

WT UK Opco 2 Limited

# Rivermere Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This service had recently changed name. At the time of our last inspection the service was known as Sunrise Operations Sevenoaks. The name of the service had changed to Rivermere care home prior to this inspection visit. The registered provider was in the process of making changes to the management and ownership arrangements for the service. An additional provider of care services was applying to become jointly registered for Rivermere and this process was completed shortly after our inspection. The new provider, Willowbrook healthcare (which is part of the Brand Avery and is known operationally as Avery) had been managing the service on a day to day basis under the existing provider's registration since December 2016. Avery had taken over the management of staff and had begun introducing systems and policies to the service. The registered manager remained in post and was also the registered manager for the new provider Avery.

This inspection was carried out on 24 and 27 February 2017. The service was registered to provide accommodation with care and nursing to older people and those living with dementia. At the time of our inspection there were 42 people using the service. The service was structured into two units. The residential unit was located across two floors for older people and the memory unit was located on the top floor for those who were living with dementia.

We previously inspected this service on 11 and 16 August 2016 where we found breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 had continued from our inspection in March 2016. We rated the service inadequate. The breaches of regulation related to safe care and treatment, safeguarding, good governance, staffing and dignity and respect. Our concerns centred on the care and treatment of people who were receiving nursing care in the service. The service remained in special measures and we undertook action to use our enforcement powers. The registered provider told us that, following our previous inspection, they had made the decision to stop the provision of nursing care in the service and to restrict new admissions to the home until improvements could be made. They sent us an action plan for the improvements they were making to the service. At the time of this inspection there was no provision of nursing care and people's nursing needs were being met by the community district nursing team who visited people at the home.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 this inspection we found that improvements had been made and the registered provider was no longer breaching the regulations.

People told us they felt safe using the service and had their needs met. Staff knew what action they needed to take to keep people safe. Risks to people's safety had been assessed and minimised to eliminate

avoidable harm. Improvements had been made to the systems for assessing and reducing risks. The premises and equipment had been well maintained and there were improved procedures for ensuring people were safely evacuated from the building if required in an emergency. The service was kept clean and hygienic to reduce the risk of infection.

There were enough staff working in the service to meet people's needs. However, the service was at less than 50% occupancy and so we discussed with the registered provider that they must ensure that they have a clear plan for ensuring sufficient staffing numbers as the occupancy rate in the service rises.

People were supported to manage their medicines safely. Improvements had been made to the systems for ensuring that people had their health needs met. People had sufficient amounts of food and drink to meet their needs and they were enabled to make choices about their meals. The registered manager made frequent checks of care delivery to ensure people received the care in line with their care plans. Improvements had begun to ensure that people's care plans were person centred and reflected their preferences. Work was still required to ensure this was consistent across the service and we have made a recommendation about this.

Improvements were underway to ensure all staff received the training they required to carry out their roles effectively. A programme of foundation training was being completed by all staff and was to be completed by the end of March 2017. We made a recommendation about ensuring the training is effective. Staff told us they had seen improvements to the quality of the training and also to the support they received in their roles. Improvements had been made to the arrangements for supervising staff to ensure they were performing effectively.

People told us they knew how to raise concerns about their care and they felt confident they would be listened to. People told us that they had seen improvements to the service since Avery had taken over the day to day management. The registered manager and the registered provider had improved the systems for monitoring the quality and safety of the service. They understood the risks and challenges the service faced and had a clear strategy to ensure continuous improvement of the service. It was too soon to assess that the improvements made could be sustained and we made a recommendation that the registered provider continues to closely monitor the service to ensure the changes were embedded.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this time frame. During this inspection the service demonstrated to us that improvements have been made. It is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures.

## 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, but improvements that had been made required embedding to ensure they were sustained.

People were safeguarded from harm and abuse. Risks to their wellbeing were assessed and appropriately managed.

There was a sufficient number of staff deployed in the service to ensure that people's needs and requests were met. We made a recommendation that the provider ensures staffing numbers remain sufficient as the occupancy of the home increases.

People were given the support they needed to manage their medicines safely.

The risk of the spread of infection in the service was minimised.

### Is the service effective?

Requires Improvement ●

The service was effective, but improvements that had been made required embedding to ensure they were sustained.

People had their health needs identified in their care plan and met. People were supported to access external health care professionals to meet their nursing and specific health needs.

Staff were in the process of receiving training appropriate to their roles. We made a recommendation that the provider ensures that the learning is effectively applied in practice. Staff were supported and supervised to carry out their roles effectively.

People were asked for their consent. Staff understood and followed the principles of the Mental Capacity Act 2005.

The premises were well maintained and met people's needs. People benefitted from a comfortable and clean environment.

### Is the service caring?

Good ●

The service was caring.

People had their right to privacy and dignity respected.

