

Four Seasons (FJBK) Limited

# Riverside View Care Home

## 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

The inspection visit took place on the 8 June 2016 and was unannounced which meant the staff and provider did not know we were visiting.

Riverside View care home provides nursing and personal care for up to 59 people.

We last inspected the service on 14 July 2014 and found the service was compliant with regulations at that time.

There was a registered manager in post who was on duty at the time of the inspection. 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.

The premises were clean and well maintained. We saw that equipment was in place to maintain the health and safety of people and staff, and were checked both by the service and approved contractors when required.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medicines in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. We fed back to the registered manager that the quality of recording around supervisions and appraisals was good.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. The registered manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of

practice. This meant people were safeguarded.

Staff had a good awareness of people's dietary needs and staff also knew people's food preferences well. People told us they enjoyed the food at Riverside View and we saw people were supported to have their nutritional needs met.

People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We observed that all staff and the registered manager were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members and there was a warm and caring atmosphere in the service and people were relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw staff proactively managing people who became anxious or distressed in a caring manner.

The service encouraged people to maintain their independence and the activities co-ordinators ran a full programme of events which included accessing the community with people. We saw people popping in and out of the registered manager's office to chat and spend time with them and it was evident that everyone knew the registered manager well and were comfortable to speak with them at any time.

The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to.

Any accidents and incidents were monitored by the registered manager and registered provider to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Riverside View and actions plans and lessons learnt were part of their on-going quality review of the service. We saw that immediate electronic feedback was used via the use of tablet computers, one situated in the reception area and others used with support from staff. This meant people were able to give immediate feedback on the quality of the service.

## 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.

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

The premises were clean and well maintained.

### Is the service effective?

Good ●

This service was effective.

People were supported to have their nutritional needs met.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

### Is the service caring?

Good ●

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

### Is the service responsive?

Good ●

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

### Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

People were asked about their views of the service via immediate electronic feedback.

# Riverside View Care Home

## 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.

The inspection visit took place over one day on 8 June 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We spoke with three visiting healthcare professionals at the service. Local commissioners did not raise any concerns with us prior to the inspection visit.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We spoke with the registered manager, two senior care staff, four care staff and one activity staff. We also spoke with ten people who used the service and three relatives and visitors. We looked at records that

related to the day to day running of the service and the care plans and medicine records for six people.

# Is the service safe?

## Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the service and they told us; "Yes, I do," and "If I have an issue, I raise it and it's sorted." We spoke with relatives who told us; "My relative is well cared for here," and "I feel happy leaving my relative here."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "I would intervene depending on the situation if anyone was in danger. I'd certainly report it to the manager and if I had a concern about the manager I would take it external." Training records showed staff had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. Safeguarding alerts were recorded in an orderly manner and were coded for easy identification and tracking.

We found the service to be clean and pleasant. We spoke to a member of the housekeeping staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment [PPE] to reduce any risks from contamination. We witnessed care staff using PPE appropriately, for example when dispensing medicines. We saw the service undertook regular deep cleaning measures which were recorded. The service had also implemented regular health and safety meetings where infection control measures were a standard item on the agenda. This showed the service responded to issues in relation to infection control quickly.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. We saw other measures such as staff safety in relation to an uneven floor area outside the home had been addressed.

There were effective recruitment and selection processes in place. We looked at six records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. Good interview records were held and personnel files were very well presented and up to date.

We looked at six staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people



working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The registered manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was a registered manager, two senior carers, an activity staff member, an administrator, two housekeepers, two kitchen staff, a maintenance staff and seven other care staff on duty for 56 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the day.

We observed that although the service was busy, care did not appear rushed and call bells were answered within a few minutes. One person told us; "I feel my needs are addressed quickly." For example we saw staff had time to chat with people on a one to one basis and when writing daily notes, staff would do this whilst sitting with people in the lounge. Both staff and people living at the service told us they felt there was enough staff and staff members said if they needed more staff then they were provided. Staff members told us; "Yes, when everyone is here, we are fine, it's if people ring in sick it's difficult." The service had a staffing levels tool which was based on dependency needs of people using the service and was reviewed weekly.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in a locked treatment room on the first floor and only the senior member of staff on duty held the keys for the treatment room.

