

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rivermede Court is a purpose-built residential care home providing personal care to up to 80 people. The service provides support to older people with age-related frailties and people living with dementia. At the time of our inspection there were 54 people using the service.

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

People and family members told us the service provided safe care and they were comfortable to speak with staff or management if they had any worries or concerns. Staff received safeguarding training and understood how to prevent and report allegations of abuse. Staff told us they were confident the registered manager would act on any disclosures.

People received medicines from trained and competent staff. The service was clean, and staff practised good infection control to help protect people from the risk of infectious diseases. Our observations confirmed this.

People's health risks were assessed and managed safely. Where people required equipment to move and position, staff followed care plans to ensure they were supported safely. Detailed guidance was in place for staff to follow, for example, where people required support to safely manage their diabetes.

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. We observed staff frequently asking for consent before supporting people whilst respecting their autonomy.

Quality assurance processes were effective in identifying areas for improvement, shortfalls were addressed at the time or shortly following audits. Management listened to and acted upon feedback from people, family members and staff.

Staff and the management team worked with health and social care professionals to improve people's care and well-being. Staff spoke of a good working relationship with external agencies and visiting professionals spoke positively of the service.

### Rating at last inspection

The last rating for this service was good (published 15 June 2021)

### Why we inspected

We received concerns in relation to safe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rivermede Court on our website at [www.cqc.org.uk](http://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.

# 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 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 2 inspectors and a regulatory coordinator.

#### Service and service type

Rivermede Court 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. Rivermede Court 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

We reviewed the information we held about the service and the service provider. 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 looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service, 2 family members, 1 healthcare professional and 10 staff members. This included carers, the registered manager and deputy manager. We spent time observing people and staff interactions with them in different areas of the service. We reviewed a range of records which included people's care records and medication records. We reviewed 4 people's records and looked at 5 staff files in relation to the recruitment practice followed. Records relating to the management of the service were also reviewed, this included, health and safety records, quality audits and notes of meetings. We also received written feedback from 10 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were administered their medicines safely by trained and competent staff. We observed, and people told us they received their medicines at the right time.
- Staff were guided by protocols to enable them to identify when people needed their 'when required' (PRN) medicines. However, we found that certain medicine administration instructions were not sufficiently detailed. We fed this back to the registered manager and following the inspection, they submitted a detailed action plan to address this matter. This action plan was developed in consultation with the GP.
- Staff completed training and had their competencies assessed before being permitted to administer medicines to people. People had personalised medicine profiles which specified their preferred way of taking medicines, we observed staff administering medicines in accordance with the profiles.

### Systems and processes to safeguard people from the risk of abuse

- Processes were in place to safeguard people from the risk of abuse. People told us they could freely speak with the registered manager or staff if they were worried about anything. A person told us, "I feel safe, and the staff are all good." A family member told us, "I have never had any issues and never felt that things were unsafe (in the home). Another said, "They very quickly put in any recommendations from the GP and I have absolutely no concerns about [relative], staff all seem to care very much about [relative]."
- Staff received safeguarding training and were knowledgeable about what constituted abuse and the action they would take if they suspected people were at risk of harm. Staff knew who to report concerns to, both internally and externally if required. A staff member said, "Safeguarding is reported at different levels, to the team leader, deputy, registered manager and pushed right up to the local authority and CQC if I felt it would be necessary."
- The registered manager demonstrated their knowledge of safeguarding. Where required, safeguarding incidents had been identified and appropriate referrals had been made to the local authority.

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

- Risks were managed safely and people and family members were involved in assessment of risk. These risks were assessed and reviewed regularly to promote people's on-going safety.
- Care plans guided staff on how to support people to mobilise and transfer safely. A family member who previously raised a concern told us, "[Registered manager] listened to what I asked, responded to my concerns and I feel assured by this." Another told us, "Staff know [relative] very well and manage their risks to avoid any injury."
- Other assessments addressed people's individual health needs. For example, risks associated with diabetes. There was clear advice and guidance to support staff in meeting the needs of people who lived with diabetes. This advice was written in consultation with health care professionals. A health care

professional told us, "Staff often flag up things when we are here, they do not hesitate to seek support and advice."

- Staff were able to describe how they supported people to manage their individual risks. For example, one told us, "It is really important to go at [person's] pace and not push because they get very upset and could hurt themselves."
- Incidents and accidents were recorded, and reviewed by the registered manager. They used this to identify any learning and any action to reduce risks, and where relevant, to inform reviews with health and social care professionals.
- The registered manager was keen for the service to learn and make improvements and told us that lessons were learned and shared when things went wrong. They said, "When an incident happens we reflect on this and identify training needs." They described how, in response to an incident, a dementia specialist was engaged to observe staff interactions, to offer feedback and where necessary, support staff to reflect on their practice.
- Regular checks of the premises were completed and overseen by the maintenance and management team. The checks included fire safety, legionnaires and electrical safety. Equipment was stored and serviced appropriately, risk assessments were in place for people who required equipment to safely move and position. People had personal emergency evacuation plans (PEEPs), which highlighted the level of assistance they required in an emergency.