People were supported by staff that treated them kindly and knew them well. Staff understood what was important to people and ensured they delivered support that respected people's rights and wishes.

People were encouraged and enabled to be as independent as they wished.

### Is the service responsive?

The service was not consistently responsive.

Improvements had begun to the systems for planning and reviewing peoples' care to ensure that people received care that was personalised. This had not yet been completed for everyone using the service. We made a recommendation about the implementation of this. People told us that they experienced flexible and responsive care that met their needs and wishes.

People were supported to take part in a range of social activities. They were encouraged and enabled to continue with their hobbies and interests.

People knew how to make a complaint if they needed to and complaints had been investigated and responded to appropriately.

**Requires Improvement** ●

### Is the service well-led?

The service was well led, but improvements that had been made required embedding to ensure they were sustained.

The registered provider had ensured that effective systems were in operation to monitor the quality of care. Systems for making improvements to the quality and safety of the care and treatment people received had been established and people told us that significant improvements had been made. We made a recommendation for the provider to ensure that the improvements are sustained.

The leadership of the service was clear and staff and people told us they experienced an open culture that encouraged feedback.

The service enabled people to receive visitors and engage with their local community.

**Requires Improvement** ●

# Rivermere Residential 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 carried out 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 was carried out on 24 and 27 February 2017. The first day of the inspection was unannounced. The inspection team consisted of three inspectors.

The registered provider had completed a Provider Information Return (PIR) to give us information about the service. We reviewed this before our inspection. We also looked at records that were sent to us by the registered provider and social services to inform us of any significant changes and events. We spoke with the local safeguarding team and other healthcare professionals to obtain their feedback about the service.

We looked at seven people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and we reviewed the staff files for two new members of staff and three agency staff. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme.

We spoke with eight people who lived in the service and two people's relatives to gather their feedback. We also 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 obtained feedback about the service from two health care professionals involved in people's care. We spoke with the operations director, a regional manager, the general manager, the registered manager, two senior care staff, four care staff, one activities coordinator and housekeeping and maintenance staff.

## Is the service safe?

### Our findings

People that were able to tell us about their experience of the service told us they felt safe. One person said they felt, "Very safe, staff couldn't be kinder." Another person told us, "I feel perfectly safe." A further person said, "Absolutely safe. They recruit the right sort of people. Agency staff seem to fit in well. I feel very safe."

People told us there were enough staff working in the service to meet their needs. One person said, "There definitely seems enough staff. They take opportunities to sit and talk. It has improved with there being fewer people in the home, so I hope staffing will rise as more people come to live here." Another person told us, "As far as I'm concerned there are enough staff and I haven't heard any complaints." One person commented that "Staff work very hard, but everyone wants help at the same time, so sometimes I can wait a long time to get a shower. It's only in the morning carers have difficulties. It's adequate at night. I hope to see more staff taken on when the home fills up." The registered manager told us that they were recruiting more staff in preparation for when new people move to the service. We did not see any evidence of people waiting a long time for their care.

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured sufficient staff were working in the service to meet people's needs and respond to their call bells within a reasonable time. They had also not ensured that the necessary checks were made of the suitability of agency staff to work in the service before they began work.

At this inspection we found improvements had been made and the registered provider was meeting this regulation. Sufficient numbers of care staff were working across the three floors of the service to be able to meet people's needs and respond to their requests. We saw that staff responded quickly when people called using their call bells or when people asked for support. Staff were visible in the communal areas of the home to supervise people and ensure their needs were met. The registered manager showed us the tool they used for calculating the staffing numbers required. This was based on a dependency assessment for each person using the service to establish how many hours of care they required. The rotas showed that this number of staff was employed in the service. The registered manager reviewed the dependency of people and the corresponding staffing allocation on a weekly basis. In addition to the care staff there was a team of social activity, housekeeping, catering and maintenance staff. A staff member told us, "It's all ok, we support each other to work through the busy times, but there are enough." Another staff member said, "I feel confident for the first time, that they know what we need and provide it." However, there was a low number of people using the service at the time of the inspection so we were unable to establish how sufficient staffing levels were to be embedded in service delivery once the home was fully occupied. A staff member told us, "Staffing is good while numbers are low. There's plenty of time for 1-1 and we can encourage staff to be directly involved in activities. The more time we spend with people the better." We discussed with the registered manager the need to ensure the staffing levels remained sufficient as the occupancy of home increased.

The registered provider had followed robust procedures for the recruitment of new staff to ensure that staff were of good character and fit to carry out their duties. The service had reduced the number of agency staff

used in the service by 80% since our last inspection. The registered manager had ensured checks were made of the agency staff used to ensure their suitability to work in the service. A person using the service told us, "You wouldn't know who is agency staff now, as it's just a few and they are like part of the staff team." Staff employed to work permanently in the service were subject to thorough recruitment processes to ensure they were suitable and skilled to work with people.

