

# Ideal Carehomes Limited

# Rivendell View

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Rivendell View is a care home registered to provide accommodation and personal care, including to those living with dementia. The service can support up to 66 people, at the time of our inspection 29 people were living at the home. Rivendell View is purpose built and split over three floors with dining and communal areas on each floor. There were large landscaped gardens to the rear of the property.

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

People were protected from the risk of harm and abuse. Staff were knowledgeable and supported people to remain safe. People received their medicines safely and referrals to other medical professionals were done timely and recommendations were acted upon.

Staff were recruited safely and trained to a high standard. There were enough competent staff on shift to ensure people were safe and received good quality care. Staff members told us they were encouraged and given the time to sit and socialise with people to build open and trusting relationships.

People's care needs were assessed prior to admittance to the home and regularly reviewed. People and their loved ones were included in this process and they were encouraged to express their wants and outcomes from the care they received. Care plans were person centred and were reviewed and updated regularly.

Staff treated people with respect and promoted their dignity and independence. People were encouraged to express their views and make decisions about their own care. People and their relatives told us they were updated and advised of changes and included in regular reviews of care plans.

People told us the service was well led and they received person centred care. Relatives we spoke with supported this and told us management were open and approachable. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

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

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

### Rating at last inspection

This service was registered with us on 28 May 2021 and this is the first inspection.

### Why we inspected

This is the first inspection of a newly registered 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.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Rivendell View

## 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

The inspection was carried out by one inspector, a specialist advisor nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rivendell View 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. Rivendell View 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 information we had received about the service and sought feedback from professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people and 14 relatives of people who used the service about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, care assistants, domestic staff, and kitchen staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from harm, neglect, abuse and discrimination by effective safeguarding policies and procedures, and staff knew and understood how to report any concerns.
- Staff were knowledgeable about people's needs and knew how to keep them safe. Staff we spoke with stated their concerns were always listened to by management which ensured people remained safe.
- One relative said, "My [relative] is safe now, staff know them and support them so well, staff tell me immediately if they have a concern."

Assessing risk, safety monitoring and management

- People and staff were involved in assessing and monitoring risk. This enabled people to make informed decisions allowing people to take positive risks and remain as independent as possible.
- For example, one relative described how their loved one had been supported to mobilise without a walking frame. "[Name] was a bit unsteady on their feet and so they've built their stamina up. Now they don't need to use a walker anymore."
- Risk assessments were reviewed regularly and person centred. We saw updates that reflected people's changing needs and recommendations from other professionals, such as sensor mats for people at risk of falls to ensure people remained safe.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- The service was transparent about staffing levels. A dependency tool was used to calculate staffing levels and a board in the reception of the home showed daily minimum requirements and actual staffing levels. This ensured that people were supported safely, and staffing issues could be identified early.
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. 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

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to receive their medicines as they chose.
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as

possible and received their medicine safely

- Staff received training in administering topical medicines such as cream. A staff member told us, "Side effects from these types of medicines can be harder to spot so the training helps with this and makes sure the medicine is suited to the individual."

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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider was open and transparent about safety.
- The registered manager had developed a comprehensive audit tool that was completed daily that successfully highlighted any issues, such as gaps in medicines being administered. Staff received prompt feedback which was actioned immediately.
- Staff knew their responsibilities when error or incidents occurred. They were encouraged to raise concerns and report incidents and near misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.



# Is the service effective?

## Our findings

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

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

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

- Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation, which ensured people received consistent, effective care.
- Comprehensive assessments of people's personal care needs were completed and regularly reviewed. People's required outcomes were identified, and staff were given guidance on how to support people effectively.
- For example, Falls assessments and diabetic care plans contained personalised guidance for staff to identify risks and changes to people's conditions. Staff were supported by information on when and how it was appropriate to seek additional professional guidance.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff were supported with a rolling training programme which was relevant to the health conditions that people at the home were living with.
- One staff member said, "I have had nothing but positive experiences since I started working here, the training is really in depth and management are very supportive."
- A relative told us, "The staff know what they are doing and are well trained, there is always someone around they have time for [person] and me."

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

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately.
- Care and kitchen staff were knowledgeable about people needs and preferences, and worked together to ensure mealtimes were nutritious and an enjoyable social experience.
- A relative told us, "[Name] doesn't like mashed potato and all staff know this and they are offered something else, nothing is too much trouble." Another said, "My [relative] loves the food, there is always a clean plate."

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

- The service had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support.
- Care plans contained information on referrals to other medical professionals. Assessments were updated with recommendations to ensure people's changing needs continued to be met effectively and in a timely

manner.

- A relative told us, "When [relative] was admitted to the home they were underweight, staff weigh them weekly and their weight has increased. They see a doctor once a week who are really happy with their progress since being in the home."
- One professional who worked with the service said, "You can see the staff genuinely care, they are knowledgeable about people and are quick to refer their concerns meaning people can be treated in the home before needing hospital care."
- We saw evidence of external professional advice being followed such as increased blood sugar monitoring for a person with diabetes. This ensured any symptoms of the condition were managed effectively.

