

Five Rivers Living LTD.

Five Rivers Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Five Rivers Living is a residential care home providing personal care to up to 50 people. The service provides support to people living with dementia. At the time of our inspection there were 27 people using the service. Accommodation is set out over three floors, with two lifts to facilitate people moving between floors.

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

There was an absence of a robust, meaningful and effective quality assurance process to improve people's care, safety and welfare. The registered manager failed to ensure full oversight of the service. Concerns during the inspection had not been identified. The culture in the service did not promote openness and inclusivity. Staff and people's feedback were not acted upon, and staff did not feel supported in their role.

Risks associated with people's care had not always been identified and recorded thoroughly. Timely action was not always taken to ensure the risk of harm to people was minimised. Medicines were not always managed safely. People and staff were not always protected from the spread of infection. Information regarding staffing levels in the service was inconsistent.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were not always supported with dignity and respect during mealtimes. Mental capacity assessments were not always completed for specific decisions relating to people's care. Staff received training relevant to their role. However, specialised training relating to people's health conditions need further improvement. Staff had access to equipment to support them with people's care needs. Staff worked with other professionals to ensure people had access to ongoing support. The service design met people's needs. Staff understood their responsibilities to report safeguarding concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2021).

Why we inspected

This inspection was prompted by concerns in relation to training, diabetes management, medicines, governance and overall quality of care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action following the inspection to mitigate any significant concerns we had relating to people's safety and welfare.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, people's dignity, consent and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details our in our Safe section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details our in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Five Rivers Living

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 Health and Social Care Act 2008.

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

This inspection was completed by two inspectors.

Service and service type

Five Rivers Living is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection to ensure risks associated with infection and Covid-19 could be safely managed.

Inspection activity started on 5 April 2022 and ended on 8 April 2022. We visited the location's service on 5 April 2022 and 7 April 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection and sought feedback from the Local Authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to two people about their experience of using the service. We spoke to 11 staff members including, the Nominated Individual, Registered Manager, Deputy Manager, Business Manager, care workers, and auxiliary staff. We reviewed a range of records, including care plans and risk assessments, medication administration records, staff files, staff rotas, and audits.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarity and assurances from the provider regarding fire evacuation, staffing and the management of risk.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires good. At this inspection changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care and support had not always been identified and assessed. Some people required equipment to support them to remain safe whilst in bed. For example, bed rails. However, specific risk assessments had not always been completed to identify potential risks and measures in place to mitigate the risk of harm.
- Some risks to people had been identified. However, risk assessments and care plans had limited guidance on how staff could keep people safe. For example; choking and aspiration. There was no information recorded about signs and symptoms which could be identifiable for staff and what action they would need to take if the risk occurred. This placed people at risk of potential harm.
- When incidents had occurred involving people, timely action had not been taken to prevent people from experiencing harm on multiple occasions. We raised this with the provider who took immediate action to ensure measures were in place to keep people safe.
- People were not always supported with their one to one care hours to ensure safe care and a person was placed at risk of harm as a result.

Using medicines safely

- Medicines were not always managed safely.
- Where people were prescribed 'as needed' medicine, there was a lack of guidance in place for staff to be aware of circumstances when the person's medicine may be required. Furthermore, where people were prescribed more than one dose 'as needed' there was limited guidance for staff when a second or third dose may be required. This meant there was a risk people would not receive their medicines consistently in line with their needs.
- People's allergy information was not always consistent on medicine profiles and medicine administration records (MAR). This meant people were at an increased risk of receiving medicine they were allergic to, which could result in an adverse reaction.
- Where staff had used a tablet crusher to turn tablets into a powder to make it easier for the person to swallow, guidance had not been sought from a pharmacist to ensure the prescribed medicine was safe to be crushed. However, we raised this with the provider who took immediate action to ensure relevant professionals were involved to ensure this practice was safe.
- The service had not always deployed a medicine trained member of staff on night shifts. This meant people did not have immediate access to 'as needed' medicines for pain relief. However, we raised this with the provider who took immediate action to ensure a competent member of staff was deployed throughout the night.

