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Rivendale Lodge EMI Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Rivendale Lodge is a residential care home providing personal care and accommodation for up to 27 older people, who live with dementia. There were 25 people living at the home at the time of the inspection one of whom was in hospital.

People's experience of using this service

Quality and governance systems were maintained, and the electronic care planning system was fully established. However, the system needed to be developed further to ensure all records that are required to be kept are completed. For example, some records related to continence and supporting people to move were not consistently completed. Guidance in relation to when medicines prescribed on an 'as required' basis were not detailed. The provider had no formal procedure for monitoring the running of the service.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Enhanced cleaning had been instigated as a result of the pandemic, staff had received additional training and the home had a visiting procedure that ensured as far as possible people's safety from Coronavirus.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. There were safe procedures to ensure people received their medicines as prescribed. Relatives and professionals spoke positively of the care provided by staff.

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

Rating at last inspection and update

The last rating for this service was Good (published 19 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, 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.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Rivendale Lodge EMI Care Home

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 could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

There was one inspector.

Service and service type

Rivendale Lodge 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 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

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service and the service provider, including the previous inspection report. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, a senior carer, a general assistant and a member of the cleaning staff.

We reviewed a range of records. This included three people's support care plans, health and safety records, daily records and medication records for everyone.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff rotas, two support care plans, training records and a wide range of quality assurance records. We received feedback from one health professional and three people's relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes, absolutely, very safe." Another person told us, "I feel physically safe, but not always emotionally safe. I'm finding it hard to find my place here." We explored this with the registered manager who confirmed the person was new to the service. It was evident staff had spent time supporting the person to settle in. We saw staff had provided nail care to the person during the day. The registered manager confirmed they would continue to assist the person to settle in.
- A relative told us, "The (manager) and her staff have worked tirelessly to keep the residents safe, cared for and entertained in this time (pandemic). They have adapted to the many changing guidelines to allow as much access and contact for the residents, with a visiting cubicle quickly constructed and an outside shelter for visitors when necessary."
- Staff had received training and were aware of their responsibilities to safeguard people from abuse and any discrimination. They were aware of the signs of abuse and how to report safeguarding concerns. Staff told us they would report any concerns to the registered manager so that a referral could be made to the local authority. A staff member told us that they always received feedback on any safeguarding matters.

Assessing risk, safety monitoring and management

- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if someone had an increased risk of falling, a risk assessment was carried out alongside guidance from the local falls team to determine the safety measures to be taken.
- There were some minor inconsistencies in relation to records for one person who needed support to move regularly to prevent skin breakdown. These have been reflected in the Well-led question as the record keeping had not impacted on safe outcomes due to the consistent staff team.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency. Staff were able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and, checks on electrical appliances safety and moving and handling equipment. Water temperatures were monitored regularly.
- 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. All staff had received training on MCA and DoLS. Decisions specific assessments had been carried out in relation to people's ability to understand a range of matters such as medicines and vaccines. Where appropriate, best interest meetings had been held.

Staffing and recruitment

- There were enough staff to meet people's needs safely. There were two staff vacancies, one for day shifts and one for nights. Vacant hours, annual leave and staff sickness hours were covered through staff working overtime and when needed, agency staff were used.
- There were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends. A health professional told us, "They are well organised when I attend, and all the staff members seem to want to help. They very rarely have agency staff in, showing they have no issues with staffing levels."
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were procedures to ensure medicines were managed safely. A detailed medicine's audit was carried out monthly. Where shortfalls were identified actions were taken to address matters promptly.
- There were safe procedures to ensure medicines were correctly ordered, stored and given appropriately. Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.
- A relative told us that their loved one, "Had very dry skin before moving to Rivendale. However, I have noticed that their skin is now so much better." They felt this was down to the consistent support of the staff team.

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.
- The provider had followed government guidelines relating to visiting arrangements at the home. All visitors had to show proof of a negative COVID-19 test taken on the day of the visit. Temperatures were taken and PPE provided to relatives and professional visitors to the home. Visits took place in a visitor's pod that could be attached to the lounge. All visits were by appointment only to allow time for set up and cleaning. A

relative also told us, "We have also had visual visits through the window with 'chat' by phone and also been able to book 'What's App' visual conversations with a dedicated phone number." Whilst the above was in line with guidance on the day of our inspection it should be noted that government guidance changed the day following our inspection. We received a copy of the home's updated visiting procedures.

