

WCG Riverside Care Home Limited

Riverside Care Home

Inspection report

Camborne Way
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26 February 2021

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Riverside Care Home is a residential care home providing personal care for up to 50 people in purpose-built ground-floor accommodation. One area of the home, Oakwell, specialises in supporting people who are living with dementia. There were 36 people living at the home at the time of the inspection.

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

People were safe living at Riverside Care Home and relatives told us they felt people were cared for safely. Risks to people's safety were assessed and action taken to mitigate those risks. Staffing levels were appropriate to meet people's needs. Medicines were administered safely. Effective infection prevention and control procedures were in place. The service reviewed incidents to consider learning and identified and took action.

People's needs were reviewed regularly. Staff training was up to date and future training planned. There was a good choice of food, which also supported people's dietary needs. Handovers took place between staff and senior staff. People's health was monitored and people received appropriate access to health professionals. People's rooms were personalised and the environment suitable for people's needs. Consent to care was sought and recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives and staff were overwhelmingly positive about the registered manager and the provider, their openness and how they supported high quality care. The registered manager and staff were clear about their responsibilities; these were well-documented and understood by all. Regular meetings for people, relatives and staff took place. Staff were encouraged to discuss improvements to 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 the service under the previous provider was requires improvement (29 January 2019) and there was one breach of regulation. On 8 January 2020 the service was re-registered with a new provider. At this inspection we found improvements had been made and the provider was not in breach of regulations.

Why we inspected

We received concerns in relation to medicines, staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were unable to be used in calculating the overall rating at this inspection because they related

to the previous provider.

The overall rating for the service has changed from requires improvement to inspected not rated.

We found no evidence during this inspection that people were at risk of harm.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverside Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverside Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector carried out inspection visits on 24 and 26 February 2021 and spoke with staff by telephone on these days. An Expert by Experience undertook telephone calls to relatives.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Riverside Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 on the first day. The inspection was announced for the second day visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback

from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the provider, area manager, registered manager, deputy manager, senior care staff, care staff and other support staff.

We reviewed a range of records. This included aspects of 11 people's care records and eight medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed training data and quality assurance records.

After the inspection

We continued to review information to validate evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Riverside. One person told us, "Carers (staff) are very caring." Relatives comments included: "My relative is in safe hands", "It's a safe place to live", "It's [an] amazing place, like a family", "My relative has a good laugh with the staff and is very well settled there", and, "Riverside Care Home maintains such a system that keeps vulnerable residents and visitors safe, especially during this crisis".
- Staff received training in safeguarding and were knowledgeable about how to spot signs of potential abuse. Staff knew how to report this and were confident action would be taken.
- The registered manager had reported abuse to the local authority when it was identified.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, assessed, recorded, and regularly monitored. Clear actions were taken to mitigate those risks.
- The registered manager completed a pre-admission assessment which identified and recorded key areas. This was used to inform the care plans which recorded how to care for people safely.
- Risks were regularly reviewed and cross-referenced against other risks. Advice was sought from health professionals, where appropriate, to support risk management.
- Staff ensured information about risks to people was shared at staff handovers.
- There was a clear schedule of equipment servicing and maintenance checks. Internal checks took place and actions recorded to ensure the environment was safe.

Staffing and recruitment

- People's needs were met in an unhurried manner and staff told us staffing levels were good.
- The registered manager regularly reviewed people's needs with input from the whole staff team and used this to inform staffing levels.
- Staff were recruited safely. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely

- Medicines were administered safely and in line with best practice guidance.
- The electronic medication administration records (EMARs) contained necessary information for the safe administration of people's medicines. Two-staff checked and signed to say these were correct. People's allergies were clearly recorded.

- Staff were trained and knowledgeable and had their competency regularly checked.
- Safe protocols for the receipt, storage and disposal of medicines were in place. A robust programme of medication stock checks and audits took place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was clean and odour-free.
- Staff had received additional awareness about infection prevention and control. Regular checks were undertaken to ensure staff were wearing PPE appropriately. Managers confirmed two staff champions had been identified to provide additional checks on the use of PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. There had been an incident where this had not taken place. The provider had undertaken an investigation and taken appropriate action.
- Each incident was reviewed and actions taken to consider lessons learned and mitigate future risks.
- Management reviewed all accidents and incidents each month and produced analysis to identify trends and themes.
- Management encouraged staff to report accidents and incidents and staff understood the importance of doing so. Lessons learned were discussed and documented with staff through staff meetings and supervisions.

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.