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that appropriate action had been taken to safeguard people from harm and abuse.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. People were safeguarded from harm and abuse. The registered provider had taken action to learn from previous safeguarding investigations and to improve the areas of care they related to. All staff had been issued with an updated safeguarding policy and had completed training in safeguarding since our last inspection. Staff were able to describe the actions they were required to take to keep people safe and to report any concerns they may have. Staff were confident that the registered manager and registered provider would respond to any concerns they raised, however staff were also aware of their right to use the whistle blowing policy to raise concerns externally if needed. The operations director for Avery told us they had met with the local authority safeguarding team to ensure that all safeguarding investigations had been progressed and to agree any outstanding learning points. They were awaiting confirmation of this. Since our last inspection safeguarding matters had been reported appropriately for investigation and action had been taken to ensure learning from incidents to reduce the risk of recurrence. For example, care plans and risk assessments had been reviewed following a confrontational incident between two people using the service. Staff were clear about action they were required to take to reduce the risk of this happening again.

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that appropriate action was taken to identify and reduce risks to people's safety and welfare. This was in relation to the risk of falls, the risk of choking and the risks for people who were unable to use call bells to summon staff assistance. We also found that there were not clear emergency evacuation procedures in place that ensured staff knew how to evacuate people who were on the first and second floor in the event of an emergency.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. The risk of people falling had been assessed for each individual and action plans agreed to reduce the risk. Risk assessments took account of appropriate footwear, walking aids, infection risks and other health needs. One of the unit managers described the action they were taking to move a person, with their consent, to a room nearer the centre of the home where staff would be able to check on them more frequently and to reduce the walking distance for them to the main amenities. The number of falls in the service had reduced and the registered manager was carrying out weekly analysis of falls to ensure that any trends were identified and avoidable risks removed. The risks for people who were not able to use a call bell had been assessed. Where people required a regular check on them whilst they were in their room a chart had been introduced to ensure this happened at the correct frequency for them. There was no one in the service who was specifically at risk of choking, however the risks had been considered as part of the assessment of people's nutritional needs. Risk assessments had been completed to identify and manage the risk of people developing an infection, such as a urinary tract infection. The registered manager described the action they were taking to work with the GP to reduce the risk of recurrent urinary tract infections in some people using the service.



The registered provider had taken action to ensure that emergency procedures were updated and clear for staff to follow. Each person had an updated evacuation plan and staff had been issued with a copy of the evacuation procedure. Kent fire safety had visited the service and there were no outstanding action points. The fire alarm system had been regularly tested, but an evacuation of the premises had not been completed since October 2016. The maintenance staff member scheduled a programme of practice evacuations for 2017 before the end of the inspection.

The premises were well maintained to ensure they were safe and comfortable for people to live in. People's bedrooms were spacious to allow them to move around safely. Equipment needed for people's care and treatment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. Maintenance staff completed a weekly health and safety check of the premises and took action to address areas that required repair or improvement.

People were supported to manage their medicines safely. They told us they were given their prescribed medicines when they needed them. One person said, "I have a 'pain killer' to be taken 'as required' and I get asked every time if I need it, also I can ask for it any time if I'm in pain." Another person said, "They are very efficient and explain everything." Where people were able to, and wished to, manage their medicines independently they were supported to do so. Staff that administered medicines had been trained to do so and the registered manager had made a check of their competence through observation and questioning. There was a medicines champion for the service who oversaw the implementation of safe medicine practice. At our last inspection we made a recommendation that the registered provider reviews the process for the application and recording of topical medicines. At this inspection we found that improvements to this area of recording had been made. The number of errors made when recording the administration of medicines had reduced since our last inspection. We found topical medicines, cream and lotions were being signed for consistently by the staff that applied these.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. There was a team of housekeeping staff that worked in the service seven days a week carrying out a daily and weekly cleaning schedule for all areas of the service. This included deep cleaning of areas of the home and carpet cleaning. The registered manager used a weekly cleaning standards audit. The laundry was clean and organised in a way that reduced the risk of infection spreading. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. The registered manager had appointed an infection control champion for the service to monitor safe practice. Staff we spoke with understood infection control practice concerning the environment and the importance of effective hand washing in reducing the risk of infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste and used personal protective equipment when needed.

## Is the service effective?

### Our findings

People told us that their needs were met and staff were skilled in carrying out their roles. One person told us, "They all seem to have a good understanding, they put you at your ease." Another person said, "I don't need much help, but they show awareness of my sight problems and how to assist."

