

Leonard Cheshire Disability

# Seven Rivers - Care Home with Nursing Physical Disabilities

## 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 inspection took place on the 25 July 2018 and was unannounced.

Seven Rivers is registered as a care home with nursing providing accommodation for up to 29 people who require nursing care. At the time of our inspection there was 29 people using the service.

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

At our last inspection in June 2017 the overall rating of this service was requires improvement. This is because we found the environment within the care home remained in need of refurbishment and redecoration. In addition, actions were required to mitigate the risks of potential harm to people from the risk of falls from windows, and call bell response times. We also found shortfalls in the support and training provided to overseas volunteers to meet people's needs and ensure they had the skills and knowledge to protect people from the risk of harm.

At this inspection we found improvements had been made, notably a new service lift had been installed, people's room and communal areas had been redecorated. In addition, on-going support and training was now being provided to overseas volunteers this included periodic progress reviews.

People and relatives valued the relationship they had with the management team and told us they found them approachable and supportive. Staff were kind, caring and there were systems in place to ensure that people's human rights were respected and their rights to dignity and independence promoted.

People and or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated, plans to achieve people's goals and aspirations and their ability to make decisions.

The service was flexible and responded positively to people's requests about their care and how it should be provided. People were supported to access social activities according to their personal choice, wishes as to how they lived their daily lives and preferences as to how their care was delivered.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible. The management team provided effective leadership to the service and enabled people to air their views through care reviews, meetings and their involvement in the recruitment of new staff.

## 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.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs. Call bells were responded to in a timely manner to meet people's needs for personal care.

The provider operated a safe and effective recruitment systems to ensure that the staff they employed were skilled and of good character.

We found the downstairs environment within the care home had undergone refurbishment and decoration.

### Is the service effective?

Good ●

The service was effective.

Consent to care and treatment was consistently sought in accordance with the legislative requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their role through supervision and appraisal and had the necessary skills and experience to support people effectively.

People were supported to have enough to eat and drink to maintain their health and wellbeing and had access to healthcare services as required.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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# Seven Rivers - Care Home with Nursing Physical Disabilities

## **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 inspection took place on the 25 July 2018 and was unannounced.

The inspection was carried out by one inspector, Specialist nurse advisor and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the Provider Information Return (PIR) that we had. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications. Providers are required to notify the Care Quality Commission about events and incidents that occur.

During our inspection we spoke with ten people living at the service, two visiting relatives, three care staff, one nurse, the registered manager and the regional manager. Some people were not able to verbally communicate their views of the service to us and therefore, we observed how care and support was provided to some of these people.

We spent time observing care in the communal areas and 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 checked the recruitment and training records for four members of staff. We also looked at eight people's care records, including records in relation to the management of people's medicines and the quality and safety monitoring of the service across the care home and the supported living service.

# Is the service safe?

## Our findings

At our last inspection in June 2017, this domain was rated requires improvement as we found the environment within the care home in need of refurbishment and redecoration. In addition, action was required to mitigate the risks of potential harm to people from the risk of falls from windows, and the length of call bell response times. The above had resulted in a breach of regulation 12.

At this inspection we found improvements had been made, a new service lift had been installed. However, we noted that there was a small gap at the bottom of the lift when the doors were closed and in use. The registered manager informed us that they would get this checked and resolved as soon as possible. We received an email from the service after the inspection to inform this had now been fixed. We found some of the communal areas had new flooring and had been painted. There were still some spaces on the first floor that required further works, for example in one of the bathrooms upstairs we noted that the ceiling was starting to peel off. The manager informed us that the bathroom in question was not in use until works had been completed. This was evident as we observed the maintenance staff working on the bathroom. We did highlight that better fire exit signage would be required on the first floor to ensure that people living on the first floor would have prompts available in the event of a fire.

The other concern we had at our last inspection was in relation to window restrictors, whilst most of the windows now had restrictors on them we found some windows that had been missed, however the manager informed that the location of this window was rarely accessed by people using the service. We highlighted a door that led directly onto two stairs, which we found unlocked and placed people at risk of falls should they try to exit through this door. The manager informed that they would get the maintenance staff to install a lock on the door and that staff would be reminded to check the door was locked always.

