

# Innocare Limited

# Riverslie

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection was conducted on 13 November 2017.

Riverslie is registered to provide residential and nursing care for up to 30 people. Accommodation is provided over three floors, with a dining room, lounge and bedrooms on the ground floor. A passenger lift and ramps allow access to all parts of the home and the large enclosed garden. At the time of the inspection 23 people were living at Riverslie.

A registered manager was in post. 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 the inspection in May 2017 we found that the provider was in breach of regulations relating to safeguarding service users from abuse and improper treatment. This was because the provider had not notified the local authority of a serious incident as required. We also found that improvements were required to ensure that medicines were safely administered and audit processes were robust. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

This inspection was focussed and only covers our findings in relation to whether the service was Safe and Well led. The domains Effective, Caring and Responsive were not assessed at this inspection.

Since the last inspection the service had been working with representatives of the local authority to improve practice in a number of areas including safeguarding. They had also developed a safeguarding log. The service was no longer in breach of regulation regarding safeguarding.

During the inspection we found that a number of fire doors did not close fully. This meant that they would be ineffective in the event of a fire and placed people at risk. We also identified concerns relating to; emergency lighting, window restrictors, access to hot water and infection control.

You can see what action we told the provider to take at the back of the full version of this report.

At the inspection in May 2017 we identified concerns relating to the effectiveness of audit processes. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We saw that the service completed a wide range of safety and quality audits including; medicines, care plans and health and safety. However, these processes had not been completed in accordance with the provider's schedule and significant risk relating to the physical environment had not been identified and/or actioned.

You can see what action we told the provider to take at the back of the full version of this report.

During the last inspection we found that medicines were not always safely administered. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We saw that medicines were managed safely and audit processes were effective in identifying concerns.

Incidents and accidents were recorded and managed appropriately and showed evidence of being analysed to look for patterns or trends. We saw that the information had been used to improve people's safety.

Staff were not always recruited safely. One staff record had noticeable gaps in the employment history which were not accounted for and two records had start dates before people's references had been received. We made a recommendation regarding this.

Individual risk was appropriately assessed and recorded in care files. The care records that we saw demonstrated that risk was reviewed monthly in accordance with the relevant plan of care. Where risk had changed or concerns had been identified, we saw that appropriate action had been taken.

The registered manager supported senior staff with the day to day management of Riverslie. They were in turn supported by an operations manager. The registered manager told us that they understood their responsibilities in relation to their registration with the Care Quality Commission.

Staff understood what was expected of them and told us that they had an open and professional relationship with senior staff and the registered manager. They told us that they enjoyed their jobs and were motivated to provide good quality care.

The service had an extensive set of policies and procedures to guide and inform staff practice. However, policies had not been consistently reviewed to ensure that the printed copies remained current.

The ratings from the previous inspection were displayed prominently as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

We found a number of concerns relating to the safety of the physical environment.

Staff were not always recruited in accordance with best-practice.

Medicines were safely administered by trained staff.

Risk was appropriately assessed and regularly reviewed.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The service completed a range of audits in relation to quality and safety, but they had not always been effective in identifying concerns.

The service had an extensive set of policies and procedures to inform and guide staff, but some of the printed copies had not been recently reviewed.

The staff that we spoke with were motivated to provide good quality care.

# Riverslie

## **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 13 November 2017 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the service and staff. We also spent time looking at records, including four care records, three staff files, medication administration record (MAR) sheets and other records relating to the management of the service.

On the day of the inspection we spoke with three people living at the service. We also spoke with the registered manager, two nurses, and a care worker.

# Is the service safe?

## Our findings

During the inspection in May 2017 we identified a breach of regulation because the provider had not notified the local authority safeguarding team following a serious incident. As part of this inspection we checked incident records and safeguarding referrals to ensure that the necessary improvements had been made and sustained.

Since the last inspection the service had been working with representatives of the local authority to improve practice in a number of areas including safeguarding. They had also developed a safeguarding log. This recorded the nature of the incident or concern and the action taken which included reference to referrals to the local authority. The service had not made any referrals to the local authority safeguarding team since the last inspection. However, the records that we saw indicated that none had been required. Staff were able to clearly explain their responsibilities in relation to safeguarding and whistleblowing (reporting concerns outside of the service). The service was no longer in breach of regulation.

