service was effective.

Staff had received sufficient training and supervision to ensure they had the skills and knowledge to carry out their roles.

Consent was clearly recorded, and people told us they were actively involved in the development of their care and support plans.

People received the support they required with meal preparation. Care records detailed other professionals involved in people's care and support.

Is the service caring?

Good

The service was caring.

People told us staff treated them with dignity and respect at all times.

People were encouraged to build and maintain relationships.

Staff actively encouraged people to remain as independent as possible and respected the choices and decisions they made.

Is the service responsive?

Good

The service was responsive.

Initial assessments were conducted to ensure the service could meet people's needs.

Care plans contained person-centred information which had been regularly reviewed to ensure the information was relevant and up to date.

A complaints policy and procedure was in place. People told us they knew how to raise a complaint and were confident this would be addressed accordingly.

Is the service well-led?

Good

Systems were in place to monitor and improve the service which included regular visits from the provider's senior management team.

The service had a registered manager who understood their role and responsibilities. They were supported by an experienced management team.

People told us the service was well-led and management were friendly, approachable and responsive.

Rivendale Extra Care

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.

Inspection activity started on 19 November and ended on 26 November 2018. The inspection was announced. The provider was given 48 hours' notice because the registered manager and staff were often out of the office supporting people and we needed to be sure they would be available.

The inspection was carried out by one inspector. Following the inspection site visit on 19 November 2018, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The inspector contacted staff employed by the service via telephone following the site visit.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

We reviewed a range of documentation. This included three people's care planning documentation and daily records and four people's medicine administration records. We looked at two staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with ten people who used the service to gain their views on the service provided. We also spoke with five members of staff including the registered manager.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel very well looked after and staff treat me in the way I want to be treated and it is nice" and "The staff are excellent and always do their best to make me feel secure and cared for."

Safe recruitment processes were in place and followed. Whilst the provider's Human Resources department took responsibility for ensuring recruitment processes were followed, the registered manager had created a spreadsheet, so they could clearly see when recruitment documents had been requested and received. Records showed that checks such as Disclosure and Baring service (DBS) checks and references had been sourced before employment commenced. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable.

There was a safeguarding policy in place and staff understood their responsibility in reporting any concerns. It was clear staff had received sufficient safeguarding training, which had been refreshed on a regular basis to ensure they remained up to date with current best practice. Records showed the management team had made safeguarding referrals to the local authority when required.

When people moved to the service, management had conducted assessments to identify any risks associated with a person's care and support needs. Risk management plans had then been put in place for areas such as using a wheelchair, medicine support and moving and transfer requirements. However, we found risk assessments were not always in place when required, specifically when people had specific medical conditions. For example, one person had epilepsy. They had a bed sensor mat in place which would alert the emergency staff team should an epileptic seizure occur. However, we found no risk management plans were in place in relation to this. As this information was not recorded staff did not have access to relevant information to ensure they managed the risk appropriately, such as checking the sensor was plugged in during evening visits.

We discussed risks to people with staff and found that, although detailed risk assessments were not in place, staff were familiar with the associated risks and how they should be managed. There was no evidence of impact on people as a result of this recording shortfall.

We discussed this with the registered manager and team leader who agreed further improvements to the recording of risks was required. We recommend the provider seeks advice and guidance from a reputable source in relation to risk assessments and takes action to improve their practice accordingly.

At the time of our inspection, the service was providing planned support to 13 people. They were also responsible for responding to any assistance required in an emergency for all 51 apartments. Rotas showed that during the day and night there were two staff on duty. The team leaders were also available to provide support if needed. There was also a team leader or registered manager on call at all times to ensure staff could seek advice and guidance whenever it was needed.

People told us there were enough staff on duty to support them as and when required. One person said, "They come when they say they will and I have never had any problems. I know all the staff and they never just treat me like a name on a list – they have time for me."

Whilst the provider was not responsible for the environment, they worked closely with the housing association to ensure all required servicing certificates and safety checks were conducted. One member of staff said, "If a person reports anything to us to do with the environment we inform the housing people straight away. For example, if light bulbs need changing or a door is not closing correctly."

