

Riverside House Propco Limited

Riverside House

Inspection report

Low Stanners
Morpeth
Northumberland
NE61 1TE

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27 August 2019

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Ratings

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

Summary of findings

Overall summary

About the service

Riverside House is a residential care home which provides personal care for up to 46 people, some of whom may be living with dementia. At the time of the inspection there were 45 people living there.

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

People said they were well cared for at this home and made positive comments about the "friendly, caring" staff. People and relatives told us staff were kind, respectful and treated them well. They said there was plenty to do and they enjoyed going out into the local community.

People felt safe and comfortable with staff. Staff were trained in safeguarding people and there had been improvements in the way issues were reported and acted upon.

The home was warm, clean and well-maintained.

There were enough staff to support people's needs and staff were deployed in an effective way. There had been improvements to care and medicines record.

People's needs were assessed and regularly reviewed to make sure their care could be provided by this service. Staff said they had good training and support to carry out their roles.

People said the meals were good and there were plenty of choices. Staff worked closely with other care professionals to support people's health needs.

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

People now received personalised care. Staff respected people's choices. People could lead their own lifestyle whenever they wanted.

Staff knew people's needs and their preferences for how they would like to receive their care. Care records now clearly provided staff with the information they needed to care for people. There were a range of activities and events on offer for people to take part in.

Staff and care professionals said the home had improved since the registered manager returned to their post.

People, relatives and staff said the service was well-run and their views were listened to. The provider had systems in place to monitor the quality of care provided and continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Riverside House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Riverside House is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, regional manager, deputy manager, care workers, activities staff, catering staff, housekeeper and maintenance staff. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records relating to medicines were not always accurate or up to date which place people at risk of unsafe support. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Medicines were managed in a safe way.
- Records about people's medicines had improved. These were now clear, accurate and up to date.
- Medicines were administered by trained and competent staff. Regular audits were carried out to check this was done correctly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives said the home was a safe place to live. Their comments included, "I feel very safe here" and "[My family member] really trusts them and they've protected her".
- Since the last inspection there had been improvements to the way safeguarding matters were acted on. Lessons had been learned from a previous safeguarding matter that had not been reported in the right way. The safeguarding authority told us about the positive improvements made by the registered manager. Any safeguarding issues were now dealt with immediately and in the right way.
- Staff were trained in safeguarding people. They said they understood their responsibility to report any concerns and were now confident about how these would be handled.

Staffing and recruitment

- There were enough staff to meet people's needs.
- At our last inspection we recommended the provider improved the way staff were deployed. These improvements had been made. Staff worked in specific areas of the home to make sure they were on hand to assist people.
- Staff were vetted to make sure they were suitable to work at the home. A small number of staff had not always provided their full employment history. The registered manager addressed this immediately.

Assessing risk, safety monitoring and management

- Staff assessed any risk to people and recorded clear strategies to minimise those risks.
- The maintenance staff carried out regular checks of the premises.
- The accommodation was well maintained, comfortable and safe.

Preventing and controlling infection

- People and relatives said the home was "spotlessly clean".
- Housekeeping staff were on duty until late evening to make sure the accommodation was kept clean and odour-free for people.
- Staff understood infection control measures and used gloves and aprons to make sure they assisted people in a hygienic way.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records relating to people's eating and drinking needs were not always accurate or effective which placed people at risk of poor support with their nutritional needs. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- People said they enjoyed the meals. They said meals were good quality, home cooked and with plenty of choices of food and drinks.
- People's nutritional well-being was assessed and kept under review. Where necessary, staff recorded the amount people had to eat or drink at each meal.
- Specialist diets were catered for. Care and catering staff worked together to make sure people were eating enough to maintain good nutritional health.

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

- People's needs were assessed before moving to the home to make sure they could receive the right support.
- The provider used nationally recognised guidance in care to make sure the service met current best practice standards.

Staff support: induction, training, skills and experience

- People and relatives said staff were competent. Their comments included, "They know what they're doing" and "Staff know their jobs very well".
- Staff had regular training that was relevant to their role. Some staff had additional lead roles to promote good outcomes for people. These included a dignity champion, two moving and assisting champions and the head housekeeper was an infection control champion.
- Staff said they had individual supervision and were "well-supported".

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

- There was signage around the home to help people find their way around.
- An information board in the dining room had pictures of meal choices and times of meals to help people living with dementia.

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

- People received support to access relevant health services whenever this was required.
- People's care records included guidance from health care professionals such as GPs, speech and language therapist, occupational therapists and dietitians.
- The service collaborated with health care professionals to support people's health. A visiting nurse told us, "The service works hard to reassess people's needs if they deteriorate. Staff always follow our guidance and plans."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we recommended the provider improved the consistency of how MCA was applied. These improvements had been made.
- People's capacity to consent was assessed and their rights to make their own decisions was respected.
- Staff followed the principles of MCA and DoLS and people were not unnecessarily restricted.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives made many positive comments about the caring support of staff. They told us, "Staff are friendly and kind; they're always smiling and chatty" and "Staff have been brilliant with [my family member]".
- There was a jolly, warm and welcoming atmosphere in the home. Staff spent time chatting to people as they went around the home. People and relatives told us, "Staff bring a bit of life to the place" and "They treat people like family".
- A healthcare professional commented that they had seen an improvement in the home's atmosphere and said staff were "always friendly towards people".