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

- People were involved about decisions about the home as well its design and decoration. People told us they were encouraged to decorate their rooms as they chose, and staff supported them to achieve this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made the appropriate applications for DoLS, however, they had experienced delays in receiving those outcomes. The registered manager ensured applications were chased at regular intervals and people and families were updated on progress.
- Where delays had been experienced appropriate best interest decisions had been used and implemented to ensure personal care was less restrictive and lawful.
- Where legal authorisations were in place the provider was meeting these conditions and staff were knowledgeable about the MCA and people's rights.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at the service. Care planning fully encompassed the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service.
- The management team had implemented a scheme called 'This is me' and a staff member explained, "We asked people to talk about their life, jobs and what's important to them. Then we can match that individual to staff members that share similar interests. That way interactions are truly person centred."
- We witnessed a large variety of activities across the day, including flower arranging, quizzes and exercise classes. Each activity was well attended. Staff participated in making activities a social occasion with humour and banter which showed positive relationship which had developed between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. People's relatives were included where appropriate. The provider was honest and transparent about the limits to the care they could provide and signposted people to additional support appropriately.
- The service had a residents committee which met monthly. One person told us, "It's really good and the manager listens, we didn't like soup and sandwiches every day for tea, now we get a menu to choose from it's lovely."
- Relatives told us they were involved in all aspects of care planning and were always updated about changes no matter how small. One relative said, "I've been included in everything, the care plan was done when [person] was admitted and they phone me with updates and to discuss changes, I know [person] is getting the best care."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected and staff ensured confidentiality was maintained.
- One relative told us, "They respect [person's] privacy. They tread a fine line between care and independence. [Person] locks their bedroom and staff always knock the door to be let in, we can't ask for anything more."
- The service and design of the home ensured there were as many private areas as communal areas where people could be alone or see visitors privately. This promoted and supported people's privacy, dignity and independence.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to them. People had been involved with and agreed to the content of their care plans.
- Reviews of care plans took place regularly. Updates happened when people's needs or wishes changed. Care plans contained the guidance for staff to follow in relation to health conditions people were living with. This helped staff identify and act on changes quickly.
- People were supported by a 'key worker'. A key worker was a dedicated staff member who had detailed knowledge of people's condition and time to build trusting relationships. This helped people to express their views and preferences and ensured social inclusion.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were clearly detailed within their care plans.
- Staff told us how they had received training to recognise people's changing needs. This included regular checks and maintenance on equipment such as hearing aids and eyewear.
- The registered manager described how information could be made available in different formats, such as large print and easy read to ensure everyone received consistent information in a timely manner.

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

- The provider encouraged people to maintain and develop social relationships. The provider described how they were trying to build links with the local community and residents had recently taken a visit to the local school for teacher appreciation day and given out hampers.
- The provider ensured there was a full activity programme available 7 days per week. Where people did not want to participate in group activities, we saw staff spending time in people's rooms doing activities of their choosing.
- One person told us how he had wanted to return home to visit family members. "Staff have helped me do this on my own, I practiced catching the bus and where I needed to get off. I now do this on my own."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Records showed complaints were acknowledged and investigated and people and their relatives were provided with updates.
- A relative told us, "I have never needed to complain, any questions or concerns I have are always dealt with quickly. I've been introduced to the manager but never needed to see her as staff have always kept their word and done what they said they would do."
- A person living at the home told us, "I know the manager and where to find their office, I can go and see them at anytime to discuss things or just have a chat."

#### End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. People and their families were asked about their wishes and this was continuously reviewed, sensitively, throughout end of life care.
- Staff were knowledgeable about people's wishes and understood the importance of having open and honest conversations about end of life care.
- One staff member said, "It's so important that people can tell us what they want and need before it happens, it makes delivering care less stressful for people and takes some of their worry away."

# Is the service well-led?

## Our findings

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

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

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

- The provider's visions and values ensured people were at the heart of the service. People told us the registered manager was approachable and listened to them.
- All the staff we spoke with told us it was a positive environment to work in and that they were valued and respected. One staff member said, "We are making a big impact developing the outcomes within the home, because people are listened to."
- A relative told us, "I went to their first relatives'/family meetings a few weeks ago. The manager told us that they were over the level of required staff, so they never have to use agency staff. This is something I like. They include us in everything."

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 provider understood and acted on its duty of candour in an open and honest way.
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people would be informed and actions would be taken to make things right.

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

- The provider had ensured that all staff had a clear understanding of their roles and responsibilities.
- The clinical lead told us staff were upskilled and received continuous feedback to ensure risks were identified and staff always remained motivated to delivered high quality care.
- Staff told us there were regular team meetings and daily meetings that kept them up to date. In addition, staff said that management encouraged them to have informal meetings within their teams to promote supportive working.

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

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard, including phone calls, meetings and feedback forms.
- Relatives told us there were regular coffee mornings and monthly feedback meetings as well as the registered manager having an open-door policy. One relative said, "They (staff) are very kind to us and are

supportive. They really are trying to do things is the right way."

- People were encouraged and supported to live their life to the full considering their equality characteristics such as religion. This ensured people received person-centred care and achieved their personal goals

Continuous learning and improving care; Working in partnership with others

- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and nurses
- The registered manager had a clear action plan for ongoing improvements to the service that was constantly reviewed through daily and weekly audits and shared with staff.