Staff were provided with personal protective equipment to ensure good infection control practices were followed. Staff had also received training in this area and people we spoke with told us staff wore appropriate PPE when providing care and support.

Records of accidents and incidents were kept, and these contained the required level of information. We discussed the importance of reviewing accidents and incidents on a regular basis to look for trends with the registered manager. The registered manager told us very few accident or incidents occurred at the service, but they would ensure close monitoring took place.

Some people required support from staff with medicines. Care records contained details of the level of support that was required, and we found that medicines had been managed and administered safely. Medicine administration records were in place and contained relevant information. The registered manager had recently implemented body maps to ensure staff were provided with clear guidance of where topical medicines, such as creams, were to be applied. Medicine audits had been completed on a regular basis and were effective in identifying any concerns, such as missing signatures. Action taken as a result of any concerns found were also clearly recorded.

Good

Is the service effective?

Our findings

People told us the service was effective and support was provided to them by staff who were knowledgeable. Comments included, "I am very pleased with my care. Staff seem to know what I need before I do!", "Staff appear to have been trained for this work and the confidence in their delivery means I am getting good care" and "I cannot comment on their qualifications, but they seem to be very professional."

Staff new to the service were required to complete a comprehensive induction to introduce them to the service. The induction period covered areas such as policies and procedures, what was expected of them within their role as well as recording keeping. New staff worked alongside experienced members of staff to ensure they were confident within their role before they began to support people alone.

New staff were also subject to monthly meetings with their line manager to discuss their performance, progress with training requirements as well as any areas of concerns for the first six months until they had completed their probationary period.

All staff were provided with regular supervision sessions. These sessions were used to discuss performance, personal development and training opportunities. One member of staff told us, "I am happy with the frequency of my supervisions. I know I can approach management at any time and they are always supportive."

The provider had an extensive range of training available for all staff. This included training the provider considered mandatory as well as specialist training in areas such as diabetes, autism and record keeping. The training record showed all staff had completed the required training, which had been updated on a regular basis to ensure they remained up to date with current best practice guidance. One member of staff said, "There is loads of training we can do. I have recently completed autism training. We don't support anyone with autism at the moment, but I have an interest in this area so thought why not do the training and learn a bit more."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The service worked within the principles of the MCA. Staff received training in this area and understood the

requirements of the MCA. They knew what action they would take if they had any concerns, such as report it to management or other relevant professionals. The service was supporting one person who had a Court of Protection order in place which related to their finances. Care records contained clear information in relation to the Court of Protection, who was responsible for the person's finances and steps the service should take if they had any concerns relating to this matter.

Staff told us they always asked people if they were happy and understood before support was provided. Care plans evidenced people had been involved in making decisions around their care and support and signed consent was in place.

Whilst most people were able to manage meals independently and visited the onsite Bistro, some people required assistance from staff. The level of support that was needed was clearly recorded in people's care records. We observed staff assisting people who had mobility issues to the Bistro at lunch time, so they could enjoy a meal whist socialising with other people who lived at the service. People we spoke with told us they were able to choose what they wanted at meal times and staff provided them with the level of support they required.

The service had good relationships with other professionals who were involved in people's care and support. Staff were able to assist people to make or attend medical appointments if this was required. One person told us, "Staff are on the ball and will contact my GP if I am under the weather." Care plans provided names and contact details of relevant professionals such as GP's, occupational therapists and district nurses who were involved in people's care. This ensured staff had access to relevant information should a person need medical support.

Good

Is the service caring?

Our findings

People told us staff were kind and caring in their approach. One person said, "The staff help me with anything that is causing me stress. They are good like that. They all have very caring natures and I really am quite fond of them all."

Discussions with staff demonstrated that they were passionate about ensuring people were treated with dignity and respect. One member of staff said, "Everything I do is about the person and making sure they are comfortable. Everyone, no matter what age and ability, should be treated with dignity and respect and it is something I am quite passionate about." One person told us, "I couldn't ask for better care. They are so kind and lovely, and they would not do anything that would make me feel awkward or uncomfortable." Another person explained how staff ensured they were comfortable when personal care was being provided and stated, "Staff are very observant. They cover me when providing personal care and make me feel at ease."