Medicines were transported to people in a locked trolley when they were needed. We saw people receive their medication at the time they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff in correctly identifying people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. A record of people's allergies were recorded on their medicine records, which provided staff with clear guidance regarding people's allergies. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines. Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. We saw people being offered 'as required' pain relief.

Sample signatures of carers administering medicines were in place. We reviewed a sample of MAR charts and found the MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. Appropriate codes had been entered on the MAR chart, together with further explanation on the reverse of the chart, for example, for non-administration and refusal of medicines.

Fridge temperatures were monitored and recorded together with room temperature; and were within the safe temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

The registered manager was responsible for conducting medicines audits, to check that medicines were being administered safely and appropriately. The monthly audit in March 2016 included checks of 'supply,

levels of support, storage, administration, recording, disposal and homely remedies'.

An independent pharmacist company had completed a full audit on the home's medicine processes in March 2016. We saw the completed report, recommendations and action plan where the home has addressed some minor issues in relation to MAR completion.

People living in the home were prescribed medicines to be taken only 'when required' (PRN), for example, painkillers. Written guidance was kept with the medicines administration records (MAR) charts, for the use of 'when required' (PRN) medicines, such as paracetamol. These contained specific instructions for staff to follow in relation to dosage, time between medicine administration and indicators that a person may need their medicine.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely and a contractor was there during the course of our visit carrying out a visit in relation to one of the two passenger lifts. There was a maintenance person on duty on the day of the inspection and they explained their checks on safety equipment, such as fire extinguishers, and showed us the records for checking these. They also explained the process for reporting any faults to them which would then be assessed and addressed accordingly.

Risk assessments were also held in relation to the general environment and fire risks and these had been reviewed in April 2016 by the registered manager. These were personalised to the service and contained any mitigating actions to reduce the occurrence of any risks occurring.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

## Is the service effective?

### Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; "They are all very good here," and "Yes, they all know what they are doing." A relative told us; "My relative's needs have changed considerably and they have coped with it brilliantly."

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received mandatory training in health and safety, infection control, moving and handling, safeguarding, mental capacity, and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed. The service had a very high completion rate for mandatory training. The manager told us they liked to source external training "to give staff something different and to meet other people from different settings." One staff member told us; "I'd like to do more training in the area of challenging behaviour, I sometimes worry my approach is ok. I feel well supported though and you can always have a break if you need one, we support each other." We saw that staff had been trained as dementia friends which give people an insight into living with dementia. We were told the service was part of a pilot to implement a dementia framework and specific training by the registered provider. We did see that on the first floor, people with dementia were supported by staff who understood their condition and needs and staff were quick to anticipate any anxieties and offer diversions to people. One staff member told us; "I love working here. I get a real sense of reward." This staff member then told us about one person who was very adhered to routine and how any change would cause them great anxiety. They told us how they prepared them for any change to their day.

All staff we spoke with said they had regular supervisions by the registered manager and senior staff and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; "I know I can go to her with anything." This showed staff received support to carry out their professional roles.

We also saw records of other regular staff meetings and senior staff told us about their most recent senior staff meeting in May 2016. We saw from the minutes that roles and responsibilities were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. We saw that issues raised in one meeting, for example, the health and safety committee, were passed on at other meetings to share information. All staff who attended signed the sheet and other staff signed to show they read the minutes. This showed that everyone knew what had been discussed.