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 people were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity an assessment had been carried out. Where a person lacked capacity, best interests meetings were arranged to seek the views of people, their relatives, and professionals and the outcomes were documented.
- We saw that people were encouraged to make choices, for example in relation to what they wanted to eat and drink and what they wanted to do, when and how. A family member told us, "[Relative] is given choices all of the time, staff will take time for [relative] to respond."
- Staff received MCA training and demonstrated their knowledge by involving people in decision making.

#### Staffing and recruitment

- Feedback we received confirmed there were enough staff to meet people's needs. The registered manager used a dependency tool to determine staffing levels and required skill mix, in conjunction with feedback from people and staff. A family member told us, "Staff retention is very good and there seem to always be plenty of staff around."
- Care staff told us, "I always feel like there is enough staff, in the morning we are given our groups of residents to get up and dressed but after that we all help whoever needs it." Another told us, "I know we aren't short staffed, but it feels like it is because of the needs of our residents." We raised this with the



registered manager who told us they would review how staff are deployed.

- We observed staff responded quickly to people's requests and they had opportunities to spend time with people. We reviewed call bell audits which demonstrated calls were answered promptly when people used their call bells to request support.
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Prospective new staff were offered opportunities to spend time in the service prior to a formal engagement. The registered manager told us this was to ensure they were right for the service and for people to give feedback on the candidates.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service had a current infection prevention and control policy in place. Staff had completed training in this area and there was sufficient personal protective equipment (PPE) available throughout the home.
- There was a regular cleaning schedule in place and the home was clean and odour-free.

#### Visiting in care homes

Staff were supporting people to have visitors to their home. They were following good practice, ensuring people sanitised their hands when entering the home and ensuring people were not feeling unwell.

# 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 good. The rating for this key question has remained 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

- The registered manager promoted a positive and inclusive culture. People, their relatives and staff were involved in changes and improvements to the service and told us they could approach the registered manager for anything, which made people feel in control of their care.
- People were involved in the running of the service through resident meetings, feedback surveys and management spending time with them informally to gain their views. Feedback was acted upon, for example, the chef responded to some suggested alternatives to the menu.
- The registered manager was positively regarded by people and their relatives. A family member told us, "They do a nice support group which I come to. You get to meet other relatives and it is a chance to be honest. It is a very positive thing." Others said, "I'd say the teamwork is good here, they seem to support each other well. The manager and deputy are around a lot."
- Staff told us they felt valued for the work they did and spoke about the culture in the home. Comments made included, "It is a bag of all sorts here but we all get along so well. The deputy and registered manager treat us all equally and are approachable," and "I feel very supported and can approach any senior if I need to. It is such a lovely place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was clear about their role and responsibilities and told us they were aware not to be complacent and continued to ensure they kept up to date with best practice, regulation, and legislation. The registered manager was supported by a wider management team in the service, as well as managers from the provider's head office.
- Quality systems were in place to monitor and improve the service which ensured regulatory requirements were met. These included a schedule of quality audits including training, medicines management, documentation, equipment, falls and nutrition.
- The provider had a duty of candour policy in place. They told us there had been no incidents which had reached this threshold. Family members told us they were informed of accidents and incidents involving their relatives. The registered manager understood their statutory duty to notify CQC of important events in the service, and these were appropriately submitted. The rating of the service was recorded on the organisation's website as required.

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

- People were seen as central to the service and involved in decisions about the daily running of the service whenever possible. Meetings were held and keyworkers supported people to have their views listened to. This included social events and meals times and menus.
- Staff told us they ensured each person's view was recognised in various situations. For example, a staff member described how it was important to understand that when people did not answer straight away it was not because they did not understand, rather, "They just need time to answer."
- Relatives were positive about the level of communication with managers, staff and the level of involvement. They told us they were regularly asked to share their views about the service.
- Staff told us they felt they were listened to, and their views were taken into account. They said they could share their views at any time and at team meetings, individual supervisions and appraisals and, "We have regular meetings and [registered manager] has an open office session every Thursday and we can discuss any ideas we may have or anything that is on our mind."

Continuous learning and improving care; Working in partnership with others

- Quality assurance processes were in place and were carried out frequently. The provider had recognised the need for improved quality auditing forms and policies and procedures. Policies 'of the month' were rolled out to staff to read and sign to acknowledge their understanding. The registered manager told us this approach was to ensure staff understood operational policies but were not overwhelmed in their learning.
- Staff worked in partnership with health and social care professionals, to inform the best possible care and support. A family member told us, "The home were excellent in making [relative's] transition from hospital easy and stress free for us all." Another told us, "They referred [relative] to the GP and mental health team. The outcome of this was very positive."
- Visiting professionals were positive about the contact and joint working completed. One said, "I have no concerns about the care here. Staff are caring and I see good interactions with people."
- The registered manager and senior management team kept their knowledge up to date by receiving information from agencies such as, the local authority, Skills for Care and CQC. They told us they were embracing CQC's single assessment framework and adapting their internal assessment methodology to fit this.