As part of the inspection we looked at records relating to safety and were escorted on a tour of the building. People had individual personal emergency evacuation plans (PEEP) in place and fire-fighting equipment was in place. However we found that a number of fire doors did not close fully. This meant that they would be ineffective in the event of a fire and placed people at risk. We also saw an entry in the weekly fire alarm testing dated 9 June 2017 which highlighted that five emergency lights needed replacing. There was no evidence that action had been taken until 29 September 2017 when ten lights were identified for replacement by an external contractor.

We identified other concerns on our tour of the building. For example, some windows on the first and second floor did not have window restrictors in place to reduce the risk of people falling. The sluice room on the second floor did not have a lock in place. The sluice room on the first floor was secured by a 'hook and eye' catch and could be accessed with minimal effort. We saw that cleaning chemicals were stored in the sluice rooms and there was a high risk of infection. The registered manager issued instructions to the maintenance person to make the necessary repairs as a priority and requested a visit from the Merseyside Fire and Rescue Service to ensure the service was safe in the event of a fire. The resulting letter stated that the service was generally considered not to be high risk, but advised the provider to survey all fire doors to ensure that their seals were effective.

In the records that we saw hot water temperatures in bathrooms and some bedrooms were recorded as regularly in excess of 55 degrees centigrade. Access to water at excessive temperatures should be restricted to ensure that vulnerable people are not placed at risk. The registered manager told us that they would instruct an external contractor to check and regulate the temperature. We were subsequently informed that the temperatures were being recorded from the hot water supply and not the outlet (tap). This process does not allow for testing of water temperatures at outlets accessible to vulnerable people and represents an additional risk to their safety. Following the inspection we were informed that all hot water outlets were controlled by a temperature control valve. However, this was not raised during the inspection and we did not see any evidence of the valves in-situ.

Vulnerable people, for example those living with dementia are at additional risk in unsafe environments.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we found that medicines were not always safely administered. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained. We did this by observing the administration of medicines, checking storage arrangements, checking Medicine Administration Record (MAR) sheets, checking other records relating to the storage and auditing of medicines and speaking with a nurse responsible for administration.

We saw that medicines were stored in a dedicated locked trolley which was kept in a lockable treatment room. The temperatures of the treatment room and refrigerator were regularly checked and found to be within safe limits. Facilities were in place for the storage and administration of controlled drugs (CD). These are drugs with additional controls in place because of their potential for misuse. The records that we saw showed that CD's had been safely administered and signed for in accordance with requirements. We checked medicine administration record (MAR) sheets for four people and spot checked stock levels of their medicines. We found that the MAR sheets were correctly completed and stock levels accurate. People had PRN (as required medicines) protocols in place. For example for pain relief. None of the people living at Riverslie required covert (disguised in food or drink in the person's best interest) medicines, but staff were clear about their responsibilities should they be required in the future.

A regular audit of medicines had been completed. This process had identified issues and errors and led to improvements in practice. For example, an agency nurse was challenged for completing records in blue ink and a request was made for photographs to be added to records in accordance with best practice.

We spoke with people living at Riverslie and asked if they felt the service was safe. Everybody commented positively about how safe it was. Comments included; "[Safe] Definitely, all the staff", "I always get my tablets on time" and "I watched them [staff] before I made up my mind to move here."

Staff explained some of the things they did to keep people safe. They said, "Staffing levels and medicines are safe. We always report everything. We have a maintenance book that we fill-in."

Incidents and accidents were recorded and managed appropriately and showed evidence of being analysed to look for patterns or trends. We saw that the information had been used to improve people's safety. For example, alternative equipment had been considered and care plans reviewed.

Staff were not always recruited safely. Each of the three staff records that we saw contained an application form, photographic identification, two references and a Disclosure and Barring Service (DBS) check. A DBS check is used to help establish if a person is suited to working with vulnerable adults. However, one record had noticeable gaps in the employment history which were not accounted for and two records had start dates before people's references had been received. There was no indication that either of these people had worked independently before their references were received. However, this does not reflect best practice in recruitment.