Our observation of staff responding to call bells was very prompt and timely. One person we spoke to informed us, "They[staff] come within 5 minutes anytime, get my pad changed and they always say just call us."

People using the service told us they felt safe in living in the service. One person informed us, "I feel safe, it's the people who work here, they know their job." Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff could indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely.

All staff were involved with ensuring that people's risk assessments were kept up to date to ensure people's safety whilst they accessed the outdoor grounds of the service. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the

service. We did however highlight that one person's risk assessment needed to be update and staff needed to pay more attention to them, as we observed them accessing the outdoor fields unattended. The key concern was that at the end of the field was a lake and sight was obscured by trees, which meant staff may not have sight of the person when they walked to the lake.

Comments from people regarding staffing levels were positive. One person we spoke to informed us, "Could be more staff, sometimes they are rushed, mainly when they are washing and dressing them in the mornings, would be better if staff were not rushed, 1 or 2 more staff would help." Another person informed us, "There is enough staff here, they all do a good job – I have never had a problem and get well looked after day or night, I have got no complaints." The manager informed us that the service reviewed staffing levels of the service monthly as to ensure that the service had sufficient staff in place to meet the needs of people using the service. The manager and staff told us that there was enough staff to meet people's needs however; additional staff support could be deployed as and when required. For example, the registered manager informed us they were in the process of requesting additional funding for the person mentioned in the above paragraph who required one to one support as they enjoyed walks in the fields and visiting the lake and this was proving to be a stretch on the current staffing levels.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 10 people's electronic medication administration records (EMMS) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks for them to safely support people with their medications.

People were cared for in a safe environment. The new provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use.

We spoke to the registered manager about any lessons that may have been learnt when things have gone wrong. The registered manager informed us that they take every experience as a learning outcome. And ensured that all staff were actively involved in the learning process.



## Is the service effective?

### Our findings

At our inspection in June 2017, this domain was rated requires improvement as we found that whilst adequate criminal record checks had been carried out, volunteers working in the service had not been provided with any training other than moving and handling techniques. Induction check lists required to evidence that volunteers had received support and training relevant to the roles they would perform were found to be blank. The above had resulted in a breach of regulation 18.

At this inspection we found that all volunteers working in the service had received an array of training and in addition, the volunteer lead showed us evidence of volunteers receiving regular recorded supervision, which created a platform for volunteers to discuss areas of support they may require. One volunteer we spoke to informed us, "I have to say I feel very supported in my role and if I need any help I can speak to our lead at any time and if they are not around the staff in the home are always around to help me."

People and their relatives told us they found staff to have good knowledge and the skills on how to best meet their needs and always provided good quality care. One person told us, "The management team and the staff look after me very well and always seem to know what I need without even asking me." A relative added, "Staff appear to be well trained and have a good knowledge of how to care for people in the service."

Staff informed us that when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. Staff went on to say this was a continued process as people's needs changed. The manager informed that the induction was usually completed within the first twelve weeks of employment. And consisted of online and face to face training in the service. All new staff are allocated a mentor to support them during their six month probation period.

Staff informed they attended yearly refresher courses to ensure they were up to date with the changes within the care sector. The training was provided by the services in house training team which is arranged either regional or nationally depending on the number of staff that require training. Staff informed us that were offered an array of training modules which had relevance to their role and this helped them to deliver safe and effective care to people. Staff were positive about their training and they felt supported by the management team.

Staff had regular supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have informal and formal supervision at least twice a year with the field care supervisors, and if we need to speak to the management team we can speak to them at any time." The registered manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

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. The service ensured that people's capacity and consent was respected always. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan. The service ensured that all people had support with making decisions to care planning and if required the service would arrange advocacy support. Advocacy services ensure that people's rights are protected.

