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Riverview Care Home

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 comprehensive inspection took place on 18 and 20 December 2017. The first day was unannounced. This was our first inspection of the service since its change of ownership.

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

Riverview Care Home accommodates up to six adults with a learning disability. There were six people living there when we inspected. Accommodation is situated on the ground and first floors of a house in a rural area on the outskirts of Bournemouth. The kitchen and lounges are on the ground floor. The first floor is accessed by stairs.

The service is managed by its owner, supported by a team of staff.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People, relatives and professionals were pleased with the standard of care and support at Riverview Care Home. The spoke highly of the caring approach of the provider and staff.

People were treated with kindness and compassion in their day-to-day care. The provider and staff knew people well and showed concern for people's wellbeing in a caring and meaningful way.

People were encouraged to express their views and be involved in decisions about their care. Where appropriate their relatives were also involved. The provider and staff had a clear understanding of people's care needs and preferences, and respected these. People and those important to them had opportunities to feed back their views about the home and quality of the service they received.

People were given the information and explanations they needed, in a format they could understand. Care records flagged up where people had sensory impairments or communication difficulties. These issues were addressed in care plans, which were followed.

People's rights were protected because the provider and staff followed the requirements of the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. Wherever people were able to give consent to various aspects of their care, this was obtained. People's privacy was upheld.

People's independence was promoted. Risks to people's personal safety had been assessed and plans were

in place to manage these risks in a way that minimised any restrictions.

People were supported to follow their interests and take part in social activities, education and work opportunities.

There were good links with the local community. People were encouraged and supported to develop and maintain relationships with people who mattered to them.

People had the support they needed to manage their health. The service communicated well with health and social care professionals.

People liked the food provided and made choices about what they had to eat. Their dietary needs and preferences were catered for. People had free access to the kitchen, with staff to support them.

Medicines were managed and administered safely.

People were protected against hazards such as slips, trips and falls, and from the spread of infection. The premises and equipment were kept clean and tidy. They were checked regularly and any necessary repairs were undertaken. Accidents and incidents were recorded and the provider monitored these to ensure necessary action had been taken to prevent further injury or harm.

People were protected against abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

There were sufficient staff on duty to provide the care and support people needed in the way they preferred.

There was a stable staff team, who had the skills, knowledge and understanding needed to carry out their roles effectively. They were well supported. Recruitment checks had been undertaken before they started employment to ensure they were of good character and suitable to work in a care setting.

The provider sought to foster a positive culture that was person-centred, open, inclusive and empowering. They had a well-developed understanding of equality, diversity and human rights, and worked regularly alongside staff to put this into practice.

People and staff had confidence the provider would listen to their concerns, which would be received openly and dealt with appropriately.

Quality assurance systems were in place to monitor the quality of service being delivered.

The provider had notified CQC about significant events. CQC uses such information to monitor the service and ensure they respond appropriately to keep people safe.

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.

People were protected from abuse and avoidable harm.

Risks were managed safely, with the least possible restriction.

There were enough competent staff on duty to provide the support people needed.

Is the service effective?

Good

The service was effective.

People's human and legal rights were respected, as the provider and staff worked in line with the Mental Capacity Act 2005.

People were supported to maintain their health and wellbeing.

The provider supported staff to perform their roles well.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were encouraged and supported to express their views and these were taken seriously.

People were supported by staff who knew and understood them.

Is the service responsive?

Good

The service was responsive.

People, and where appropriate their relatives, were closely involved in developing their care plans and making choices about their care.

People got the support they needed to take part in outside activities and social events.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives, staff and professionals were positive about the leadership of the service.

The service had a positive, person-centred, open and inclusive culture.

The provider sought feedback from people, relatives, staff and other stakeholders and took this seriously.

Riverview Care Home

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 was planned to check 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 was a routine comprehensive inspection. It took place on 18 and 20 December 2017 and was undertaken by an adult social care inspector. The first day was unannounced.

Before the inspection we reviewed the information we held about the service. This included notifications of significant incidents and details of our contact with the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals to request feedback, and subsequently received this from four of them.

During the inspection we met everyone who lives at Riverview Care Home. We spoke with four people and with one person's relative. We also spoke with the provider and two members of staff, and had further brief conversations with another member of staff. We made general observations around the service and reviewed records. These included elements of three people's care records, four people's medicines records, three staff files and other records relating to the management of the service, such as staff rotas and records of audits.

Good

Is the service safe?