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that people's health needs were appropriately met. This was particularly in respect of people who were in receipt of nursing care to manage skin wounds and urinary catheters.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. People received care that ensured their health needs were identified and met. The registered provider had ceased the provision of nursing care in the service. Some people who required specialist nursing care had moved on to other services and some people were now receiving this care from the district nursing team. Systems had been established for checking each day that people had received the care they needed to maintain healthy skin. Senior staff checked daily that people had been helped to change their position frequently in line with their care plan. Staff we spoke with understood what action they needed to take to reduce the risk of wounds developing and to promote healing where people had a wound. There were clear care plans in place and evidence that recommendations made by the district nursing team were being followed. We saw that care plans showed the action taken to heal wounds and recorded when the outcome was achieved. A staff member told us, "We all understand the general responsibility to monitor and report any concerns through personal care." Another staff member said, "Training includes pressure area awareness. We get reminders of current issues in handovers. Any concerns we identify go to senior then referred to district nurses. We apply topical creams and record them."

Staff had made checks of people's pressure relieving mattresses to ensure they were working correctly and were set at the correct level for each individual. There was no one in the service who had a urinary catheter at the time of our inspection. We saw that people had care plans for all areas of their health needs including weight loss and managing their diabetes. People told us that staff supported them to access health care professionals as needed. One person said, "I wasn't very well at the weekend and they persisted in getting an out of hours doctor to come and see me." Staff held a handover meeting at the beginning of each shift where they discussed people's needs and checked the delivery of their care. One staff said, "There are two handovers a day, where we talk about people's behaviours, falls, changes to risk assessments. It covers all the residents and ensures we know what care is needed for that shift."

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that staff working in the service were appropriately supervised in their roles. Training was not always effective in ensuring staff provided safe care and treatment.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. Staff training needs had been identified and a new programme of staff training, provided by

Avery, was underway. The regional training manager, who was present in the service at the time of the inspection, told us that all staff were required to undergo the full training programme to ensure consistency in staff knowledge and skills. They told us that 90% of training was now provided face to face rather than eLearning as they felt this ensured better learning for staff. Staff told us that they preferred the classroom based training and had found recent training useful. One staff member said, "We've had recent training about the warning signs of abuse and procedures to follow and it was in a classroom, proper training, not e-learning." Another staff member said, "Avery seem very proactive. I'm awaiting dementia training as a priority. We just had fire training, which was good. I'm glad about the return to in-class training, you learn so much more. We still have written tests to show what we have learnt. I just did training on observation and assessment of new residents." People using the service also told us about improvements to staff training. One person said, "I see training going on. Staff comment how much better the training is now and they feel valued." Another person using the service commented, "I'm aware all staff are doing a lot of training at the moment. I think it is good; the maintenance person has to do first aid training and cleaners get training to understand their job." The training programme for all staff was scheduled to be completed by the end of March 2017. It included training in safe moving and handling, communication and customer service, nutrition and healthy eating, dementia awareness, health and safety, the values of care, safeguarding and pressure ulcer prevention. Staff were required to demonstrate their understanding, for example to describe how they would implement the values of the organisation in practice. The regional training manager told us that staff from all roles were required to complete the foundation programme of training and would be built upon with further in depth training specific to the needs of people using the service. As the training programme was not yet complete it was too early to establish the effectiveness of the staff training. We discussed with the registered manager that this will take time to complete and embed into the service delivery. We recommend that the registered provider continues to implement the training programme and establish ways to ensure the learning is applied by staff consistently.

All staff were completing the Care Certificate, regardless of how long they had been in post, to ensure staff all received the same training. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff were also supported to obtain other qualifications relevant to their role, such as a diploma in health and social care. Activity staff had access to a regional support network of activity staff which included training specific to their role.

Support and supervision for staff had improved since our last inspection. Records showed that staff had received regular supervision sessions with their manager. This included individual and group supervision meetings which focused on performance, job coaching and staff development needs. Agency staff had been included in group supervisions to ensure they received the same job coaching as permanent staff. New staff had a performance review at a four, eight and 12 week intervals after starting in their role. Staff told us they felt improvements had been made to the arrangements for staff support and supervision. One staff member said, "We feel better supported. The training is a massive plus. Some staff see it as a big hit all at once but we are impressed by the quality of the training." Another staff member said, "I have supervision three monthly with a senior. It's valuable. We also have groups to discuss specific things." The registered manager also showed us some topic specific supervision tools they used to cover issues such as hand hygiene and reducing the risk of falls. The registered manager told us that they had identified that senior staff would benefit from further training in supervision skills so that the supervision system can be fully cascaded effectively.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff we spoke with were able to describe the main principles of the legislation. Where a mental capacity assessment showed that a person did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interests. Best interest decisions were seen to be recorded appropriately as part of people's care plan. At our last inspection we recommended that the registered provider ensured that, before seeking consent from peoples' relatives who hold lasting power of attorney (LPA), people had the opportunity to make their own decision first. At this inspection we found that staff had followed this guidance and had only referred a decision to the person with LPA once it had been established that the person themselves was unable to make the decision. We saw that consent was sought before care was provided and people were supported to make their own decisions about their care and treatment. One person told us, "They explain why they are there and offer to return later if I'd prefer." Another person told us, "Yes, they support my decisions of what I want to do." Where people had the capacity to refuse care or treatment the risks had been explained to them and their decision had been recorded in their care plan and respected by staff.