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

- People and their relatives were involved in regular reviews of their care.
- People said they were encouraged to make their own daily choices and spend time doing the things they preferred. Staff were knowledgeable about people's preferences, how they wanted to be assisted and where they wanted to spend their day.
- The service supported people to access advocacy services where necessary. For example, one person used an independent advocate to assist them to make any significant decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff asked people's permission before entering their rooms or providing assistance.
- People's independence was encouraged, wherever appropriate. For example, some people went out independently. People who could still manage their own medicines were supported to do so with lockable facilities.
- Staff were very positive about the respectful culture in the home. Their comments included, "It's a nice place to work but this is their home and we always remember that."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the provider had failed to make sure people's choices and preferred care routines were supported so they did not receive individualised care. Care records were sometimes out of date or inaccurate. This was a breach of regulation 9 (Person centred care) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulations 9 and 17.

- People's individual routines and preferences were now met. For example, people said they could get up at whatever time they wanted and an early morning trolley meant people were offered a breakfast outside of dining times.
- People and their relatives were now offered the chance to be involved in their own care planning every six months. Care records were now up to date and reflected the specific individual needs of each person.
- Staff told us the service was now focused on person-centred care and the best outcomes for the people who live there.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans which identified their individual ways of accessing information.
- There was information around the home in pictures and easy read at wheelchair height for people and visitors. Information could also be made available in audio format for people with poor vision.
- Staff used visual choices, such as two meals, to help people living with dementia to communicate their choices.

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

- At our last inspection we recommended the provider improved the provision of activities. These improvements had been made.
- There was a range of activities for people to take part in. People commented, "There's always something to join in" and "It's lively and there's lots going on".

- People were given a copy of the activity programme each week so they could choose if they wanted to take part or do other things. One-to-one activities, such as manicures, were provide to people who spent time in their rooms.
- The activity co-ordinator knew people's individual interests and hobbies. They also used resources from a national activities association and other groups to provide meaningful pastimes.
- Several people enjoyed sitting out in the well-kept gardens and trips out to the local shops. One person told us, "We often pop out for a little walk or into the garden. I never feel fastened in."

Improving care quality in response to complaints or concerns

- People had clear information about how to make a complaint. This was available in the hallway for visitors to see.
- People and relatives said they would have no hesitation about raising any issues with the registered manager.
- Complaints records showed that any concerns were looked into and the outcomes shared with the complainant. Reflective practices were used to learn from any complaints to improve the service.

End of life care and support

- People's advanced preferences about their last wishes were recorded wherever these were known. Relatives were highly involved in supporting the people who live here in these decisions.
- Staff were trained and experienced in caring for people at the end stages of their lives.
- The service worked closely with local community nursing services to make sure people were provided with comfortable, pain-free support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider's systems for monitoring and improving the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had a rigorous system of governance to check the quality and safety of the service.
- The registered manager carried a series of checks and audits, including daily observations of practice and regular safety audits. These were overseen by the regional manager who carried out a monthly quality monitoring reports. Any areas for improvement were set out on the home's development plan with an expected completion date. The regional manager then checked these were satisfactorily completed.
- The organisation's quality inspector also carried out three monthly monitoring visits. These were constructively critical audits that considered the potential impact of risk on people, not just audit scores.
- The registered manager understood their regulatory responsibilities.

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

- People and relatives said the service was "well-run". They spoke highly of the registered manager.
- The registered manager had an 'open door' policy and made herself available and people, relatives, staff and professional visitors.
- Staff told us the culture within the staff team had significantly improved over the past year. Their comments included, "The communication between teams (about people's needs) is very good now" and "Morale has gone right up".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibilities under duty of candour.
- The management team were open and honest about previous areas for improvement and how these had been addressed.
- Other care services said they had confidence in the registered manager and the way the home was run. There had been clear improvements to the service since the registered manager returned from a period of

extended leave.

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

- The provider used a survey to seek the views of people and relatives. These were displayed on a 'You Said, We Did' board for people. Their suggestions were acted upon.
- Monthly meetings were held for people and relatives to discuss their views of the home. Three people were 'resident representatives'. They made sure people's comments were sought, even if they did not attend the meeting. The representatives had also been involved in recruitment interviews of staff in the past.
- Staff meetings were held monthly. These included staff suggestions for areas of improvement and reminders of expected practices.

Working in partnership with others

- The service had a strong local community ethos. It had good links with community groups that were meaningful to the people who lived there. These included local schools, churches and the neighbouring Northumberland Society for the Blind.
- The registered manager took part in local authority's care forums to discuss locally-agreed strategies for good practice.
- The provider was part of a wider organisation which held monthly Manager's meetings and National Development days. These groups supported the service with a national perspective on lessons learnt, organisational expectation and future developments.