Preventing and controlling infection

- People and staff were not always protected from the spread of infection.
- Some staff did not demonstrate good infection control practices. For example, some staff wore long sleeves, jewellery and their face mask under their nose. This meant there was an increased risk of cross infection.
- There were areas of the environment which required maintenance. For example, sink grouting and some skirting board areas where wood was exposed. This compromised the effectiveness of cleaning these surfaces.

The above evidence demonstrates people were placed risk of harm because risks associated with people's care were not being mitigated. Timely action had not been taken to protect people from reoccurring harm, poor medicines management and staff were not always following good infection control practices. This was a breach of Regulation 12 (Safe Care and Treatment) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after the inspection. They took immediate action to ensure the risk of harm to people was reduced.
- The service was operating in line with the national guidance regarding COVID-19 testing of staff.
- The service facilitated visits in line with the national guidance. We observed people receiving visits during our inspection.

Staffing and recruitment

- Staff were not always deployed consistently to assure us people would receive person centred care.
- Information regarding safe staffing was inconsistent and the tool to calculate safe staffing levels was ineffective. The service was deploying more staffing hours than the registered manager had calculated, and people's individual needs were not always taken in to account.
- People's one to one care hours were not always identified on the rota. Therefore, we were not assured people always received the individual support which was commissioned. Following the inspection, the provider took immediate action to ensure there was a system in place to identify which staff would support people on a one to one basis.
- There were not always safe recruitment checks in place which included checking references of suitability and character and completing a criminal record check. We reviewed staff files where appropriate checks had been completed. However, we found one member staff had no references in place. This was raised with as part of the inspection to enable the provider to ensure these were in place.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe and knew what signs to look out for which could indicate harm or abuse.
- The deputy manager had ensured accidents and incidents were reported to the local authority where needed.
- People told us they felt safe using the service. One person said, "I am happy here and I know they keep me safe."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported with their meals in a dignified and respectful way.
- We found some people required assistance with their meal. However, during the lunch time meal service, we observed staff stood facing the person and leant on the table whilst supporting people. This did not promote a comfortable eating environment for those being supported.
- There was a lack of meaningful and encouraging engagement between staff and people, and staff gave abrasive directions, such as, "[Name of person] open your mouth now."
- Some people were assessed to require a modified diet to a pureed texture. We observed people being served a bowl of brown liquid and told this was beef stroganoff. The presentation of the meal was not of an acceptable standard, nor did it promote people's appetite or dignity.
- People's dignity was not promoted where they were at risk of spilling food and drink on their clothes. Where people were at risk of this, staff did not provide options for people and only used a plastic blue apron to protect people's clothes.

People were not being treated consistently with dignity and respect during their mealtime. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People's mental capacity, had not always been assessed in relation to specific decisions. We found some mental capacity assessments which covered multiple aspects of the person's care, however, the best interest decisions were not comprehensive.
- Some people's mental capacity had not been assessed relating to significant decisions associated with their care. For example, having medicine disguised in food. There was no record of the decision being made in the person's best interests or any consultation with professionals.

People were not supported with appropriate or specific mental capacity assessments related to their care. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection to address our concerns where people received their medicine disguised in food. They assured us action would be taken to ensure people received their medicine safely and it was within the person's best interests.

- There was a system in place to oversee DoLS applications in the service. People's care plans contained conditions which had been speculated by the managing authority.

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

- People's care plans contained guidance and information for staff on how they could support people with their day to day care needs.
- Some people required equipment to support them to mobilise. For example, walking aids and hoists. These were available and in good working order on the day of the inspection.

Staff support: induction, training, skills and experience

- Staff had received mandatory training relevant to their role. Such as: moving and handling and safeguarding of people.
- New staff working in the service were required to undertake an induction prior to supporting people. This involved a mixture of online training, face to face training and shadowing experienced members of staff.
- Further improvement was required regarding specialised training in the service in order for staff to support people more effectively. For example, only nine staff had completed training for Diabetes. The service supported multiple people who lived with Diabetes as a health condition.