We recommend that the service reviews its recruitment and selection practices to ensure that staff are safely recruited in accordance with regulation and best practice.

We asked about staffing levels and were told that Riverslie deployed a nurse and three carers throughout the day and early evening. This reduced to a nurse and two carers after 7:45 pm. These numbers were supplemented at various points during the day by the registered manager, an activity coordinator and domestic staff. Each of the people that we spoke with said they felt the staffing numbers were safe. We were told that staffing numbers varied depending on the number of people living at the service and their needs.

Individual risk was appropriately assessed and recorded in care files. The care records that we saw demonstrated that risk was reviewed monthly in accordance with the relevant plan of care. Where risk had changed or concerns had been identified, we saw that appropriate action had been taken. For example, one record for a person at risk of weight loss recorded that the person sometimes refused to be weighed. An alternative method was used to gauge the person's weight.

We were provided with evidence that regular checks were completed on aspects of the service with regards to their safety. For example, electrical condition, gas safety, hoists, and fire safety equipment. Each check had been conducted by an external professional and was supported by an appropriate certificate.

With the exception of the concerns relating to the sluice rooms, the service had adequate measures in place to protect people from the risk of infection. Gloves and aprons were available for staff to use and staff understood the need to maintain effective infection control measures. The service received a food hygiene rating of three out of five at the most recent inspection.



## Is the service well-led?

### Our findings

At the inspection in May 2017 we identified concerns relating to the effectiveness of audit processes. We made a recommendation to improve practice. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We saw that the service completed a wide range of safety and quality audits including; medicines, care plans and health and safety. However, these processes had not been completed in accordance with the provider's schedule and significant risk relating to the physical environment had not been identified and/or actioned. For example, the failed emergency lighting, non-closure of some fire doors and the absence of some window restrictors. We spoke with the registered manager about these concerns. They explained that some of the audits were completed by staff and they had not been made aware of the results. For example, in relation to excessive hot water temperatures. This placed people at significant risk of avoidable harm.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. The registered manager supported senior staff with the day to day management of Riverslie. They were in turn supported by an operations manager. The registered manager told us that they understood their responsibilities in relation to their registration with the Care Quality Commission.

The service had a culture which staff, 'are dedicated to providing care with dignity.' This view of Riverslie was endorsed by the staff team and our own observations of the delivery of care. The registered manager was aware of the day to day issues within the service and provided leadership as required.

The registered manager and staff dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide the majority of information and evidence on request and provided additional information and evidence after the inspection.

People using the service and staff spoke positively about the quality of communication. One person commented, "The manager asks us what we like. Food and everything." While a member of staff said, "[Registered manager] keeps us informed. We have team meetings every three or four months and get surveys." The results of the most recent surveys were not available at the time of the inspection.

We saw limited evidence that the service had effective links to the local community or engaged with partners to share best practice.

Staff understood what was expected of them and told us that they had an open and professional relationship with senior staff and the registered manager. They told us that they enjoyed their jobs and were motivated to provide good quality care. One member of staff said, "I love it here. Everything runs smoothly." While another member of staff said, "Communication at ground level is good. [Riverslie] hasn't got the frills,

but the residents are happy and well cared for." Our observations clearly indicated that staff were positive, caring and respectful when dealing with people living at Riverslie.

The service had an extensive set of policies and procedures to guide and inform staff practice. However, policies had not been consistently reviewed to ensure that the printed copies remained current. Policies included; adult safeguarding, MCA and whistleblowing. The policies available electronically were sufficiently detailed and offered staff guidance regarding expectations, standards and important information. The staff that we spoke with understood how to access information through the relevant policy and other sources of information.

The ratings from the previous inspection were displayed prominently as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People had been placed at risk because the safety of the environment had not been effectively maintained in relation to fire doors, window restrictors, access to hot water and infection control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People had been placed at risk because audit processes had failed to identify a number of serious concerns relating to the physical environment.