Our findings

People told us they felt they or their family member were safe living at Riverview Care Home.

People were protected against abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Information about how to report concerns about abuse was readily available for people and staff. There were procedures and checks in place to protect people from financial abuse.

People were supported to take risks to be as independent as possible. Risks to people's personal safety had been assessed and plans were in place to manage these risks in a way that minimised any restrictions. For example, someone liked to eat crisps but if they did so excessively this could affect a health condition. They had therefore decided with the provider and staff that their crisps would be kept in the office. They had access to them whenever they wished, but this way they could be supported to monitor their diet and any adjustments that might be needed to their medication. Other risk assessments related to matters such as people's mobility, activities and health conditions. Whilst people's risk assessment and management plans were up to date, the provider had an ongoing project to improve their format.

People were protected against hazards such as slips, trips and falls. The premises and equipment were kept clean and tidy. They were checked regularly and any necessary repairs were undertaken. There was a current gas safety certificate and portable electrical appliance testing had been carried out within the past two years. Fire warning systems and equipment were checked regularly, including annual inspections by a contractor and weekly checks by staff. There were regular practice fire evacuations. The provider had identified that people should have individual personal emergency evacuation plans and finished producing these just after the end of the inspection.

People involved in accidents and incidents were supported to stay safe. Accidents and incidents were recorded and the provider monitored these to ensure necessary action had been taken to prevent further injury or harm. Only five accidents had been recorded since the current provider had taken over the home. There had been a series of incidents relating to someone who no longer lived at the service behaving in a way that was challenging to other people. The provider had worked with the person's health and social care professionals to address this. The provider was considering how they would analyse accidents and incidents in future to identify developing trends.

People told us there were sufficient staff to meet their or their family member's needs. Staff also confirmed that there were enough of them on duty to be able to provide the support people needed. The provider had identified that someone needed additional one-to-one staffing in view of their increased needs and had provided this regardless as they continued to liaise with commissioners regarding additional funding.

The service followed safe recruitment practices, although the service had a stable staff team and no new starters had joined since the current provider took over. Checks, including criminal records checks with the Disclosure and Barring Service, were made to ensure staff were of good character and suitable to work in a

care setting. Staff files included application forms, records of interview and appropriate references. The provider also retained records for a regular agency worker, as confirmation that the necessary recruitment checks had been undertaken and that the worker had received key training in health and social care.

Peoples' medicines were managed and administered safely. Storage facilities were secure. Staff who handled medicines had training to do so and their competence was assessed. Where people had medicines prescribed on an as-required basis, clear protocols were not all in place for how staff should manage these, although the provider and staff understood what the medicines were for. The provider took immediate action to put instructions in place. The provider had identified that medicines stock audits could be more comprehensive and took steps during the inspection to make these more robust.

People were protected from the spread of infection. There had been no outbreaks of infection. Staff had training in infection control procedures such as hand washing, and used personal protective equipment such as disposable gloves and aprons, where necessary. A member of staff had been designated as infection control lead and completed quarterly infection control audits. These covered the cleanliness of each area of the house, the condition of the décor and equipment, the processing of laundry, the availability and suitability of cleaning materials and personal and protective equipment, and whether jobs such as descaling kettles and shower heads had been completed. Whilst staff supported people with routine cleaning, audits had identified the need for additional cleaning so the provider had arranged for contractors to undertake a periodic deep clean.

Good

Is the service effective?

Our findings

People were positive about their or their relative's life at the service. A relative told us the service "absolutely suited" their family member, who they felt had become more sociable since moving in there. The relative said their family member told numerous people they loved living there and that the building was always lovely and warm. They also said that the person loved their room. The person separately confirmed this, and other people also said they were happy with their life there.

People's needs had been assessed before they moved in to Riverview Care Home and were kept under ongoing review. People themselves were central to this process, and information was also sought from people's relatives and professionals involved in their care. Their care plans and records reflected their needs and preferences and these were taken into account throughout the inspection. Each person had a 'care passport' that summarised their needs and the key aspects of their care and support, in case the person needed hospital care.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A relative was positive about the support their family member had received to manage their health issues, and confident that staff had received the training they needed regarding these. People's care records showed relevant health and social care professionals were involved with people's care. Care plans addressed people's needs in these areas and were regularly reviewed. The provider added further detail to someone's diabetes care plan during the inspection.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and their relatives expressed confidence in the abilities of the provider and staff. Staff completed training that included safeguarding, fire safety, health and safety, moving and handling, medication, food hygiene and nutrition, and infection control. This was refreshed on a regular basis.