People's right to liberty was promoted and staff understood and followed legislation and safeguards in place in relation to this. People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to go out unaccompanied. The registered provider had considered the least restrictive options for each individual. Staff were aware of the people that were subject to DoLS restrictions and any conditions to the authorisation. Staff told us that they supported people to go out as much as possible. One staff member said, "There are three minibus trips a week for people in the dementia unit and we make sure all people have opportunities if they want."

People's dietary needs and preferences were met. They were provided with a varied diet and were enabled to choose what they ate and drank. Staff had assessed people's nutritional needs and had written care plans to support them to eat and drink sufficient amounts to meet their needs. Where specialist advice was required, for example from a dietician, this had been sought and recorded in the care plan. Records showed that specialist advice had been followed consistently. People enjoyed a relaxed dining experience. The meals were well presented and people were able to choose from a range of options. People generally told us they enjoyed the meals, with some comments about how this could be improved further. One person told us, "I find the meals very good and they always have been, with good choices at every meal." Another person said, "Sometimes the food is alright, but at other times it's poor. They buy good ingredients, but don't always cook them well, which is a waste." Another person said, "The food is variable. They have begun buying locally, but they don't yet make the best of it." Staff provided discreet support to people to eat when they needed it. We saw that one person was supported to eat their meal by a staff member although the staff member left the table on several occasions to assist other people. We raised this with the registered manager who agreed to address this with staff in the upcoming nutrition training the following week. People told us they enjoyed their meals and they particularly liked the facilities provided by the bistro. One person told us, "The bistro is good, not just for drinks whenever you want one but with biscuits and fruit for snacks." There were snack baskets and drinks facilities situated around the home for people to use. We recommend that the registered manager seek and act upon people's feedback about the quality of the meals.

The service was designed and decorated to meet people's needs and suit their tastes. People had a choice of communal areas where they could spend their time. On the assisted living floors there were two lounges

and a large dining room and bistro on the ground floor. There was also a smaller quiet lounge that was used by people when they received visitors. The ground floor lounge was spacious and had comfortable armchairs and a large screen television. There were newspapers on tables in both the lounge and the bistro, with a selection of books and DVDs. The lounge on the second floor was also spacious with comfortable armchairs and was mainly used as an activity lounge with music playing and a range of activities and crafts available. The registered provider had begun work to make the premises suitable for people living with dementia. There was a bridal sensory station, a baby area for doll therapy and two work desks in the hallways. Signage had been fitted in the premises to help people find their way around. The operations director for Avery told us about plans for further improvements to the home that included the addition of a vintage tea room, a library, a hair salon and spa, a garden lounge, smaller seating areas, open offices, larger beds and the redecoration of people's bedrooms. They told us, "We hope to start this programme of refurbishment in April and it will take approximately one year for the whole programme to be completed."

## Is the service caring?

### Our findings

People told us they found the staff to be caring and kind. One person told us, "Yes they are very caring, and that's everyone. The reception staff do a wonderful job." Another person said, "Staff are really helpful, the cleaners as well, they treat me the same, always ask permission to come in and explain what they want to do." Another person told us, "The agency staff are equally good. I see other people treated well too. Some of us were concerned about a lady who sits around in her night clothes. Staff explained it was her choice and that this is our home, to live how we feel comfortable." People told us that staff respected their privacy. One person said, "I am able to use my room as my private space. I feel respected, but not ignored; just right." Another person told us, "Most of the staff are really good, it's noticeable how they look after your privacy and dignity."

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People's privacy had not been respected because handover meetings were held in public areas of the service. Additionally, people had not always been supported to maintain their continence which had breached some people's right to retain their dignity.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. People's privacy was respected in the service. Changes had been made to the handover system to ensure these were conducted privately in the office. People that required support to manage their continence had clear and effective care plans in place to achieve this. Records showed that people were given the support they needed to maintain their continence as much as possible. We saw staff offering support to use bathroom facilities frequently throughout the day. Where there was a risk that people may go into other people's rooms a care plan had been devised to support the person to find their own room and to keep them occupied with meaningful activities. People's care records were kept securely in the office to maintain confidentiality of their personal information.

