Innocare Limited

Riverslie

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

This unannounced inspection took place on 25 June 2018.

Riverslie is registered to provide nursing and residential care for up to 30 people. Accommodation is provided over three floors, with the dining room, lounge, manager's office and some bedrooms on the ground floor. A lift and ramps allows access to all parts of the home. There was a large enclosed garden to the rear. At the time of the inspection 19 people were living at the home.

Riverslie is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in November 2017, we identified breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to submit a plan detailing what action they were going to take to address the breaches. The registered provider submitted a plan and as part of this inspection we checked to see what action had been taken by the registered provider. During this inspection we checked to see if sufficient improvements had been made and we found that they had.

At our last inspection, the environment was not always safe. This was because some of the fire doors did not close properly and the emergency lighting did not work; some windows on the upper floors of the home did not have window restrictors and the temperature of hot water to sinks in people's bedrooms was too high.

As part of this inspection we looked at the environment and saw that fire doors to people's bedrooms closed fully and that the emergency lighting had been replaced. Window restrictors had been fitted to people's bedroom windows. A temperature control mechanism had been installed which meant that the hot water temperature to the sinks in people's bedrooms was at a safe level.

During the last inspection, we noted that sluice doors did not have secure locks. Cleaning chemicals were kept in the sluice rooms which meant that people could access them. We made a recommendation regarding this. During this inspection we saw that sluice doors had been fitted with secure locks and cleaning chemicals were kept securely in a locked cupboard.

At our last inspection the audit processes in relation to maintaining a safe environment were not always effective; this was because identified risks in the environment had not been recorded. At this inspection we

looked at audits for safety and monitoring of the home and found that they were completed appropriately and identified areas of concern.

Each of the people we spoke with told us they felt safe living at Riverslie. Staff we spoke to understood their responsibilities in relation to safeguarding people from abuse and mistreatment and were able to explain how they would report any concerns.

We found that medicines were managed safely. Medicines were stored correctly and were administered by staff who were trained to do so.

We looked at how accidents and incidents were reported in the home and found they were managed appropriately.

We looked at the recruitment records for three members of staff. We saw that each staff member's suitability to work at the home had been checked prior to employment to ensure that staff were suitable to work with vulnerable people.

We looked at care records belonging to four people. We saw that people's care requirements were appropriately identified and recorded. We also saw that people were appropriately referred to external health professionals when required. This helped to maintain people's health and well-being.

People and their relatives were involved in the formulation of their care plans. We saw that people's preferences were taken into account. Staff supported people in a person-centred way and treated them with respect. Staff were familiar with people's needs and requirements.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) in order to ensure people consented to the care they received. The MCA is legislation which protects the powers of the people to make their own decisions.

Staff we spoke with told us that they enjoyed their jobs and considered Riverslie as a homely environment for the people living there.

We found that there were enough staff on duty to meet people's needs. Interactions we observed between staff and people living in the home were warm and caring. Staff treated people with respect and took care to maintain people's dignity.

Both staff and people told us there was no set routine, people confirmed they had a choice regarding their daily routine and how they wished to spend their time.

There was an open visiting policy for friends and family. This helped people feel supported. For people who had no one to represent them, the service would support them in finding an advocate to ensure that their views and wishes were considered.

The home employed an activities co-ordinator who facilitated varied social activities and people told us they were able to have a say in what activities they would like to do.

We asked people what they thought about mealtimes and feedback was positive. People told us they had a choice of main meal and had devised a two-week rolling menu to suit their likes. We spoke to staff who were knowledgeable about people's preferences and dietary requirements.

The home had a complaints procedure in place and both the staff and people we spoke to told us they would feel comfortable in raising any concerns they had with the manager.

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.

The premises were safe and well maintained.

Medicines were managed and administered safely in the home.

There were enough staff on duty to ensure people's needs were met.

Is the service effective?

Good

The service was effective.

We found that Deprivation of Liberty Safeguards applications had been made appropriately. Staff were knowledgeable in their understanding of supporting people when they lacked capacity to make informed decisions.

Staff were well supported in their role through training and regular supervisions.

Appropriate referrals were made to relevant health professionals to maintain people's health and wellbeing.

Feedback regarding meals was positive and staff were knowledgeable about people's dietary needs and preferences.

Is the service caring?

Good

The service was caring.