Learning lessons when things go wrong

- The registered manager told us that they used to have problems with medicines but since changing pharmacy and implementing a new ordering system this had resolved the situation so that people received their medicines as prescribed.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we found improvements had been made and the provider was meeting the regulations. However, further work and time was needed to ensure on-going improvement and changes that had been made were embedded into everyday practice. At that time the home had introduced a new electronic care plan system and they were still getting used to it. At this inspection the electronic systems were fully up and running and were generally working well.
- However, there were some areas where improvements were needed. For example, one person needed to be turned regularly throughout the day and records did not always show this was done. Although there were prompts on the system to alert staff if people had not met their hydration needs or continence needs there was no regular analysis of this to ensure staff had taken urgent action to address these. We assessed that the lack of records had a very low impact as there was a consistent staff team who knew people well. The emergency lights were serviced on a quarterly basis and staff were meant to do a monthly check of the system, but the monthly checks had not been completed.
- Some people took medicines on an 'as and when required' basis (PRN) for example, when they were anxious or agitated. Some protocols provided limited information about when they should be used. Support care plans were more detailed but there was no link to refer staff to follow the guidelines in the support care plans before giving medicines. Staff did not always record if the medicine given had been effective. Following the inspection, the registered manager confirmed that protocols had been updated.
- Although the provider visited the service regularly, we were told they did not enter the home. The registered manager updated the provider by phone and email and when they visited, they looked at a range of records and staff met with the provider in the garden. Since the start of the pandemic there was no formal system to keep a record of these visits.

The above areas require improvement. Following the inspection, the registered manager confirmed that action had been taken to address the record keeping issues.

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

- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently

displayed in the home and on the provider's website.

- The registered manager was open and knowledgeable about the service, the needs of the people living there, where improvements were required, and how they were hoping to develop the service further.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt supported. One staff member said, "I feel supported, I would raise if I had a problem. If I need anything I ask and (manager) gets it." Another staff member told us that as they all knew each other so well they did not have to wait for supervision as there was a lot of informal support throughout the day.
- The registered manager told us they felt very well supported in their role. They said the provider visited weekly and was very approachable and that they also responded by phone or email quickly when they had any queries.
- A health professional told us, "The manager is well organised and always communicates any issues with any of the service users. (Manager) is prompt in returning emails or phone calls we may need to make."
- Staff told us that meetings were held regularly. Records demonstrated that a wide range of matters were discussed and staff were encouraged to share their views.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us, "I cannot praise the manager highly enough for the way in which she helped us with his move at what was a very difficult time. Since living at Rivendale he has done extremely well with the excellent care he receives."
- Another said, the registered manager is, "Outstanding, she bent over backwards in trying to help him settle in. She and the staff team manage his needs well. They distract him when he says he wants to leave using a very gentle and patient approach. They are very good at keeping in touch with us."
- Annual surveys were carried out to check views of people's relatives. Seven relatives responded to the last survey. In response to a question about how they could improve, one relative said, "Not really, possibly greater opening up of the conservatory to give resident more downstairs space." We saw that this area was used on the day of inspection for activities. Another relative responded, "Brilliant staff, always feel welcome. (Manager) always lets me know if there is a problem and I know my mother is well looked after."

Working in partnership with others; Continuous learning and improving care

- Referrals had been made for specialist advice and support when needed. The registered manager confirmed they had good relationships with all the professionals who supported people. They said they welcomed the support provided by the local authority and the department of health when they had an outbreak of Coronavirus.
- The registered manager told us their GPs had been and continued to offer brilliant support to the home. With support from their community pharmacy team, changes had been made to some people's medicines with the aim of ensuring that people only received the medicines they needed.
- The registered manager confirmed the home received weekly phone calls from a paramedic practitioner. Calls were used as an opportunity to monitor people's medicines and answer any queries they had.
- The registered manager told us they met up regularly either in person or virtually with other registered managers to discuss the care industry and to share ideas and practice. They found these meetings very productive. They had also attended a range of training and webinars provided by the local authority during the pandemic that were very supportive.