

Marton Care Ltd

Riverside View Care Home

Inspection report

Hutton Avenue
Darlington
DL1 2AQ

Tel: 01325488584

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06 February 2023

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15 March 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Riverside View Care Home is a residential care home providing personal care to up to 59 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 55 people using the service. People are supported in 1 adapted building across 2 floors.

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

People told us they felt safe. Risks to people were appropriately assessed and managed. Detailed guidance was available for staff to help them reduce risk to people. Medicines were managed safely, and people received their medicines as prescribed. There were enough staff to keep people safe and staff were recruited safely. The home was clean and tidy and robust infection control procedures were in place.

People's needs and preferences, including their cultural, religious and ethical requirements were assessed and catered for. People's individual dietary needs were met. Staff received appropriate training and supervision to ensure they were competent in their roles. Staff worked well with other agencies and healthcare professionals and made timely referrals when needed. The service was designed and decorated in a way which met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support plans were person-centred. Staff were knowledgeable about people's likes and dislikes. People's communication needs were assessed, and information was available in different formats. People were supported to maintain relationships and take part in activities which were relevant to them. Procedures were in place to ensure any concerns were dealt with appropriately.

Regular quality assurance audits were carried out. The provider and manager were committed to continuous improvement. Lessons learnt were shared with staff. The atmosphere was warm and inviting and there was a person-centred culture.

There had been some recent management changes and this, along with staffing difficulties, had resulted in low staff morale. The provider and manager assured us staff would be supported through ongoing changes and additional staff had been recruited. There were regular meetings for people who used the service and feedback was also sought through questionnaires. Positive feedback was received about the acting manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 October 2021) and there were two breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed best practice guidance around 'when required' and variable dose medicines. At this inspection we found improvements had been made around 'when required' medicines but further improvements were needed around variable dose medicines. The provider took action immediately following our feedback.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective, Responsive and Well-led which contain those requirements.

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Riverside View Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverside View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been recruited and was in the process of submitting an application to register. We will assess this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 February 2023 and ended on 13 February 2023. We visited the service on 6 February 2023.

What we did before the inspection

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

During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, the regional manager, 4 senior care workers, 4 assistant care workers, 1 cook and 1 domestic assistant. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records, 3 staff recruitment files and multiple medication records. A variety of documents relating to the management of the service, including policies, audits and training records, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, systems were either not in place or not robust enough to demonstrate safety was always effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to assess, monitor and manage risks to people. Risks to people were appropriately assessed using recognised best practice tools. Care and support plans were put in place in response to any identified risk.
- There was good information around people's medical conditions, such as diabetes, and how those conditions impacted the person individually. Detailed guidance was in place to support staff to move people safely.
- The environment was safe for people. Health and safety checks were all up to date and regularly monitored and reviewed.

Using medicines safely

At our last inspection we recommended the provider reviewed best practice guidance around 'when required' and variable dose medicines. At this inspection we found improvements had been made around 'when required' medicines but further improvements were needed around variable dose medicines. The provider took action immediately following our feedback.

- Medicines were managed safely, and people received their medicines as prescribed. One relative told us, "[Person] gets their tablets regularly and staff make sure [person] takes them."
- The provider had identified some areas of record keeping which needed to be more robust, and a plan was in place to improve these records.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Robust safeguarding policies and procedures were in place.
- Staff understood how to keep people safe and knew what to do if they had any concerns. One staff member said, "I am always observing and if I saw anything at all I would report it to the manager and the local authority."

- People and relatives told us the service was safe. One relative told us, "It is safe here. The staff are brilliant and if I have any concerns they come straight away."

Staffing and recruitment

- There were enough staff to keep people safe. The manager calculated required staffing levels to meet people's needs, and these staffing levels were met.
- Staff told us the home was very busy and they would benefit from more staff to be able to spend more quality time with people. The provider confirmed that recruitment was ongoing.
- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure new employees were suitable to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of our inspection which was in line with government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Improvements had been made following our previous inspection.
- Accidents and incidents were recorded and analysed. This helped the manager to identify trends and implement measures to mitigate risk further.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, the provider failed to robustly assess people's needs and choices and failed to provide a diet which reflected people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider assessed people's needs and preferences, including people's cultural, religious and ethical requirements. The manager had carried out research and spoken with relevant professionals to ensure people's cultural needs were well catered for.
- People's support plans contained good information to guide staff around how to meet people's needs and choices.
- People received a diet which reflected their needs and preferences. Individual dietary needs were catered for and staff were knowledgeable about people's nutritional requirements.
- Mealtimes were pleasant. People were offered a good choice and enjoyed the food. People told us, "The food is very good", "There is plenty of choice" and "There are plenty of snacks and drinks."