Interactions between staff and people living in the home were positive. People told us staff were kind and treated them well.

We observed people's privacy and dignity being protected during the inspection.

Family and friends were able to visit when they chose.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and informative. Staff were knowledgeable regarding people's care needs.

Activities were provided both in groups and on a one to one basis and were based on people's preferences.

There was a complaints policy in place and people knew how to make a complaint if needed.

Is the service well-led?

Good

This service was well led.

Systems were in place to monitor the quality and safety of the environment and identify any concerns.

There was an extensive set of policies to provide staff with guidance.

Systems were in place to gather feedback from people and listen to their views.

Feedback regarding the management of the home was positive.

Riverslie

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 June 2018 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law.

We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the deputy manager, the activities coordinator, three members of care staff and three people who lived at the home. We also spoke to three relatives on the telephone.

We looked at care records belonging to four of the people living at the home, three staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We undertook general observations of the service and the care people received. We used a number of different methods to help us understand the experiences of people who lived at the home. For example, we used a Short Observational Framework for Inspection(SOFI) tool. SOFI is a specific way of observing care to help understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

At our last inspection in November 2017, we found the safety of the environment was not always maintained to ensure that people were kept safe. This meant the service breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that appropriate action had been taken to address these concerns.

We looked at the safety of the environment and saw that improvements had been made. At our last inspection, some of the fire doors to people's bedrooms did not close properly and the emergency lighting did not work. Some of the windows in people's bedroom did not have window restrictors in place. This meant that the registered provider had not done all that was reasonably practicable to ensure that the physical environment of the home was safe for the people who lived there. As part of this inspection we checked to see if the necessary improvements had been made and found that they had.

Work had been carried out to ensure the fire doors to people's bedrooms closed properly and emergency lighting had been replaced. Window restrictors had also been fitted to bedroom windows, this helped to maintain people's safety by minimising any risk of falling from windows. Doors to the sluice rooms had been fitted with secure locks and cleaning chemicals were stored in a locked cupboard. This helped to ensure people were kept safe. The registered provider was no longer in breach of regulation.

We looked at systems in place for monitoring environmental risk in the home. Firefighting equipment was maintained and people had a personal emergency evacuation plan (PEEP) in place. This meant that staff and emergency personnel had important information on people's needs in an emergency situation and the support they required to evacuate in the event of an emergency. External contracts where in place for gas, electric, fire safety and legionella. Additional checks and audits were completed by the registered manager such as water temperature, automatic door closure devices, fire alarms and call bells. We saw evidence that internal checks also identified areas for improvement. For example, the flooring to people's bedrooms were being replaced to make them more hygienic. There was also a full-time maintenance person on site to help maintain the internal and external parts of the home.

We spoke to people who told us they felt safe living at the service, comments included, ''We feel safe here, the building is safe and the staff keep us safe'' and, ''I feel safe in this building, I know its secure.''

We spoke to staff to check their understanding around safeguarding people from abuse, maltreatment and neglect. Training records showed that staff had received training in this area and staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse. All of the staff we spoke with told us they would not hesitate to report any concerns or signs of mistreatment or abuse. One staff member told us, ''If we had any concerns we would not hesitate to tell the nurse on duty and the manager and if we felt it was appropriate we would go to the local authority or CQC.''

We looked at staff rotas and found there was enough care staff on duty to meet people's needs. The service also used a dependency tool to help ensure there was sufficient staff on duty at any one time. This helped

the home to allocate enough staff to meet people's needs. On the day of inspection there was a registered manager, deputy manager, an office administrator, a registered general nurse, an activity co-coordinator and three care staff on duty to support 19 people living in the home. We saw there were sufficient staff available to meet people's needs and that staff responded quickly when people required assistance. One person we spoke to told us, ''We are never kept waiting, there is enough staff and they work hard.''

We looked at care files which showed evidence of a range of risk assessments and tools used to help keep people safe. This included individual risk assessments for areas such as moving and handling, falls, choking and nutritional risks. These assessments were regularly reviewed and kept up to date. For example, one care file showed that the home had referred the person to a dietician due to a decline in their weight.

We looked at how staff were recruited within the home and found they were recruited safely. We looked at four staff personnel records to check that appropriate checks had been carried out to ensure they were safe to work at the home. We looked at records such as application forms and proofs of identity. We saw that previous employer references had been obtained prior to employment and disclosure and barring service (DBS) checks had been made.