Staff told us they felt supported by the provider and other staff. They had one-to-one supervision meetings with the provider to discuss their work and any training needs or concerns they had. They said they felt able to speak openly at these meetings. These usually happened regularly, but had fallen slightly behind as the provider had had to take some time off work. There was a plan in place to get these up to date, and also to undertake staff appraisals. The provider had made adjustments to support a member of staff with a particular impairment.

People told us they liked the food and were able to make choices about what they had to eat. People's dietary needs and preferences were clearly recorded in their care plans and staff were aware of these. People were involved in deciding on menus and in shopping for food. There was a pictorial menu displayed in the kitchen and we heard people discussing menu options with staff. When we arrived for the inspection, there had just been a supermarket delivery and people were enthusiastically unpacking this. This was a large delivery just prior to Christmas. Staff explained that usually people and staff visited the supermarket but that an exception was made for the big Christmas shop.

Where people needed particular support with their nutrition and hydration this was provided. For example, a person was used particular crockery that enabled them to eat their meal independently and with dignity. Their care plan explained the reasons for this and what staff should do. Someone else had dietary needs associated with a long term health condition. Their care plan set out what they needed and how the person could be supported to make healthy choices.

People had free access to the kitchen, with staff to support them. They readily made themselves hot and cold drinks. There was a one-cup kettle device to help them do so more safely. People could prepare snacks if they wanted, and there was also a fruit bowl people could help themselves from.

The premises were homely and spacious with a large garden. People tended to congregate in the kitchen, but there was also a large lounge with a dining area and a smaller lounge. The communal facilities were downstairs, along with two ensuite bedrooms, which were occupied by people who would have difficulties managing the stairs safely. The remaining bedrooms were upstairs. The movement of furniture was kept to a minimum to maintain accessibility for people with impaired vision. The provider was liaising with the landlord regarding plans to make the exterior more accessible to people with mobility difficulties, including installing a ramp to the front door and replacing gravelled areas with a harder surface.

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the provider and staff acted in accordance with the MCA. Wherever possible, people's consent to their care was obtained. Where there were concerns that someone might lack the mental capacity to make a particular decision, a mental capacity assessment was carried out. If the person was found to lack mental capacity in relation to this aspect of their care, a best interests decision was recorded so the person received the care and support they needed in the least restrictive way possible.

People 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where the provider believed people were being deprived of their liberty they had made DoLS applications to the relevant supervisory body (local authority). They kept track of the expiry date of DoLS authorisations.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring approach of the provider and staff. A relative told us, "They treat [person] with respect. [Person] can have their privacy."

People were treated with kindness and compassion in their day-to-day care. Throughout the inspection staff interacted with people with dignity and respect. Conversations were natural, as one adult to another, rather than as client and worker. When someone who used the service started to use a term that others could see as offensive, staff politely pointed out that this was not acceptable to others and dissuaded the person from saying it.

People received care and support from a provider and staff who had got to know them well. The staff team was well established. People freely approached staff, indicating they felt comfortable with them, and called them by name. The provider recognised that people might prefer to receive support from particular staff and this was allowed for wherever possible. People's care records contained information about them as individuals, to help staff get to know them and to understand their preferences.

The provider and staff showed concern for people's wellbeing in a caring and meaningful way. They noticed when people were showing signs that they might be worried or upset, and took prompt action to provide the support and reassurance needed. A relative told us how the provider was frequently there when their family member was in hospital, saying, "She has been amazing with [person's name]." People's care plans gave clear information about things that might upset people, how people communicated their distress and the support they needed at such times.

People's privacy was upheld. People were able to spend time on their own if they wished and staff made sure that everyone respected this. Everyone had a key to their room. Staff knocked before entering people's rooms and waited for their permission to enter. The provider made sure people were happy for us to see their room before we went in.

People were encouraged to express their views and be involved in decisions about their care. Each person had regular meetings with their key worker, every one, two or three months according to their choice, to discuss their care and support and their plans for the next month or two. The provider explained that people were all able to voice their preferences in relation to their care. A member of staff told us, "Whatever they [people who use the service] want, they [provider and staff] make it possible." The provider confirmed that people would be supported to get independent advocacy to help them represent their views, if they wanted or needed this.