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

- People's needs and choices were clearly identified and recorded. Where people were able their involvement in assessments was noted. Relatives were involved where appropriate.
- Care plans reflected people's choices and staff were aware of these.

Staff support: induction, training, skills and experience

- Staff training was up to date with regular refresher training identified, tracked and planned. Additional training was considered where managers or staff had identified a need.
- Relatives confirmed staff had the right knowledge and skills to look after their loved ones.
- New staff received a planned induction and their performance was regularly reviewed.
- A planned schedule of supervisions and appraisals took place. Staff confirmed they felt well supported.

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

- The home provided a wide variety of choice in a restaurant-style environment, where people were able to visit the dining room. Alternative menu choices were available and offered to people according to their likes and dislikes. Options were available for people with protected equality characteristics
- People who required specialised diets were catered for with an equally wide choice. Their needs were clearly defined and understood by staff. The cook checked these needs during care plan reviews.
- Where people were at risk of malnutrition their diets were monitored. Staff encouraged and supported people to eat and drink.
- A relative said, "My relative is not interested in food but staff at Riverside always encourage her to eat."

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

- People's health was monitored and their health needs recorded. Staff were vigilant about changes to people's health, this was clearly recorded and information shared with all staff.
- People had good and timely access to health professionals. The home worked with the local GP surgery and facilitated weekly GP rounds to review people's health and discuss any concerns.
- Relatives confirmed access to health professionals was good and described how they were kept informed throughout.

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

- People were involved in decisions about the environment and individuals' preferences and support needs were respected. For example, during the refurbishment some people chose not to have their room redecorated, and their choice was respected.
- There were colourful murals on corridors. People's doors and rooms were personalised.
- The home had signage and sensory boards to support people living with dementia.

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.

- People's consent to care was accurately recorded. Where people were unable to consent the home checked and recorded their relatives' were able to consent on their behalf.
- Staff were able to describe how they supported people within the MCA requirements and how they involved people in day to day decisions. This was observed in practice, for example, staff asking if they could support someone before doing so.
- Applications under DoLS had been made and authorised, where conditions were applied to these authorisations these were being met and reviewed, when appropriate. The home followed the requirements in DoLS.

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.

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

- There was a positive culture in the home. Staff were positive about the provider and the registered manager and described how they were involved in the running of the home. One staff member said, "[Name of registered manager] is a brilliant manager, really supportive, any concerns I can talk to her." Another staff member described the provider as "brilliant".
- Staff spoke about how people, relatives and staff are involved in developing person-centred care plans with clear outcomes. One staff member said, "[They] (management) are open to my suggestions. [Provider's name] has asked me to share ideas".
- A relative told us, "It's an open-door policy, you can walk in at anytime with no restriction. I never feel uncomfortable here. [The] manager is very approachable and easy to talk with". Other comments from relatives included: "The manager is visible and very approachable", and, "[I am] very pleased with the management here".

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

- One relative told us about an issue which the registered manager had informed them about straight away; the relative was very pleased with their response and told us it had been "sorted out straight away".
- All the relatives we spoke with told us the registered manager knows people very well and were confident the manager would resolve any issues with them there and then.
- The registered manager understood their legal responsibilities.

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

At our last inspection the previous provider had failed to ensure a sustained and consistent high level of quality, and systems of governance were reflective, transparent and robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was not in breach of regulation 17.

- Robust handover arrangements had been developed and staff were clear about their involvement. These supported improved risk management arrangements.
- A planned schedule of audits and checks took place for each aspect of the home. The registered manager tracked and monitored any actions. The provider had good oversight of these.
- Areas for improvement were identified and any required actions discussed with staff.

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

- People were involved in the running of the home. The provider had commenced a programme of refurbishment and had sought people's views about this. This included consideration of people's needs and equality characteristics.
- Staff confirmed their views were sought by the registered manager and the provider. Care plan reviews involved input from the whole staff team, as well as people and relatives; their views were recorded.
- A relative told us, "Staff...are brilliant, very welcoming environment, before COVID-19 they also offer a cup of teas to the relatives." Another said, "[Staff] are very friendly and we used to laugh together. I look forward to go back to see them and enjoy their company", and another told us, "Interaction between staff is brilliant, very friendly and good rapport".
- The provider undertook regular quality surveys and reviewed responses to inform any actions.

Continuous learning and improving care; Working in partnership with others

- Partnerships between staff and other professionals involved in people's care was good.
- Management reviewed all information received about the service to improve care. This included knowledge and experience from other services.
- People were supported to access the local community when able to do so.