Staff could demonstrate how they helped people to make decisions on a day-to-day basis. We spoke to staff on how they consulted people about how they wanted their support to be delivered and if the person was unable to make an informed decision how would staff then decide in the person's best interests. Staff informed us they would consider the person's past and present wishes and feelings before deciding and would also review the person's care plan. Where a person lacked capacity, the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs where being met in the best way possible.

People said they were supported by staff to have enough food and choice about what they liked to eat where this support was required as part of their agreed care needs. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. One person informed us and this was not limited, "The food is lovely, if I want pancakes they make them, if you want something different they make it for you"

People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse. One person informed us, "The doctor comes but I have not seen them, the chiropodist did my feet yesterday, and I have also seen the physio recently."

## Is the service caring?

### Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

People and relatives told us they found staff to be friendly and caring towards them. People told us they found staff to have a positive attitude towards caring for them. One person informed us, "The staff are very good and thoughtful." Another person informed us, "Staff are nice people and they treat me with respect. Without a doubt you can have a laugh and joke with them."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to everyone's needs. The service worked closely with people, professionals and relatives to undertake specific ways of providing care for all the people using the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. For example, people's records we reviewed showed that most people using the service were encouraging to participate in activities such as attending college, accessing the community and choosing where they lived. People told us they felt their independence was promoted and staff respected their choices, for example ensuring their privacy. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had annual review meetings with the management team and social services to identify any needs or wants they may have, along with their overall well-being.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to or if a person had been assessed as requiring support to make decisions. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

## Is the service responsive?

### Our findings

At our last inspection this key question was rated Good. At this inspection the rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of staff towards the people they supported.

Before people started using the service their needs were assessed to see if they could be met by the service. People's needs were discussed with them and a support plan put in place before they started using the service. The registered manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with their key worker weekly. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People's strengths and levels of independence were identified and appropriate activities planned for people. People were supported to attend activities in the service, however, work opportunities would be very limited due to the service users complex health needs. People sometimes chose not to continue with activities once commenced for various reasons. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

We found people's support plans contained clear information regarding their end of life care arrangements. For example clear instructions were documented on who the home was to contact and where the person's preferred place of rest would be.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how he had followed the required policies and procedures to resolve the matter. One person reported that they felt they could approach the manager or any member of staff with any complaints or issues they have and stated, "If I need to make a complaint I would talk to the secretary."

## Is the service well-led?

### Our findings

At our inspection in June 2107, this domain was rated requires improvement as we found the provider's quality and safety monitoring of the service remained sporadic and ineffective at assessing, monitoring and planning for continuous improvement of the service, in addition we found the provider had failed to notify CQC as required of acquired grade three and above pressure ulcers. The above had resulted in a breach of regulation.

The registered manager carried out several quality monitoring audits monthly as to ensure the continued improvement of the quality of the service provided to people. For example, the service carried out audits on people's care files, medication management and staff folders. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations. The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The management team also carried out staff meetings on a regular basis to listen and learn from staff's experiences and used this as another way to find ways to improve the service. The regional manager informed us that the service was continuously working in partnership with external organisations with the aim of improving people's quality of life.

People and relatives felt at ease discussing any issues with the registered manager and the staff. The registered manager had a very good knowledge of most of the people using the service. The registered manager was very passionate about the support the service provides to people using the service and told us, "We try and ensure that all staff we recruit are passionate about supporting the people using the service, as this ensures people receive the best support possible".

People benefited from a staff team that felt supported by the registered manager. Staff received regular supervision from the registered manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager through supervision and team meetings. The manager informed that the service carried out surveys and questionnaires to find out from people and their relatives on how the service was performing, records we reviewed showed that most people and relatives were very complementary of the service. The regional manager informed us, the provider had deemed it necessary to ensure all staff had the support they need to carry out their roles. In addition, all the managerial leads brought in different types of experience and expertise, which would be beneficial to people using the service. The operations manager informed us they and/or regional managers visited the service on regular basis to ensure the service was running well and to hold regular meetings with people and staff to offer support.

We found the manager to be open and transparent and highlighted her own errors and areas which needed to improve, to ensure the service was running smoothly and continually improve the care delivered to people. Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to

help ensure that information was kept safe.