People were given the information and explanations they needed, in a format they could understand. Everyone had a DVD version of their care plan. Quality assurance questionnaires for people in the house were presented in an easy-read format. There were also easy-read versions of some policies and procedures, including finances and money, privacy, risk assessment, medication, contact with friends and family, relationships, personal care, fire, first aid, safeguarding adults and food safety.

Good

Is the service responsive?

Our findings

People told us they or their family member had the care and support they needed at Riverview Care Home. A relative commented, "I could honestly say I'm 100% happy." We also received positive feedback from health and social care professionals about a high standard of care that met people's needs.

People, and where appropriate their relatives, were involved in developing their care plans. Care plans were personalised and thorough, reflecting people's individual needs and choices and giving details of their preferred routines. For example, someone told us they liked to get up at 8.30am, which is what their care plan stated. Care plans covered matters such as people's social and cultural needs, activities, eating and drinking, communication, personal hygiene and health. They reflected what people were able to do independently or with minimal assistance. The provider and staff had a clear understanding of people's care needs and preferences, as set out in their care plans.

Care records flagged up where people had sensory impairments or communication difficulties. These issues were addressed in care plans. For example, a care plan for a person with visual impairment explained the aids and equipment they used, how they maintained their independence at home and the assistance they needed when they were out and about.

People were supported to follow their interests and take part in social activities, education and work opportunities. People told us about the various activities they or their family member were involved in at the service and in the wider community. For example, people went to churches, pubs, sports and social clubs and to watch the football. During the inspection people were mostly out for a range of activities with staff to support them, individually and in groups. The provider told us that everyone who lived at Riverview Care Home led what they did.

The service had good links with the local community, a rural village even though it was situated within the borough of Bournemouth. These included some people being part of the church community in a neighbouring village and, for the time being, a presence at the nearby allotments. People were invited to a wedding of someone from the local community, and also went to local events such as fetes. The service opened its doors to the neighbourhood twice a year, with a Christmas party and a vintage tea party in the summer.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. They were supported to visit and receive visits from friends and family, who were also invited to special events at the service, such as the recent Christmas party. People's care records contained details of people who were important to them.

People told us they would feel able to raise concerns about the service they received. However, there had been no complaints since the service was taken over by the current provider. The service had a policy for managing complaints and concerns. Information was made available to people and relatives about how to raise a concern or a complaint.

Good

Is the service well-led?

Our findings

People and relatives expressed confidence in the leadership of the service. A relative commented that the provider and staff kept them informed of any issues and communication was good: "If I ask them to give [person] a message I know that gets passed on." A recently returned quality assurance form from a relative who had completed it following the Christmas party stated, "I could see for myself that it was a very happy and well run home."

The provider sought to foster a positive culture that was person-centred, open, inclusive and empowering. They had a well-developed understanding of equality, diversity and human rights, and worked regularly alongside staff to put this into practice. A member of staff told us, "Here is a nice place, doesn't feel like a work place, very service user orientated". A relative said, "The staff all seem to enjoy working here and [provider] seems to promote that." People and staff had confidence the provider would listen to their concerns, which would be received openly and dealt with appropriately.

People and those important to them had opportunities to feed back their views about the home and quality of the service they received. The provider also valued feedback from staff. As well as regular key worker meetings where people discussed their care, the provider sent out periodic quality assurance surveys to people, their relatives, staff and professionals. This had been done very recently and results were just starting to come in. All of these responses were positive. There were also regular meetings for residents and staff, where they discussed what was happening at the service.

The provider had worked at the service for a long time before they had taken it over and had developed good working relationships with health and social care professionals. These were reflected in compliments received from professionals regarding the way the provider worked with them. We received positive feedback from health and social care professionals regarding communication from the service.

Quality assurance systems were in place to monitor the quality of service being delivered. The provider had organised monthly audits that included care records, handovers, checks at the start and end of shifts, finances, medicines, training including fire training for staff and residents, fire equipment checks, health and safety, accidents and incidents, concerns and complaints, and compliments. In addition, they had a look around the service every time they worked. As a result of audits and informal looks around, they had ordered radiator covers, which were imminently to be installed upstairs. They had also ordered new furniture for someone who tended to be rather heavy handed with theirs.

The provider was giving consideration to governance and how they might obtain a more independent view of their service. The provider had sourced policies that reflected current legislation and had adapted these for the service. These covered service provision and staffing.

The provider had notified CQC about significant events. CQC uses such information to monitor the service and ensure they respond appropriately to keep people safe.