We sat with people who used the service when they were having lunch in the ground floor dining room from midday. The tables were set attractively with tablecloths, placemats, napkins and condiments. We could not see menu cards on the table. At the start of the meal staff asked people if they wanted to wear a protective cover to put on their clothes and respected people's decisions. We saw staff encouraging people to drink saying; "It's warm today so you need to drink plenty." Staff gave people their meals which they had chosen beforehand. We noted staff did not ask people if they still wanted their selection or if they wanted something else. One person we were sitting with had forgotten what they had pre-ordered and their meal was placed in

front of them and as they had a visual impairment, they did not know what it was. The staff had already turned to return to the heated trolley when the staff member told the person it was chicken. There was only one staff member present most of the mealtime to support the dining room which meant some people didn't get the support or verbal encouragement to eat as well as they might. We discussed this with the registered manager at the end of the inspection who was disappointed but stated they would address this with the staff team straight away. We did not see any other occasions of staff not giving people choice or spending time engaging with people.

Staff told us about how they monitored people's nutritional needs. We spoke with the chef who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. We saw everyone had a care plan for monitoring their food and nutritional intake and where required people who were subject to nutritional monitoring had up to date charts in place so staff knew how much people had consumed. Staff explained to us how they completed these at several points during their shift and how they liaised with other staff to ensure anyone subject to close monitoring had their records well completed.

People told us; "The food is alright", and "Yes, I enjoy my meals, I like the sweets best".

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. The application procedures for this in care homes and hospitals are 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 were being met. We looked at records and discussed DoLS with the deputy manager, who told us that there were DoLS in place and in the process of being applied for. Consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We found the provider was following the requirements in the DoLS.

At the time of the inspection, 35 people at the service were subject to a DoLS order. The records in place for people subject to a DoLS were clear and well monitored.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropractor, dietitian and their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Staff told us the service was aligned with one GP practice as has been the process in the Darlington area. We spoke with a community matron and visiting district nurse who said the following about the service; "Yes we work well with the service, the staff know what they are doing and are friendly." Staff also told us the system of working with one GP practice and the community matrons was working well. They said; "We can ring them any time and they'll come. We've got them coming today as one person has a poorly chest." This showed people's healthcare needs were monitored and addressed.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and everyone we spoke with were positive about the staff and care at Riverside View. "Everyone is kind and lovely," and "I like it here, they look after me well." We spoke with one relative who told us; "I am very happy with the care here. The staff are lovely."

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. We saw one staff member discretely asking a person if they wanted help to change their top which had become stained during the mealtime. This showed staff helped support people to maintain their dignity.

We saw all staff interacted with people over the course of the visit. We also noted that people talked to the registered manager and it was evident that they knew people well. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; "I'm happy here and they all know me well."

We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to medication and moving people using a hoist. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. Each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing. We spent time on the first floor with people who had dementia. We witnessed staff supporting people in an anticipatory way if they became distressed using distraction techniques and calm words and body language.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes and also whether they actually wanted support from care staff. One person told us; "One of the carers comes in and reads a book to me as she knows I can't see. I used to read a lot myself and it annoys me that I can't anymore."

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One relative told us they visited every day and were always welcomed and offered a drink.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. We met with a practice nurse who visited the service at least weekly. They told us; "The home is very good at end of life care. We are keeping people here with support and we recently had a person on the end of life pathway for ten days and the home managed this really well."

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. This

showed that people were involved in the planning and delivery of their care.

People had advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation orders had been completed (DNACPR). The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. End of life care plans were also in place which meant healthcare information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. When a person could no longer make the decision themselves, we saw that a 'best interest' meeting had taken place with the person's family and the GP, to anticipate any emergency health problems.

## Is the service responsive?

### Our findings

A handover procedure was in place and we saw the completed record that staff used at the end of their shift. Staff said that communication between staff was good within the service. The handover discussed each person and included their routines, any wellbeing issues, visits or appointments and was clearly recorded and complete. This meant that staff were kept up-to-date with the changing needs of people who lived at the service.

People's needs had been assessed before people moved into the home and took into consideration whether staff could meet people's needs and that the home had the necessary equipment to ensure their safety and comfort. The assessment was then used to complete an individualised service plan for the person which enabled people to be cared for in a person centred way. All the six plans we viewed were well completed with information that had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. It was important information and necessary for when a person could no longer tell staff themselves about their preferences and enabled staff to ensure the care and support was delivered in the way the person wanted it to be.