We looked at the systems in place for managing medication in the home. We found that medicines were stored safely and managed appropriately. We saw that medication was stored in a locked clinic room which was kept clean and tidy. The temperature of the room and the medication fridge was recorded daily to ensure it was within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively. The home used an electronic medication administration system to give people their medication. This system helped to ensure that people received the right medication at the right time. One person told us, ''I never have to wait for my medication, I always get it on time.'' A medicine policy was in place to advise staff on the registered provider's medication policy procedures. Nationally recognized best guidance on the administration of medication was also available.

We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. We saw that controlled drugs were kept securely in a locked cupboard. We checked the stock balances of the controlled drugs and found them to be correct. We also checked to see if they had been checked by two members of staff before administration and found that they had.

We saw that 'as and when required' PRN protocols were in place for some medicines to help ensure people received their medication. PRN medicines help ensure people receive their medication when needed, for example, when people are in pain. The use of topical medicines such as creams and lotions were recorded appropriately.

The home was clean and odour free. Staff had access to personal protective equipment (PPE). This is equipment used to help reduce the spread of infection. Regular audits in relation to infection control measures were completed and any issues of concern were identified and acted on.

We looked at accidents and incident reporting within the home and found they were recorded in sufficient detail and managed appropriately. They were reviewed by the manager and analysed for any trends or patterns. This information was then used to further improve people's safety, for example, referrals to other health professionals or changes implemented to people's care plans and risk assessments.

Good

Is the service effective?

Our findings

People living at the home told us they were happy with the way the service was delivered and how well staff cared for them. One person told us, ''The staff are so supportive, they are always happy and smiling and willing to go the extra mile, it's like a family unit here, it feels like my home and I wouldn't want to be anywhere else.'' A relative of a person who lived at the service told us, ''They love it here and are happy, the staff treat them so well.'' Another relative told us, ''The nurses are fantastic and so attentive.''

Both staff and people living at the home told us there was no set daily routine and people had a choice of what they wanted to do and when they wanted to do it. One person told us, ''We can have a bath or shower whenever we want, we can get up when we like and go bed when we want, that's what makes it homely.''

We saw that some people in the home smoked cigarettes. For those people, a shelter and bench had been constructed in the garden to make a designated smoking area.

People we spoke with told us they thoroughly enjoyed their meals and had devised a fortnightly rolling menu. This ensured that people were eating foods they preferred and enjoyed the most. One person told us ''We enjoy the food here, it is good, we have a choice of main meals and there is a good selection at breakfast.'' One person told us, ''If I want a cooked breakfast every day I can have it.''

We spoke to the registered manager who told us that they planned to introduce a pictorial menu which would help people identify what they were having to eat each day. We noticed that the current fortnightly menu was displayed on the wall of the dining room so that people knew what was on the menu for that day. We observed staff supporting some people in the dining room during lunch time.

Staff were patient and calm in assisting people who required it and took care to offer people choice. People who required assistance were provided with appropriate support. We observed that the food looked appetising and well presented. The tables were nicely laid with vases of flowers in the centre. The dining room was arranged so there was one large table in the centre and smaller tables around it so that people could choose to dine in large or smaller groups or on their own if so desired. For people who preferred to eat their meals in their bedrooms they could.

We looked at care records for four people. They contained information on how staff supported people with their dietary needs. Care records demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately. Staff we spoke with were aware of people's individual dietary requirements. We also saw 'kitchen notification' documents which were used to inform the chef and kitchen staff of people's dietary needs and food preferences.

The care records we looked at showed care plans which reflected both the health care needs of the person in line with their personal preferences, for example, we saw that people were referred to external health care professionals appropriately, this included the GP, speech and language therapist teams (SALT), opticians, podiatrists, district nurses, physiotherapists and occupational therapists. This ensured that people's health

needs were met and helped to preserve their overall wellbeing. For instance, one person's nutritional risk assessment showed they were at risk due to swallowing difficulties and staff had made the referral to SALT for advice. A new care plan had been created to incorporate the advice given by SALT. This was good practice as it helped staff to meet the individual health care needs of people living at the home.

We looked to see if the home was working within the legal framework of the MCA (Mental Capacity Act 2005). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. For example, people had consented to provision of care, use of bed rails and management of medication. One person we spoke with told us, ''I decide about what happens to me and the staff are very supportive with this.''

Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at the records for three people who had DoLS authorisations in place. We found there was an effective process to record any restrictions in the best interests of people living at the home. We saw that relatives had been consulted during this process.

People we spoke to felt that staff had the knowledge and skills to meet their needs, one person told us, ''The staff know what they are doing, they know how to look after me.'' Records showed that staff members received appropriate supervision in their job role. The manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as moving and handling, fire safety, first aid and safeguarding. Some of the staff we spoke to had attended a dementia awareness programme. One staff member told us, ''I found the dementia training so interesting, it made me understand the needs of the person more.''

Although all of the staff had completed the training some staff had not updated this training. We discussed this with the registered manager. They told us that refresher training was being organised in the next few months.

During our inspection we observed that staff knew the people they cared for well and provided the right level of support. One person told us, ''The staff are marvellous, when I came here I couldn't walk but with the support of the staff I am now walking, it's impossible to describe how good it is here.''

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people living at the home. One person told us, ''Staff are always happy and willing to go the extra mile, nothing is too much trouble and they listen to you.'' We saw that people were treated respectfully and in a manner appropriate for their needs and level of independence. We also observed the delivery of care at various points throughout the day. Staff knew the needs of the people they were caring for well and provided care in line with people's preferences. We saw people were comfortable and relaxed with staff and there was plenty of chatter and banter.

During this inspection we saw that people's privacy and dignity were respected. We observed staff supporting people in a way that maintained their dignity, for example, staff would discreetly ask people if they required assistance by bending down and whispering in their ear. People we spoke to told us that staff would close their doors when providing personal assistance to afford them privacy. A relative of a person living at the service told us, ''Staff are always careful to respect [my relative's] privacy and dignity.''

We saw that staff encouraged people with their independence. For example, we noted a member of staff stood behind someone when they were mobilising around the garden with their delta frame. People told us they didn't have to wait long for assistance, one person told us, ''I press my call bell and it's not long before they are there.''

People told us the home had an open visiting policy so that relatives and friends could visit at any time. One person told us, ''My daughter can visit anytime and I can also visit her.'' People told us this helped them to feel supported. For people who had no family or friends to speak on their behalf, the home had details of an advocacy service. An advocacy service helps to ensure that the views and wishes of the person are heard.

At the time of the inspection, there was nobody with any specific cultural needs although staff did support people with specialised diets, for example, a diabetic diet.

People's care records were stored securely in a locked cabinet in order to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

We looked at the care records of four people who lived at the service and found that people's preferences in relation to how their care was delivered was recorded. This provided staff with information regarding the extent people wished to be involved with their care. Care records gave staff the information as to what people could do for themselves and what assistance they required. On person told us, ''I remember being asked lots of questions about my care when I first arrived here.''

In some of the care records we saw that 'All about Me' documents were in place. These were one-page profiles which provided information about people such as the name they liked to be called, their past history, family members and former occupation. These documents helped staff get to know the people they cared for and to provide care based on people's individual preferences.

Care records were maintained by staff who reviewed each person's care on a daily basis. We saw that care plans and risk assessments were in place and reviewed regularly. When there was a change in people's needs, care plans were amended and updated. For example, one person's care plan about their dietary requirements provided staff with information about their medical condition and advice about what type of foods they should eat. This meant that staff could provide care and support based on people's current needs and preferences.

Some of the care records showed that people and their relatives had been involved in their care planning. For instance, there were consent forms which had been signed by the person and evidence of best interest decisions involving their family members. A relative of a person who lived at the home told us, ''I am kept up to date [about my relative], the staff call me to let me know, the communication is excellent.''

People we spoke with told us staff knew them well, one person told us, ''I trust [the staff] 100%, they know how to look after me, they know all about me.''

At the time of the inspection none of the people living at the home had specific requirements relating to their culture, sexuality or other protected characteristics, for example race, disability and religion. People told us that they could have access to a minister if required.

We spoke with the activities co-ordinator who worked at the home Monday to Friday and were employed to develop and facilitate a range of activities. They provided activities both as a group and on a one to one basis. Activities were based on people's preferences. Some people were making pompoms to make a rug and other people where knitting squares so they could be sewn together to make a blanket. People told us they had knitted cardigans for premature babies at the local hospital. Activities included sing along, bingo, arts and crafts and jigsaws. There was also a large garden where people could sit at tables and chairs. People told was that they did not go out on organised day trips but that they didn't mind as there was so much going on in the home that they were never bored.

