

Rivendell Care Service Care Home Service

Rivendell House
Oak Road, Rivendell
Birnam
Dunkeld
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Telephone: 01350 727 512

Type of inspection:
Unannounced

Completed on:
2 September 2024

Service provided by:
Rivendell Care Services Limited

Service provider number:
SP2007009286

Service no:
CS2007159904

About the service

Rivendell Care Service provides respite and permanent accommodation to support 'individuals who, for reasons of age or disability, are no longer able to live fully independent lives within the community.' It is registered to provide care for up to 26 people. The services stated aim is to "provide the highest standard of support and care in a comfortable home from home environment."

Rivendell is situated in the centre of Birnam in Perthshire and within close proximity to local shops. There are excellent transport links to Perth, Stirling, and Glasgow as well as easy access onto the A9.

Residents have access to a well-kept garden area with a seating area and the garden also provides fresh vegetables that are used by the home. The garden is overlooked by two communal lounges.

About the inspection

This was a follow up inspection which took place on 29 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with three people using the service and one of their family (in passing). We spoke with staff and management, observed practice and daily life and reviewed documents.

Key messages

Staff had recognised the need to refer people to other healthcare professionals for specialist support (for example, the dietician).

Staff were in the process of incorporating the advice of other healthcare professionals into daily care.

The manager was working on a new person-centred care plan format and had started reviewing peoples' care and support plans as part of this work.

A named resident had not experienced positive outcomes in respect of person-centred care and support.

The service had failed to recognise a potentially harmful incident and report this to the relevant organisations in a timely manner.

The service had taken no action in respect of improving complaints management.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

Due to concerns identified during the inspection, the quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection.'

How good is our leadership?

2 - Weak

Due to concerns identified during the inspection, the quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements at or since the last inspection' for more information.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 23 August 2024, the provider must demonstrate that the service has systems in place to ensure that the health needs of people who live in the service are adequately assessed and met.

In order to do this, the provider must:

- a) Ensure that care plans developed collaboratively with service users and/or their representatives.
- b) Ensure that care plans accurately reflect peoples' health needs, goals and the care and support interventions needed to provide the best support.
- c) Ensure that staff have the necessary knowledge, skills and experience to assess when people who use the service require further assessment, investigation or treatment.
- d) Demonstrate that staff will contact relevant healthcare professionals promptly when people who use the service require treatment or their health condition is not improving.
- e) Ensure that staff have the necessary skills and experience to work in conjunction with external professionals when people who use the service require investigations or monitoring to be carried out.
- f) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists.
- g) Ensure that planned support is fully implemented for people with specific health needs including medication, tissue viability, weight loss, under nourishment, dehydration and constipation.
- h) Ensure that managers and responsible staff monitor and audit people's health needs robustly.

To be completed by: 23 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 19 June 2024.

Action taken on previous requirement

As this was a follow up inspection, we focussed on the wellbeing of one named person whilst observing day to day activity within the care service to inform our findings.

There had been an improvement in respect of referrals to other healthcare professionals and their advice being incorporated into care plans. The service should continue this work and that any actions or requests are followed up promptly.

The manager had started transferring peoples' care plans on to a person-centred format. The manager told us that she planned to complete this work by November 2024.

The new care plans had been written from the perspective of the person receiving care and signed by a staff member. We found that a separate document had been used to verify that the person receiving care agreed with all the care plans. Where people are able to actively participate in the care planning process, it would be important that they be given the opportunity to contribute, read, sign and date each individual care plan. Where people are not able to participate, their representative should be given the opportunity to do so. This would support robust collaborative working.

We were concerned that the care plans for a named person did not accurately reflect needs. We found the named person to be struggling with activities of daily living, which resulted in consistently poor outcomes. Care plans did not provide sufficient guidance on how to respond if the named person refused support with personal care. It would be important to consider this in a person-centred manner, whilst promoting independence as far as possible.

We recognise that staff had completed many training courses, however, this had not resulted in positive outcomes for the named resident. Basic care needs had not been met and a known risk had not been assessed.

Pain management remained a significant concern, with pain affecting the named resident's ability to comfortably mobilise and participate in activities they may enjoy. Senior staff had not recognised the need for a separate care plan for pain, relying on the 'PRN protocol' in the medication records. This would not provide sufficient information in respect of how pain may present. It would be important for staff to assess the non-verbal signs of pain to ensure that the correct medication or treatment could be given. Care plans should demonstrate how the efficacy of the medication or treatment is monitored and action to be taken should pain not improve.

Whilst we recognise the efforts of the manager in respect of the new care plan format, there were significant inaccuracies and omissions in respect of the named person's care. We provided the manager with verbal and written feedback in respect of the poor outcomes witnessed.

This requirement has not been met and will be re-stated with a new date of 16 October 2024.

Not met

Requirement 2

By 23 August 2024, the provider must demonstrate that people experience safety, kindness, and compassion from the staff who support and care for them. In doing this, the provider must ensure that:

- a) All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- b) Ensure that incident reports are completed in a timely manner and, where applicable, notification reports are sent to the Care Inspectorate.
- c) Ensure that adult protection processes are followed when safeguarding issues occur.
- d) Ensure that people are supported to express their views without judgement.
- e) Ensure people are valued and respected as individuals, with their care and support planned in a person-centred manner.

This requirement was made on 19 June 2024.

Action taken on previous requirement

The importance of supporting people to express their views without judgement had been included in care plans. It would be important to build on this respectful approach in line with the ethos of the service.

We found that the service had appropriately notified the Care Inspectorate of two incidents. We found that there had been two other incidents which had not been identified as potentially harmful or managed appropriately. This demonstrated a lack of understanding of the adult protection process and previous lessons learned.

This requirement has not been met and has been re-stated to 16 October 2024.

Not met

Requirement 3

By 23 August 2024, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) Review and update the complaints procedure in line with best practice.
- b) Review the complaints procedure regularly to ensure it remains current and accurate.
- c) Ensure that residents and their representatives are provided with a copy of the complaints procedure and are aware of how to raise concerns or complaints.
- d) Develop the skills of managers and staff in respect of recognising, investigating, and responding to complaints.

- e) Develop the skills of managers and staff in respect of escalating complaints to the appropriate person.
- f) Ensure that all complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.
- g) Ensure lessons learned from complaints are shared with the staff team.
- h) Ensure that the management of complaints is included in quality assurance processes.

This requirement was made on 19 June 2024.

Action taken on previous requirement

We found that there had been no progress in respect of this requirement.

The complaints policy had not been reviewed or updated since our last visit.

The manager told us of her plans to have the complaints policy sent to all residents and their representatives. This had not been actioned as yet.

We found that the service had not reviewed the way in which complaints and concerns were logged. This made quality assurance challenging and increased the risk of complaints not being identified or adequately addressed.

As stated under requirement 2, we became aware of two incidents which had not been recognised as potentially harmful, therefore, not reported appropriately. The manager told us that she had started an investigation relating to one complaint, but had not followed up on the second complaint, which involved the named adult. We discussed this with the manager and provided guidance in relation to complaints that should be notified under adult protection processes.

As there had been no progress in respect of requirement 3, the timescale will be re-stated to 16 October 2024.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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