Staff knew people well and had positive relationships with them that were based on respect. Staff knew what was important to individuals and used this information when talking with them and when providing care. People told us that the staff had taken time to get to know them. One person said, "Staff know me well and always take time to talk." Another person said, "I know all the staff by name. Even though I don't need a lot of care, they have made a point of getting to know me. Every day a carer comes to tell me they are my carer for the day." Another person told us, "They know us very well and you can see they are aware who particularly needs their attention at any time. I felt a bit low yesterday and a carer came in for a chat and watched a TV programme with me." We saw that people's care plans contained information about things that were important to them in their lives and information about their backgrounds. For example, a person's care plan described their previous occupation in the RAF and we heard staff using this information to chat with the person. A visitor told us their relative always appeared happy and able to express their personality.

We saw that staff facilitated opportunities for people to engage with each other. For example, we heard a staff member say to a person, "Me and some of the ladies are going to do some painting, would you like to

join us?" In one of the activities rooms we saw a group of five people playing a giant scrabble game with one activities worker. The atmosphere was very relaxed and people were challenging words suggested by the other team with good humour. Conversations were very natural and there was a discussion about which pub they should all visit the following week for their pub lunch. One person commented, "I've got [spouse] visiting that day, what a shame; unless I can bring them?" The staff member replied, "Yes, why not." There followed a discussion about the best pubs to get 'proper pub food'.

We saw that staff were caring and kind towards people. A person told us, "Staff make the most of the time they spend with you, especially the activity staff." They showed warmth and compassion. For example, a person was supported to sit in a chair and once settled the staff asked, "Would you like a cup of tea?" The person replied, "Ooh yes please." The staff member bought the tea without delay and sat with the person and held their hand whilst they chatted. Staff joked with people in an appropriate way and we saw that this helped some people to become more involved in activities. Staff complimented people appropriately. A staff member came on duty and said to a person, "You've been to the hairdresser. It looks lovely." Staff members read the Daily Sparkle newsletter, which was a newsletter developed by the service, to people on the 'memory unit' as a way to aid reminiscence. People responded positively to this and conversations were started amongst small groups of people who were sitting in the dining room.

People were supported to maintain contact with their family and friends and develop new relationships as they wished to. There were lots of opportunities for people to socialise and meet new people within the service. People could receive visitors when they wished and could see them privately in their own rooms or the visitors' lounge. People's spiritual and cultural needs were met. People were supported to practice their religion and were enabled to attend religious services if they wished.

At our last inspection we made a recommendation that people were given the opportunity to review their care plan to ensure they were enabled to make decisions about their care. At this inspection we found that people had been involved in planning and reviewing their care and enabled to make their own decisions. One person had written their own care plan and gave us permission to see it. They told us, "I feel involved; what I get is what I have asked for." It provided information for staff about their wishes and needs. People told us they were supported to make their own decisions. One person told us, "I make arrangements to go to the dentist and will discuss with them [the staff] how they can support me." Another person said, "I've kept my own hairdresser, I haven't had to fit with the hairdressing arrangements available from the home." Another person told us, "I've had a very open discussion about my minimal care needs at present and how we will keep them under review."

Staff encouraged people to do as much as possible for themselves. We saw that people's care plans contained information about what they could do for themselves and areas in which they needed supported. One staff member told us, "Why change someone's clothes or clean their teeth if they can still do it?" Another staff member said, "It's definitely the basis of care here. Some people lay the tables and wash up. It doesn't matter if we have to do it again, they have the sense of independence, doing something they have always done in their lives." People told us they were supported to be independent. One person said, "They don't do what you don't need them to." Another person told us, "I haven't had much need for actual care as such, so I feel my independence is recognised and valued by not making assumptions and imposing on me." We saw staff encouraging people to do things for themselves, including making their own drinks and helping with household tasks.



## Is the service responsive?

### Our findings

People and their relatives told us that the staff listened to them and took account of their preferences when providing their care. One person told us, "They fit with my likes and dislikes." Another person said, "They always want to know how I want things done and they fit with that. My morning routine is very important to me and they do it in the order I like and need." A person told us how the service had been responsive to their individual needs. They said, "Coming here has given me a new lease of life. I was very lonely and couldn't look after myself. Here I am supported, it's a community. I've been introduced to new activities that make me feel more independent by achieving things and making friendships." People told us that staff responded quickly when they needed assistance. One person said, "I had a fall and used my pendant, they were very quick to come." Another person told us, "I had a bad infection and had to go hospital in a hurry. The whole emergency was well managed and everything was in place for my care when I returned."

