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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?

Good ●

Summary of findings

Overall summary

About the service

Rivendale Lodge is a residential care home providing care and support for up to 27 older people living with dementia and other age-related health needs. There were 24 people living at the home at the time of our inspection.

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

We found improvements had been made following the last inspection.

People told us they were happy and enjoyed living at Rivendale Lodge. Relatives felt their loved ones were supported and received a high level of care and support. The registered manager had worked at the home for many years. Visitors, staff and relatives spoke highly of the registered manager. Feedback from visitors included that management and staff worked together as a team to ensure people were happy and well looked after at all times.

Staff were able to tell us what actions they would take if they suspected anyone was at risk of abuse. The registered manager completed notifications to the local authority and CQC when required.

Staff were able to demonstrate how they used the electronic care system to log care provided. People's daily care needs were recorded in care plans and risk assessments. Staff were completing a detailed account of how people had spent their day in the daily records. This included people's activities, visitors, mood, food and fluid intake and general information to share with other staff. This meant that staff had access to relevant information to enable them to provide safe care.

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. People told us they felt involved in their care and were able to spend time doing the things they enjoyed. When appropriate people's Next of Kin (NoK) or Lasting Power of Attorney (LPoA) were involved in decisions.

People received their medicines safely and there were appropriate Infection Prevention Control processes in place.

There were enough staff to meet people's needs. Many staff had worked at Rivendale Lodge for many years, when new staff were employed, safe recruitment processes were followed. Staff told us they enjoyed working at the home and felt supported. Staff received supervision and appraisals. Regular staff meetings had also taken place, this was an opportunity for information to be shared and gave staff a chance to feedback their views.

There were systems and process in place to ensure good governance was maintained throughout the home. This included maintenance and fire safety checks and auditing of documentation.

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

At the last rating for this service was good (published 13 May 2022)

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rivendale Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Rivendale Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rivendale Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed all information we have received about the service since the last inspection, including statutory notifications sent to us by the home about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Not everyone living at Rivendale Lodge was able to tell us what it was like to live at the home. We spent time in communal areas observing interactions between people and staff in order to better understand people's experiences. We spoke to 4 people who used the service and one visitor. We spent time observing care and spoke with 3 care staff and the registered manager.

We reviewed a range of records. This included 4 people's electronic care records in full and another 2 to look at specific areas of mental and physical health needs. We also looked at medication administration records (MAR) and 2 staff files in relation to recruitment. We reviewed accident, incident processes, staff supervision and meetings, and a variety of records relating to the management and maintenance of the home including audits and quality assurance systems.

Following the inspection, we received feedback from a further 3 relatives and 3 health professionals who visited the home regularly.

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. 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 living at Rivendale Lodge, one told us "I am very looked after here." A relative said, "I would definitely recommend Rivendale Lodge and have no concerns whatsoever about my mother's care. I know, under the managers strong and ethical leadership, Rivendale Lodge will be able to offer my mother continued kindness, contentment and security for the remainder of her days."
- Staff demonstrated a clear understanding on how and when to report concerns if they felt someone was at risk of harm from abuse. Staff said, "Anything I was worried about I would speak to my senior or the manager who would report it."
- Safeguarding referrals were completed by the registered manager to inform other agencies when required including the local authority and CQC.
- Accidents and incidents were recorded on an electronic care system, copies of this were reviewed by the registered manager to ensure appropriate actions had been taken and required follow up completed. We discussed with the registered manager ensuring that sufficient detail was consistently recorded to identify wounds or injuries more effectively, including the completion of a body map. This was implemented immediately.
- Staff had access to policies and procedures to support best practice.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to advise and inform staff. Daily notes were clearly recorded. This meant details around people's care provision and general wellbeing were accurately documented. Staff knew people well and were responsive to their needs in a kind and patient manner.
- Care plans and care provision were recorded on an electronic system. Staff carried handheld devices to enable them to update care and support provided immediately.
- The home appeared well maintained and nicely decorated. There was a programme in place for redecoration as needed. New flooring had recently been replaced in communal bathrooms.
- Rivendale Lodge had a maintenance person who carried out regular environmental checks around the home. Visiting professionals were also used for servicing and checks. Including gas, electrical safety and legionella. Maintenance was completed for equipment used for moving and handling.
- A recent fire risk assessment had been completed. People had individual Personal Emergency Evacuation Plans (PEEPS) if an emergency evacuation was required. Fire safety checks were completed, including emergency lighting, fire alarm drills and maintenance of firefighting equipment.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were systems in place to ensure relevant safety checks had been completed before new staff began working at the home. This included references and Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff working to support people's needs in a timely manner. Staff told us they felt staffing levels were appropriate and that they had time to sit with people. One said, "We are encouraged to actually spend time chatting and doing activities with people rather than just doing tasks. I love doing people's nails or just having a chat, it means that you get to know people and they respond well to it."