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

- Staff worked with other agencies to ensure people had access to ongoing healthcare support. This included: GP's, nurses and specialist teams.
- Some people living in the service required external support from mental health teams. Staff worked with mental health professionals to ensure people had access to ongoing support and medicine changes as required.

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

- The service design met people's needs who lived there.
- People were encouraged to personalise their bedroom with furniture and personal memorabilia.
- There was clear signage available around the service, which supported people to orientate which area of the service they were in. These signs contained writing and pictures.

- The facilities were suitable for people with a variety of needs. This included multiple communal areas for people to rest in, a cinema room and hairdressing salon.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager failed to demonstrate oversight of the service and there was an absence of robust systems in place to ensure people's care, safety and welfare was being continually improved and monitored. Concerns highlighted during our inspection had not been identified relating to risk management, medicines, infection control, staff deployment and people's care records.
- Quality assurance process in place were not robust or effective at identifying shortfalls within the service provision. Audits which had been undertaken lacked meaningful content regarding aspects of the service where the quality had been reviewed. For example, care plan audits did not reflect which care plan had been audited.
- People's personal emergency evacuation plans did not contain accurate information which reflected their needs. The registered manager told us they were reviewed each month. However, we found some evacuation plans had not been fully reviewed since February 2020. The lack of oversight of people's evacuation plans meant people were at risk of serious harm if an emergency was to take place.
- The service had multiple vacancies amongst their permanent staff team and used agency to address shortfalls on the rota. However, deployment and skill mix had not always been considered. For example, on one-night shift, we saw one permanent member of staff, working alongside five agency staff. This placed people at risk of receiving inconsistent care from staff who did not know them well.
- Whilst the provider had oversight of challenges in the service and had proactively acted on concerns prior to our inspection, there was no formal quality assurance process to monitor people's quality of care and service provision.

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

- People, staff and relatives were asked for their feedback through meetings and surveys. However, there was a lack of information to demonstrate how this feedback had been acted upon.
- Staff feedback surveys showed concerns had been raised about people's mealtimes, not being involved with the service and staff motivation. However, there was no information recorded to indicate these surveys were reviewed and action was taken to improve these areas. During a meeting held with people who use the service in May 2021, it was raised some people felt their call bells were not answered in a timely way. However, there was no evidence to suggest action had been taken to investigate this concern or to address it.

There was a lack of robust and effective systems and process in place to monitor and improve people's quality of care and lack of oversight from the registered manager. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recognised shortfalls within the service and had employed a business manager prior to our inspection to support the registered manager. We raised our concerns with the provider following our inspection, who made sure immediate risks to people were mitigated and had a plan to address other areas of improvement.

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

- The registered manager failed to promote an open, inclusive and empowering culture in the service, which resulted in staff not feeling supported in their role. Staff told us the registered manager's office door was always shut and they would often be directed to either the deputy or business manager for assistance. We observed the office door being shut during both days of our site inspection.

- Staff spoke negatively about their experience of working in the service. Staff continually told us communication between staff and the registered manager was a concern. When we asked staff if they felt supported, one staff member commented, "Absolutely not, not in the slightest."

- The registered manager was not always open with the inspection team regarding the absence of some information requested as part of the inspection. Multiple requests for information were made and on occasions, it was not fully provided.

- Staff spoke highly of the business manager and felt they were approachable. The nominated individual was available and accessible throughout the inspection. As the inspection progressed, staff felt comfortable to share their concerns with the nominated individual. This resulted in additional support being implemented.

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; Working in partnership with others

- The registered manager understood their responsibilities in relation to duty of candour and were able to describe actions they would be required to take if needed. However, this was not demonstrated in practice through evidence gathered throughout the inspection.

- The service worked with other agencies to ensure people had access to ongoing support. In addition, the local authority was working closely with the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff did not always ensure people were treated with dignity and respect during meal times.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure people had their capacity formally assessed in relation to specific decisions associated with their care. This included an absence of best interest decisions where staff were supporting people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure people always received safe care and treatment.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure a robust and effective system was in place to continually assess, monitor and improve people's quality of care, safety and welfare.

The enforcement action we took:

We served a warning notice.