

## Rivendell Care Service Care Home Service

Rivendell House  
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Birnam  
Dunkeld  
PH8 0BL

Telephone: 01350 727 512

**Type of inspection:**  
Unannounced

**Completed on:**  
27 January 2025

**Service provided by:**  
Rivendell Care Services Limited

**Service provider number:**  
SP2007009286

**Service no:**  
CS2007159904

## About the service

Rivendell Care Service is registered to provide permanent and respite accommodation for up to 26 individuals who, for reasons of age or disability, are no longer able to live fully independent lives within the community. It is situated in the centre of Birnam in Perthshire within close proximity to local shops. From Birnam, there is easy access to the A9 and there are good transport links to Perth, Stirling and Glasgow.

Residents have access to a well-kept garden and outside seating area overlooked by two communal lounges. The service's stated aim is to "provide the highest standard of support and care in a comfortable home from home environment."

## About the inspection

This was an unannounced inspection which took place on 17 and 18 December 2024. The inspection was carried out by three 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 five people using the service and four relatives
- spoke with four members of staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were supported by a committed and caring staff team.
- There were sufficient staff on duty to meet people's needs and support meaningful interactions.
- Physical exercise and movement were promoted throughout the day.
- People were consulted on and involved in decisions about the way the service operated.
- People were supported with meaningful activities.
- Since the last inspection, improvements had been made to care plans and quality assurance processes.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We found that there were many important strengths that supported good quality outcomes for people, therefore we evaluated this key question as good.

Rivendell Care Service has a calm, welcoming and homely atmosphere. People were treated with dignity, compassion and respect and we observed kind and caring interactions between staff and those they supported. It was clear that staff knew people well and were committed to supporting people to achieve their individual outcomes.

Staff spoke with people using appropriate language that was respectful and promoted their rights and dignity. Families we spoke with told us that communication with the service was very good and that they were kept informed of any changes to their relatives' needs.

Mealtimes were a calm and sociable experience, and attention was paid to people's dietary requirements and individual preferences. People had regular access to fluids and snacks and people requiring assistance were supported in a discreet and sensitive manner.

People's support was directed by a range of health assessments. The service had good links with external health professionals, staff sought their advice and made appropriate referrals when required. This meant that people received appropriate healthcare. Care plans and risk assessments helped guide staff as to the support people required and how they wished to be cared for. Staff were diligent in their recording and there were good processes in place for monitoring people's health and wellbeing. This helps support people's health, ensures any changes are identified quickly and that people's wellbeing is not compromised by insufficient monitoring or poor communication.

The service managed people's medications well and there were robust protocols in place for the use of 'as required' medications. The medication system and auditing process in place meant that people received their medication as prescribed.

## How good is our leadership?

4 - Good

We evaluated how good the service's leadership was and found important strengths that had a positive impact on people's experiences and outcomes. We concluded that the performance of the service in this area was good.

The manager had implemented a range of audits and quality improvement systems to monitor and assess key areas of the service. Audits were linked to improved outcomes for people and helped support the development of the service. These quality assurance processes help ensure good oversight and we saw that there was a whole team commitment to driving improvement.

Staff benefitted from regular supervision and a range of in person training. A training matrix provided oversight of training completed and helped track when refresher training was due. This helps ensure that staff maintain their knowledge and skills to care for people. We saw that there were regular staff meetings; these supported the sharing of information and led to improved communication within the service.

The manager had an open door policy and staff we spoke with told us that the manager was approachable and they felt valued and listened to. This helps promote a culture of openness where staff feel confident to raise any concerns or issues. The manager spent time on the floor and was always ready to step in and provide hands on care when needed.

Regular meetings were taking place with residents and staff, the minutes of these demonstrated that people were involved and listened to and that their suggestions were acted on. Relatives told us that any questions or concerns they had were responded to and dealt with promptly and that there was always a member of staff available to speak with when they visited.

Improvements were informed by residents' views, relatives' feedback and best practice guidance. This demonstrated that people were consulted and involved in shaping the direction of the service and we were confident that people's needs were the main focus for any decisions or changes made.

### How good is our staff team?

**4 - Good**

We identified important strengths that had a positive impact on people's experiences and outcomes, therefore we evaluated this quality indicator as good.

People were supported by a dedicated team of staff and there was a real sense of people working as a team to the benefit of those they supported. All staff were aware of their roles and responsibilities and we heard how mentorship for new staff was positive and supportive. Consideration was given to staff's knowledge and skills, with newer and less experienced staff supported by those with more experience.