Staff support: induction, training, skills and experience

- Staff received appropriate training to ensure they had the necessary skills to carry out their roles. Staff completed a wide variety of relevant training and this was kept up to date. One staff member told us, "The training is very good and [management] make sure we stay up to date."
- Staff had suitable support to ensure they were competent in their roles. Staff received regular supervisions and appraisals. The manager also held regular staff meetings, including daily meetings, to ensure staff had all the relevant information they needed to safely support people.

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

- Staff worked well with other agencies and healthcare professionals. Referrals were made in a timely manner. Advice provided from other professionals was incorporated into people's support plans and handed over to staff in regular meetings.

- People had 'hospital passports' in place which they could take with them if they needed to access other healthcare services. This helped to ensure that other professionals would know the person's needs accurately and in a timely manner.

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

- The service was designed in a way which met people's needs. The home was dementia-friendly with the appropriate use of colours and signs.
- There was a welcoming and friendly feel within the home. The home was nicely decorated with lots of different areas for people to use, including pleasant dining areas, quiet rooms, a sensory room and a garden area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff had received appropriate training and understood their responsibilities.
- Staff sought consent before carrying out any personal care. One relative told us, "[The staff] always knock before entering and they always ask for consent."
- Staff gave people choice and respected people's decisions. Where people lacked capacity for a particular decision, this was made in the person's best interests and in line with the MCA principles.
- DoLS were applied for appropriately and regularly monitored and reviewed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection there was a failure to robustly assess people's religious and cultural needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care and support plans were person-centred. People's religious and cultural needs were assessed and catered for.
- Staff were knowledgeable about people's likes and dislikes and people confirmed this. One person told us, "[The staff] know my likes and dislikes and they encourage me down if there is a singer on."
- Care and support was given in a way which was not rushed. One relative told us, "[Person] is not rushed. From what I have seen they go at [person's] pace." One person told us, "[The staff] take their time, they are very patient and make sure people are settled."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard. People's communication needs were assessed and person-centred communication support plans were put in place.
- Information was available in more accessible formats such as easy read and in pictorial form.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships. There were no restrictions on visiting at the time of the inspection and the atmosphere in the home was welcoming and inviting.
- Staff supported people to take part in activities they enjoyed. The service employed 2 activities coordinators who spoke with people about their interests and created activities programmes.

- The provider used interactive technology to support with activities such as online games and exercise classes.
- The home was also part of a befriender service where people had the opportunity of having regular chats on the telephone with people from the local community.

Improving care quality in response to complaints or concerns

- Complaints and concerns were dealt with appropriately. There was a complaints policy in place and the procedure was followed when needed. Concerns were investigated and the outcome was communicated to the relevant people.
- Actions were implemented and relayed effectively to staff to support ongoing improvement of the service.

End of life care and support

- There was no-one receiving end of life care at the time of our inspection. People had been asked sensitively about their wishes and preferences and these were recorded in people's support plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection there was a failure to identify omissions and to maintain a full and accurate record for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and manager carried out regular quality assurance audits. These had identified areas for improvement and actions had been put in place in response.
- The provider understood the duty of candour and the need to be open and honest. Incidents were investigated appropriately, and relevant parties were kept informed throughout.
- The provider complied with regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. The provider and manager submitted notifications appropriately.

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

- The atmosphere at the service was warm and inviting. There was a person-centred culture and staff spoke knowledgeably and kindly about the people they supported. Relatives told us they would recommend the home to others.
- There had been some recent management changes, and this had impacted staff morale. Some staff told us they felt unsettled. Some staff told us morale was impacted by staff being too busy and picking up extra shifts. The manager and provider assured us that staff would be fully supported through ongoing changes and additional staff had been recruited.
- Improvements had been made since our last inspection. The provider and manager were committed to ongoing and continuous improvements. Actions had been identified and plans were in place to improve the quality of the service further.

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

characteristics; working in partnership with others

- Staff engaged well with people who used the service and their relatives. Residents' meetings took place and relatives' meetings were due to recommence shortly. People and relatives were also encouraged to provide feedback through surveys and questionnaires.
- Staff, people, relatives and professionals all spoke very positively about the acting manager. One professional told us, "[The acting manager] engages well with us, is responsive to requests for information and receptive to feedback."
- Relatives told us the service was well managed and they were kept informed. One relative told us, "I can talk to any member of staff and the manager is very good. I know [relative] is safe. They let me know if anything happens."