At our last inspection we made a recommendation that people's care plans be developed to ensure they were provided with personalised and consistent care. At this inspection we found that improvements to the care plans were underway. A new care planning system had been introduced, under the management of Avery, and was in the process of being implemented for all the people using the service. Four people's care plans had been fully completed and 16 were underway. We found that the new care plans were more personalised and contained clearer information about people's needs. The care plans and associated records allowed the registered manager to monitor that people were receiving the care they wanted and needed. However, the project to implement the new care plans was not yet complete, which meant that some people still had care plans that did not fully address their needs or identify their preferences. The operations director confirmed that all people using the service would have a new care plan by April 2017 as they wanted to take the time to ensure they had obtained the information they needed. They told us, "It's about life stories and without this there's no chance of person centred care." We saw examples in the existing care plans where they had been updated to respond to an immediate changing need until the new care plan was implemented. We recommend that the registered provider ensure that the new care plan system is fully implemented and sustained to ensure people receive personalised care.

People told us that they received a personalised service and that staff respected their wishes. One person said, "I choose when and where to have my meals, when I get up and go to bed, what to wear and staff support me to achieve those things." We saw that the new care plans that were in place gave clear information about how to support people to live well with their dementia and the registered manager agreed this was an area to be developed as the remaining plans were completed. Consideration had been given to people's need to walk around the building. Staff were instructed, through the care plans, to support and enable this and to ensure that people had interesting things to do and engage with as they walked around. People's care plans showed staff had considered the causes of anxiety and frustration for people. The triggers for this and the action staff could take to reduce people's anxiety had been recorded. People had care plans that identified their needs and preferences for their care at night. This included information about any preferences for drinks and snacks prior to or during the night. There was recorded information about how often people wished staff to check on them, whether they liked the light on or off and what sort of bedding they preferred. We saw examples in care records that showed people had woken in the night and



been supported to have tea and sandwiches in the lounge before being supported back to bed.

Staff were sensitive to the needs of the people they were supporting. Staff were present to supervise people and ensure their needs and requests were responded to quickly. A visitor to the service told us, "The staff seem attentive and I've never seen anyone left unattended." Staff told us that the handover system had improved and ensured they had up to date information about people's individual needs when they arrived for work. Care plans had been regularly reviewed and updated in response to people's changing needs. Staff described how a person had been frequently refusing personal care at night. As a result the staff had contacted the continence nurse to review their continence aids to use products that required less frequent changing. Changes had also been made to the care plan to inform staff that singing to the person during personal care relieved some of their anxiety. The care records for the person showed that staff were following this care plan. A resident of the day system had been introduced to ensure that people had a full person centred review of their care each month. Records showed that this had been completed on most days, but there were some gaps in the consistent implementation of this system. We recommend that the registered provider ensure the resident of the day system is implemented consistently.

Staff knew what people enjoyed doing with their time and supported to them to follow their hobbies and interests. For example a person used to paint and had been supported to obtain art materials to allow them to continue with this at Rivermere. People told us that they enjoyed the range of social activities provided by the service. One person told us, "It's a good variety for everyone. I go to knitting, entertainers, anything else that seems interesting. The information is good and it's nice to be able to pick and choose." Another person said, "Some of us formed a jazz club ourselves. I do much more than I could at home. I made scotch pancakes this morning. I haven't done anything like that for years." People told us they felt they were supported to remain active members of their local and wider community. One person told us, "I go on the minibus to Marks & Spencer and elsewhere. Plus there's wi-fi, which is important to a lot of us, I feel close to the world outside." Another two people said, "They arrange shopping trips. Last week a group of us went to the cinema. I use the garden whenever I want to" and, "We do special events, last time it was a 'tea at the Ritz' event, with vintage china services and a harpist playing and we raised money for a charity. We also make cakes and sell these for charity."

There was a comprehensive and varied programme of activities for people to access if they wished to. This included activities within the service, such as cake making, exercise classes, musical performances, flower arranging and an art club. Community based activities included trips to local places of interest, shopping, theatre, a walking club and meals out. The operations director described plans to develop the activities programme which included activities with animals, dramatic arts and dance, exercise and games, gardening, health and beauty, intellectual stimulation, musical activities and outings. Activity staff told us that they continually reviewed the activity programme to respond to people's interests. They told us, "We had a meeting in December around activities. They [residents] said we want more speakers so we have booked them."

People were encouraged to give feedback about the quality of the service through a range of forums. Residents meetings were held in the service which people told us had been useful in driving improvements. One person said, "The people sent from Avery have taken a lead and are very interested in what we think." Another person told us, "I've been to these meetings, it feels like management are making a real effort to know what people think and want and to respond with changes." The resident of the day system also included seeking feedback for the individual about their care, meals, environment and activities. A residents council was in operation and the registered manager was invited on occasion when people wished to share feedback.