People told us they valued the fact that staff listened and respected choices they made. One person said, "If I want to change my mind that is fine, staff would never make me do anything I didn't want to." Another person said, "Staff sometimes help me decide what to wear but they never make the decision for me. It is the same with activities – sometimes I want to go and other times I don't. It is always my choice."

People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. Information on advocacy services was available and the registered manager was clear of the process they would need to follow if an advocate was needed.

Discussions demonstrated that staff and the management team were familiar with peoples likes, dislikes and preferences. They could recall people's preferred call times, relatives and professionals who were actively involved in their care and what each person's hobbies and interests were. For example, a team leader explained how they were familiar with a person and noticed a decline in their mental health and ability when they suffered a bereavement. As a result, additional support was put in place. The team leader went on to say, "If we didn't know people as well as we do we might not have picked up on that change."

People were encouraged to build and maintain relationships with others when they moved to the service. One member of staff said, "Because we know people really well we can usually judge who will get on with who, for example they might have the same hobbies or lived in the same area. I just feel if they can build relationships with other residents when they move here it makes the move that little bit easier and people settle quicker." During the inspection we observed people spending time in communal areas having general chats and discussions in a calm and relaxed atmosphere.

Care plans had been written to ensure staff were aware of people's abilities and promoted their independence. One member of staff told us, "When one person moved here they required two staff to help with transfers. We soon realised the person's abilities were not being utilised, so we asked for an assessment to take place. They now only have one staff to assist them and they are much happier. I think in a way they

feel like they have more control." People confirmed staff promoted their independence. One person told us, "Staff do things with me, not for me."

Initial assessments and rotas showed people were able to choose a time they would like staff to visit and we found this had been accommodated where possible. Consideration was given to people's religious beliefs. For example, if a person wished to visit church on a Sunday morning an earlier visit would be arranged. People were confident their calls could be moved to accommodate their daily routine. One person said, "If I want to go out with my relatives for lunch, staff will come earlier to help me get ready. They are very accommodating like that."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Comments included, "Nothing is ever too much trouble", "Staff are flexible so that it fits in with me" and "They have put in extra calls when I have been unwell which shows they are responsive."

The management team had begun to work closely with the housing provider when conducting initial assessments. This was to ensure the service was suitable and staff would be able to meet people's needs. The team leader said, "We work really well with the housing provider and I feel they value our input. The last thing anyone wants is for a person to move in and not be able to manage. We have to make sure we can meet their care needs as well as their housing needs."

People told us they were made to feel welcome when they moved to the service. One person said, "They made an effort to make sure I was ok and settled well. Staff were all extremely friendly and helpful and if there was anything I didn't understand, staff were more than happy to talk me through it."

Care plans were in place and addressed each person's care and support needs and focused on what was important to each individual. For example, a personal care plan included what a person was able to manage independently with regards to transfers and when staff would need to offer support.

People told us they had been actively involved in the development of their care plans and often discussed their support needs with staff. One person said, "I am aware of my care plan and what is in it." Whilst another person said, "I don't want that worry about care plans. I get asked all the time. I just want to continue with my excellent care. My family deal with that side of things and I am happy with that."

The registered manager told us that although people's wishes with regards to end of life care were not formally recorded, discussions had taken place when relevant. They went on to say, "Quite often people don't want to discuss end of life with us and we respect their wishes, but I agree we should record this and I will look to implement this as soon as possible."

Each person had daily records contained within their care files which were completed by staff whenever care and support was provided. Information recorded within these records was clear and provided appropriate level of detail as to what support had been provided. There was evidence that these daily records were regularly checked by management to ensure they were completed appropriately.

Staff handover meetings took place daily, and these were used to ensure staff coming on shift were aware of any concerns or changes to people's support needs. A written handover was also in place and we found this has been completed consistently. One member of staff said, "Handovers are thorough and recorded. If I have been on a couple of days leave and come back to work I read through the handover notes and that brings me back up to speed. They are useful."