People had access to a complaints procedure and people we spoke with knew how to make a complaint.

One person told us, ''I know how to make a complaint but I have never had to.'' We looked at how complaints were managed and found there to be appropriate systems in place. The registered manager maintained a record of complaints received and the actions taken to resolve them. The outcome of the investigation of complaints was also recorded.

At the time of the inspection, there was nobody receiving End of Life Care. We noted that people's end of life wishes were not recorded in their care files. We discussed this with the registered manager who confirmed they would re-visit people's wishes and record where people did not wish to discuss them.

Good

Is the service well-led?

Our findings

When we carried out our inspection in November 2017, we found that systems in place to monitor the safety of the environment of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we checked what action had been taken to address this.

We saw that audits were now in place with regards to the safety of the environment, fire safety, infection control, care plans, accidents and incidents and medication. Audits we reviewed were up to date and identified areas where improvements were required. We saw that where actions had been identified these had been undertaken. This demonstrated a clear process and showed that systems in place to monitor the quality of the service were effective. The registered provider was no longer in breach of this regulation.

An operations manager visited the service periodically and carried out their own audits. This helped to identify any areas for improvement from an external perspective and provided the registered manager with additional support.

A deputy manager had recently been appointed to provide support to the registered manager. We spoke to the deputy manager who told us they provided assistance with completing staff rotas, audits and other general managerial duties.

We spent time talking to the registered manager who was keen to develop the service further. They told us about their plans to improve the service. Areas identified for development included refurbishment of bathrooms and implementing signage around the home to assist people with dementia. The registered manager also planned to introduce 'pet therapy' sessions into the home.

People's feedback about the management of the home was positive. People we spoke with told us the registered manager was open and approachable and that they felt able to raise any issues or concerns with them. One member of staff told us, ''The manager is always available, I can talk to her about anything and I know they will listen.'' Another told us, ''Because our ideas are listened to, this makes the place better and safer.'' Staff described the registered manager as 'honest', 'approachable' and 'motivated'. Staff told us they were proud to work at Riverslie and 'really loved' their job. They described the service as having a homely environment, one member of staff told us this was because, ''Everyone gets on and works really well as a team.''

We spoke to people living at the service who told us they could speak to the manager at any time. One person told us, ''We can say anything that's not right, tell the [registered] manager and it gets changed.''

We looked at processes in place to gather feedback from people and listen to their views. Feedback included quality assurance surveys and both resident's and relative's meetings. Records showed that regular meetings took place with people living in the home. Topics discussed included mealtimes and activities. We saw evidence that people were listened to as a new menu had been implemented as a direct

result of a meeting. This was good practice and showed that people were involved in the running of the home. One person told us, ''We do have meetings and are listened to, but if we have any ideas we can speak to the [registered] manager anytime.''

We looked at feedback from the quality assurance surveys completed by relatives. Feedback showed that people were 'extremely satisfied' with the care and management provided at the home. One relative had written, ''Staff have been brilliant and they are always cheerful and willing to assist.'' We noted there was not a formal way to gather feedback from visiting professionals, we discussed this with the registered manager who confirmed they were in the process of sending out quality questionnaires. However, we did see a record of verbal feedback given a district nurse who had visited the home and commented on the high standards of care they had seen.

There were also regular staff meetings which enabled staff to share their views and opinions. We looked at a selection of minutes of meetings which showed topics discussed included training, any changes in care and the outcomes of audits and inspections. It was evident that best practice was promoted during these meetings and staff were encouraged to develop the service further, for example, by learning lessons from things that had gone wrong in the past. Staff we spoke to told us the meetings made them feel valued, one staff member told us, ''The meetings are regular and useful and gives us a voice to say anything that's on our minds.''

There was a wide range of policies and procedures in place to guide staff in their roles. Staff we spoke with were aware of the home's whistleblowing policy and told us that they would not hesitate to raise any issues they had. Having a whistleblowing policy helps to promote an open and transparent culture within the service.

The registered manager had notified CQC of any events that had occurred in the home in accordance with our registration requirements. This meant that CQC were able to monitor information and risks regarding the service.