Using medicines safely

- Systems were in place to support people to receive their medicines safely as prescribed. We observed staff giving medicines and completing documentation appropriately. Medicines were stored securely.
- As required (PRN) medicines were recorded when given, including the reason and whether the medicine had been effective. Some people required PRN protocols; the registered manager took action to ensure these were in place immediately following the inspection. People were not at risk as staff administering medicines knew them well and had a good knowledge of the medicines prescribed.
- Medicine audits were completed, and policies were in place to support staff. We discussed with the registered manager that although staff competencies checks were taking place, these needed to be documented to evidence they were being carried out as part of staff ongoing training and development.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 was following the latest guidance in relation to visiting. Relatives told us they felt able to visit freely and they usually contacted the home first to tell them they were planning to visit.

Learning lessons when things go wrong

- The registered manager was open and transparent and told us they appreciated feedback to ensure they continually improved.
- Following a safeguarding incident, appropriate actions were taken to ensure the incident did not reoccur. This demonstrated lessons learned and actions taken forward to facilitate ongoing improvement.

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 has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found improvements were needed in relation to the recording of some daily care needs and the recording of monthly fire safety lighting checks. At this inspection we found improvements had been made.

- The registered manager had been at Rivendale for many years, as had a number of care staff. Relatives and health professional commented on the positive impact this had on the way care was provided. One relative told us "If every care home had a manager like [person's name] the world would be a better place, nothing is too much trouble for the people in her and the staff care."
- People told us they were well looked after and supported to spend their time how they chose. One person said they liked to spend time in their room doing crosswords, but staff encouraged them to come to the lounge and spend time with others which they enjoyed.
- Staff demonstrated a good understanding of people's individual support needs and personalities and responded promptly when people became anxious or upset. A relative told us, "My mother suffers with dementia and poor eyesight which results in her frequently being agitated and in need of lots of personal one-to-one contact. I am constantly impressed by how kind and understanding the team are in their care of my mother."
- Staff were clear about their roles and felt they were supported. Staff were kept informed with regular staff meetings and received one to one supervision and appraisals. Staff felt the registered manager had an 'open door' policy and that the service was well managed.
- Senior care staff had delegated tasks including care plan writing and reviews and medicines, and there were designated maintenance and housekeeping staff. The registered manager maintained oversight of these areas to ensure all tasks were completed.
- Quality assurance and auditing systems were in place. The registered manager carried out regular checks and observations to ensure all aspects of care and the environment were maintained. These included reviews of people's care plans, daily care notes and accident/incident reports. This ensured oversight of the day to day running of the home.

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 regulatory requirements including those under the duty of candour. Statutory notifications which are required by law, had been completed and sent to CQC when required.

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

- There was a relaxed and friendly atmosphere at the home. People engaged openly and freely with staff and each other.
- Families told us they felt involved in people's care and were consulted when decisions were made. For example, a person had needed to move to a lower floor bedroom following an injury. Discussions had taken place involving the GP, family/Next of kin and the registered manager. One relative told us, "If I have any issues to discuss, I know I can raise them and be certain that action will be taken quickly." Another said, "Questions are always answered to my satisfaction. We feel ourselves fortunate that we found such an appropriate and caring home."
- Quality assurance surveys were sent to families to enable them to feedback their views. The registered manager told us they were in regular contact with many families by email or WhatsApp. Relatives confirmed there were good channels of communication.

Continuous learning and improving care

- Staff and the management team were keen to continually learn and improve care. Following a recent incident, actions were taken and lessons learned taken forward to continually improve the service.