Whilst staff were not responsible for the provision of activities we were told staff worked in collaboration

with the housing provider to ensure a variety of activities were provided. One member of staff said, "We can make suggestions to the housing provider. So, for example, if we know there are a few people who would like a movie night we suggest it and the housing provider arranges it."

People also told us staff kept them informed of any activities on offer and encouraged them to participate. One person said, "I have a better social life here than I ever have done." Observations throughout the inspection showed staff supporting people to access activities as well as spending time having general chats in communal areas.

The provider had a complaints policy and procedure in place and all the people we spoke with were away of the process and who to approach if they wished to raise any concerns. Comments included, "Of course I know how to complain. There is no reason to as everything is and always has been fine" and "I know how to raise a complaint, but it is not something I have ever done or ever needed to do." Records showed there had been no complaints made. Discussions with the registered manager demonstrated they were familiar with the process to follow should a complaint be raised.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was aware of the Accessible Information Standard. Care plans contained information about people's preferred method of communication, whether they could communicate their needs and the support they required with their communication. The provider was able to provide information to people in large print, easy read, braille and a number of different languages if this was required.

Good

Is the service well-led?

Our findings

People told us the service was well-led and the management team were approachable, friendly and responsive. One person said, "The management are available if I need to speak to them and I know the staff all feel supported and enjoy their job because they tell me."

There was a manager in post who was registered with CQC. They were also responsible for another service owned by the provider. They were supported by two team leaders who took responsibility for the day to day running of the service.

Staff told us the management team were supportive and always available to provide advice and guidance. One person said, "I love my job and I do feel I get the support I need. [Team Leader name] is really supportive and we all get on well as a team." Another member of staff told us they respected management and said, "They are not afraid to get stuck in – they even do care shifts which I think is great. It helps to know they understand challenges we face."

The team leaders conducted quality assurance audits to allow them to monitor and improve the service where needed. We found evidence that daily visit reports, medication records and care plans had been audited to ensure they had been completed appropriately and contained relevant information. We found these audits had been effective in identifying shortfalls and it was clear action had been taken as a result. For example, they had identified that medication start dates had not always been recorded. This had been discussed in staff meetings to highlight the shortfalls found.

The registered manager was supported by a senior management team who visited the service on a regular basis. These visits were used to allow senior management to conduct quality checks and offer advice and guidance where it was needed. Records showed the last senior management visit had been recorded and feedback had been provided to the registered manager, although visits prior to this had not been recorded. The registered manager told us, "Following an inspection at another service I manage it was identified that senior managers were not recording their visits. Due to this feedback the provider made improvements and all senior management visits are now recorded."

People told us they were regularly asked to provide feedback on the service provided both formally and informally. Questionnaires had been submitted to people who used the service in October 2018 and contained extremely positive comments. The registered manager told us the responses had been reviewed and they were in the process of putting together an action plan. The registered manager said, "There was only one negative comment and that was that the person did not know how to raise a complaint. I am going to send the complaints policy out to everyone to be sure they have the information they need."

People told us they participated in monthly 'resident's meetings.' One person told us, "I try to attend the monthly meeting and usually find them useful. I do think we are listened to." A team leader told us the meetings were arranged by the housing provider but staff at Rivendale Extra Care were encouraged to participate to ensure people could discuss all aspects of the service with relevant staff. One member of staff

said, "We have a great working relationship with the housing provider and I think that is why the service runs so smoothly and people are happy here."

Staff were provided with the opportunity to share ideas on how the service could improve as well as discuss people's current needs and any concerns they had in regular staff meetings. Meeting agendas were displayed in advance, so staff were aware of the purpose of the meeting. Minutes of these meetings were made available for any staff who had been unable to attend to ensure they were kept up to date. One member of staff said, "Meetings are usually informative, and I know management work hard to ensure staff are kept up to date with regards to any changes." The registered manager also attended regular management meetings with some of the provider's other registered managers. These meetings were used to share best practice and ideas on how services could improve.

The registered manager was in the process of completing an additional qualification in Health & Social care. They told us, "The qualification has been a huge benefit to me. I have started to put together a new risk assessment document, which I think will record risks to people and how they are managed much better than the documents we use now."

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.