The care planning process included the completion of risk assessments which included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people and keep people safe. Risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and bed rails. The provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

The care plans were regularly reviewed when new information was learnt about a person or when their needs changed to ensure people's needs were met and relevant changes added to individual care plans. Staff we spoke with told us the care plans were easy to follow. One of the senior carer's told us; "We review one person each day in full and go through each care plan and assessment although we would of course update something quickly if it changed. I think the care plan system is good here, it's clear and better than other places I have worked."

The service employed two activities co-ordinators. We saw the weekly activities plan on the notice board. Activities within the home included board games, arts and crafts, dominoes, bingo, hairdresser, chair exercises, watching films, baking, sing a longs and pampering sessions. People told us about activities and one person said; "I enjoy gardening. I sit and watch and tell them [the care staff] how to do all the work!" We spoke with the activity co-ordinator. They told us they enjoyed developing the programme of events and

they had just added a church service to the programme of regular events that was available to people. They told us how they assisted people to go into the community, to town and also on planned trips to the seaside for example. They told us; "The dementia courses have opened my eyes to see how people experience dementia. It's challenging but it's great. We work well as a team and [name] the registered manager is very supportive." On the day of our visit, there were therapy dogs at the service and people also were supported from both areas of the home to spend time in the garden.

People told us they would complain to staff or the registered manager. One person said; "I know who to talk to if I am unhappy with anything." Staff also told us they would report any concerns raised with them, "I'd pass it straight to a senior if anyone or a relative raised an issue, we need to sort it out as quickly as possible."

Records we looked at confirmed the service had a clear complaints policy. We looked at the home's record of complaints. There hadn't been any formal complaints within the last 12 months and there was a clear record of investigations and outcomes recorded previously to this. The registered manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.



# Is the service well-led?

## Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager who had worked at the service since July 2014.

One of the staff told us; "I can go to [name] the registered manager about anything."

We saw throughout the inspection visit the registered manager had a very hands on approach in the home, dealing with visitors, staff, people, and healthcare professionals. They had time to chat with people and we saw several people who used the service came into the office to chat with them and it was clear they felt the registered manager was approachable. We spoke with a visiting practice nurse who told us; "This home has changed dramatically for the better. [Name] the registered manager is very hands on, she knows her residents really well and we chat through everyone."

One person told us; "They are very approachable and friendly."

We looked at what the registered manager did to seek people's views about the service. The service had used an electronic satisfaction survey to gather feedback from people, visitors, relatives and staff via an iPad that was situated in reception and also via one that people could use in their own rooms. Recent feedback submitted via the [www.carehomes.co.uk](http://www.carehomes.co.uk) website stated; "Staff have been fantastic in welcoming my relative to the home, they are friendly and keen to learn all about them, providing highly professional care to the level they need," and "The manager goes out of her way to make sure I know what is going on and rings to make sure I am surviving the upset and guilt feelings and reassures me they are there for me as well as my relative."

The registered manager held regular meetings for staff including a specific meeting around health and safety. We saw that meetings for seniors and staff were held on a monthly basis. We saw issues that were discussed at a senior level were then cascaded down to the full staff team which meant that messages were shared at all levels within the service. The service also had a meeting for people and relatives on a monthly basis and recent items discussed included the environment, activities and care.

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "I like it here." One staff member told us; "We are a good team here and we help each other."

The service had policies and procedures in place that took into account guidance and best practice from experts and professional bodies and provided staff with clear instructions. We saw that policies were reviewed and records were held securely and in line with data protection requirements. The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Riverside View had complied with this regulation this year.

We looked at what the registered manager did to check the quality of the service. They told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care

files, infection control and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example we saw an audit from the regional manager with clear areas for improvement with medication and care plan records. We saw the action plan from this review included dates for remedial actions to be implemented by. This showed the home had a monitored programme of quality assurance in place.