People and their relatives were aware of how to make a complaint if they needed to. Information about how to complain was provided for people in the brochure and in the reception area of the service and the entrance to each unit. People told us that they felt confident any concerns they raised would be taken seriously. One person said, "I think it would be easy and it would be taken notice of." Another person told us, "It's a professional business-like service, I wouldn't have any concern that a complaint wouldn't be taken seriously." People's concerns and suggestions had been responded to appropriately. Records showed that a person had requested a bath rather than a shower in their en-suite room and this had been added to the refurbishment plans. Another person had raised concern about the condition of the garden and they told us this had been responded to and action taken to resolve the issue quickly. There was a suggestions box in the reception area and people were invited to complete an annual quality questionnaire.

## Is the service well-led?

### Our findings

People told us that they had experienced improvements in service delivery since Avery had taken over the day to day management of the service. One person told us, "I feel we've been kept well informed and we're gradually seeing improvements in practice." Another person told us, "Communications altogether have improved; management to staff and to residents. You can see things are happening as a result." Another person told us, "There has been a definite improvement and that's the consensus from talking with my friends here." All the people we spoke with were aware who the management team were and saw them as approachable.

At our inspection on 11 and 16 August 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that effective systems were operated to monitor the delivery of care, identify any failures in service provision and make improvements.

At this inspection we found that improvements had been made and the registered provider was meeting this regulation. The registered manager had made improvements to the systems for handover between staff to ensure that checks were made of care delivery. This included checking that people had received the care they needed to reduce the risk of developing pressure wounds. A brief meeting was held, for all heads of department, at 11am each day to discuss the key issues and requirements for service delivery for that day. A weekly clinical risk meeting was held with the registered manager and senior care staff. The records showed that this included a discussion of all individual risks, including infections, wounds, poor nutrition or changes in need and dependency. The registered manager told us, "I am proud of the progress we have made in terms of quality of care. The staff have been very dedicated during a difficult time."

Systems had been improved to ensure that incidents in the service were monitored to identify any trends. This meant that the registered manager was able to identify where risks could be further reduced. For example, the registered manager monitored the rates of infection in the service. They had identified an increase in the frequency of recurrence of urinary tract infections. They had taken action to discuss this with the GP. Patterns in people falling were identified and action taken to further reduce the risk. For example, people that were prone to urinary tract infections had their fluid intake monitored to reduce the risk of them falling as this is identified as a contributory factor. The registered manager had begun monitoring the response times to call bells on a regular basis. We sampled some of the call bell reports and found that the registered manager had identified and taken action in respect of any responses that were above the agreed timeframe of ten minutes. The registered manager had a programme of audits for the year that focused on different areas of service delivery each month. Champion roles had been introduced for medicines and infection control to take the lead on checking the quality and safety of these areas.

The service had been placed in Special Measures In March 2016 and had been unable to demonstrate full compliance with the regulations until the time of this inspection. We discussed with the registered manager and the operations director the need to now ensure that the improvements are firmly embedded in the service and sustained to ensure standards of quality and safety do not reduce again. This will be particularly

as the occupancy of the service increases. We recommend that registered provider continues to closely monitor the service to ensure the improved standards of governance are sustained.

The service had a set of vision and values that focused on providing personalised care. People were positive about the culture of the service and felt these values were being reflected in practice. One person told us, "There has been a definite change in the last few months. The attitude of management has changed completely." Staff told us that improvements had been made to the culture of the service and that they felt more involved in developing the home. One staff member told us, "We are seeing improvement generally by opening communications and sharing." Another staff member said, "I don't think it needs to improve other than how it is. I like it that management has a vision and are getting on with it." Another staff member commented, "It feels like a breath of fresh air." Staff told us they felt the management team were approachable. One staff member said, "They're always around, it doesn't matter how much you want to see them, they want to know what matters to improve the life of people living here." Staff told us they felt they would be listened to if they raised concerns.

The registered provider was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate and clear for staff to follow when they needed to refer to them. New policies from Avery were being introduced on a weekly basis and had been shared with staff through team meetings and handovers. The registered provider had met the requirement to notify the Care Quality Commission of any significant events that affected people or the service. The registered provider had demonstrated that they had been open and honest with people and their families. Meetings had been held between people and the new management company, Avery, to discuss the previous shortfalls, the service and the changes that were being made. Where people had raised complaints the registered manager had kept a record of the action taken and the responses given. Where there had been a shortfall in service delivery they had apologised and outlined the action taken to put things right.

Records of the care people required and received were improving. Where people had a new care plan these were clear and easy for staff to follow. A staff member told us, "The new care plans are so much better, we can find the information we need and see what action has been taken, such as calling a GP." We found that there were some gaps in records for monitoring people's fluid intake and the amount people had drunk across a day had not been totalled up to check it met their needs. This meant that senior staff could not effectively monitor people's fluid intake when needed and take action when it fell below the target amount they required. Where people had a food intake chart it was not always recorded when they had a food supplement drink to ensure this was included in their total calorie intake. We recommend that the registered manager reviews the procedures for completing food and fluid charts.