We observed staff interactions with people, and these were friendly and compassionate. Staff spoke warmly of the people they supported and residents and their loved ones confirmed that staff were kind and caring. Positive relationships between staff and people help to achieve good outcomes and experiences for people receiving support.

Throughout the inspection staff were visible and accessible. There were sufficient staff on duty to attend to people's needs and to engage in meaningful interactions with people. This was appreciated by residents and their families, and also by staff. This meant that people felt valued and listened to.

### How good is our setting?

**4 - Good**

We found that there were many important strengths that supported good quality outcomes for people, therefore we evaluated this key question as good.

It is important that people have opportunities to be involved in meaningful activity which helps enhance their wellbeing and supports good mental health. The service had good connections with the local community and people accessed services and activities locally and further afield.

People commented positively about the quality of food served and the range of menu choices. People were consulted about their interests and how they wanted to spend their time; this was reflected in the range of activities on offer. There was a timetable of planned and themed activities that included celebrating important dates and events such as birthdays, Halloween, St Andrews Day and Burns.

If specific outings or resources were requested, the service tried to ensure that these were provided. The Rivendell newsletter shared information on activities that had taken place as well as those planned for the following month. This enabled families to share the experience with their loved ones and enabled residents to continue the enjoyment past the actual event. People we spoke with said there were plenty of things to do and those who chose not to engage in group activities were offered one to one time. All staff were engaged in planning and carrying out activities and there were sufficient staff on duty to allow for meaningful conversations with people. This meant that people's care was not solely task driven and that everyone benefitted from meaningful interactions in a way that suited them.

There was a strong focus on supporting people to maintain their strength and mobility and people had access to regular physiotherapy, daily exercise and strength and balance sessions. People we spoke with told us about the positive impact of these sessions for their mobility and overall physical health and wellbeing.

## How well is our care and support planned?

4 - Good

We evaluated this quality indicator as good. There were several important strengths which clearly outweighed areas for improvement. These strengths had a positive impact on people's experiences and outcomes.

Care plans and risk assessments provided clear and detailed information that directed the care and support people received. People and their representatives were involved in their development, and support plans were written with warmth and respect for the person they represented. Consideration was given to ensuring people's abilities and what they were able to achieve independently was documented. This allowed for a more enabling approach to people's support. Support plans and risk assessments were updated when needed and reviewed monthly as routine. This meant that people's support plans continued to be reflective of their needs and any associated risks.

Six-monthly reviews were taking place as required and there was a tracker in place to ensure these were kept up to date. There was evidence that people and their representatives were involved in this process. This values people and recognises them as experts in their own care and experiences.

Legal documents were in place; this ensured the service was clear about who had decision making powers for the person if needed.

## 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 people's 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

We reviewed several support plans, these were person-centred and demonstrated that residents had been involved in the care planning process. Support plans and risk assessments were up to date and provided clear information as to people's care needs. We found that a separate document had been used to verify that the person receiving care or their representative agreed with all the care plans. There was clear guidance for staff to follow should someone decline support with essential aspects of their care. Reviews were taking place regularly and the manager had good oversight of this.

Records related to professional visits demonstrated referrals to other healthcare professionals in a timely manner. The management of medication had improved and, where a person's medication had changed or the dosage increased, this was monitored for efficacy.

The manager had worked hard on staff training and this was evident from the training matrix and needs analysis. It was positive to see reflective learning was encouraged and evidenced in training records.

This requirement has been met.

## Met - outwith timescales

### 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) incident reports are completed in a timely manner and, where applicable, notification reports are sent to the Care Inspectorate.
- c) adult protection processes are followed when safeguarding issues occur
- d) people are supported to express their views without judgement
- e) 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

Accidents and incidents were clearly documented and referrals were made to other healthcare professionals as needed. Any resulting actions were followed up and were documented in people's support plans.



We found evidence of residents' views being sought and respected and the importance of supporting people to express their views without judgement was included in people's support plans.

The service had appropriately notified the Care Inspectorate of incidents and staff we spoke with had a good understanding of adult protection processes.

This requirement has been met.

## Met - outwith timescales

### 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

The service had reviewed and updated their complaints policy; the revised policy gave clear information on how to raise a complaint. This policy had been shared with all residents and their representatives.

There was a complaints log in place and complaints were dated and logged appropriately. Recording was detailed and of a good standard and we saw that action was taken to investigate and resolve complaints at an early stage. It was evident that staff had a much better understanding of complaints and the process to be followed, including the process for any adult protection concerns.

This supported the quality assurance measures in place and reduced the risk of complaints not being identified or adequately addressed.

This requirement has been met.

**Met - outwith timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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