

WT UK Opco 2 Limited

Rivermere Retirement and Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Rivermere Retirement and Care Home is a residential care home providing personal care and support for up to 102 older people. At the time of the inspection there were 47 people living in the service. A number of double rooms are available for partners or people who chose to share, some with kitchenettes and living rooms.

The home has two separate units, one of which is for people living with dementia. There were communal areas in each unit for people including activity lounges, café and cinema room.

Rivermere Retirement and Care Home is managed by Willowbrook Healthcare Limited (which is part of the Brand Avery) under licence from WT UK Opco 2 Limited.

People's experience of using this service

People and their relatives told us that the service was well run and that they would recommend it to other people. One person told us, "They put their residents first. She has developed a nice relationship with the staff"; and "The care my mother receives at the home gives her a good quality of life".

Improvements had been made to medicines management and staff consistency. Previous recommendations in relation to creams and lotions had been implemented. There were enough staff available to meet people's needs. Regular agency staff had developed in staff teams, so everyone knew people well. Staff continued to receive training that ensured they were skilled and competent to meet people's needs. There were opportunities for staff to develop their skills through qualifications. Staff were supported through supervision meetings and team meetings

Risks to people's safety had been assessed and minimised to eliminate avoidable harm. The premises and equipment had been well maintained and there were effective systems in place to respond to emergencies. The service was kept clean and staff followed national guidance to reduce the risk of infection.

People had enough to eat and drink to meet their needs and they were enabled to make choices about their meals. Health professionals were contacted for advice when there were changes in people's weights.

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

Rating at last inspection

The last rating for this service was Good (published 28 January 2018).

Why we inspected

We undertook this targeted inspection to check specific concerns we had received about staffing levels, risk management, infection control, nutrition and the overall management of the service. The overall rating for

the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Rivermere Retirement and 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.

This was a targeted inspection to check on a specific concerns we had about staffing levels, risk management, infection control, nutrition and the overall management of the service.

Inspection team

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

Service and service type:

Rivermere Residential and Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection here

We sought and received feedback from the local authority safeguarding team and commissioning team. We

reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten members of staff including the registered manager, deputy manager, regional manager, three team leaders, one senior care staff, two care staff and the customer experience manager.

We reviewed a range of records. This included four people's risks assessments, medicines records, staff training, staff rotas and infection control policy.

The Expert by Experience telephoned two people who lived in the service and eight relatives to gain feedback about their experiences of using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Staffing and recruitment

At our last inspection we made a recommendation about high numbers of agency staff. At this inspection improvements had been made. There were four permanent agency staff who worked as part of the staff team.

- Staffing levels continued to be assessed and adjusted according to the number of people living at the service and people's individual care needs. When concerns had been raised about staffing levels, these had been investigated to ensure existing staffing levels were sufficient.
- Recruitment was ongoing to ensure there were enough staff to meet people's needs and respond to their requests. At our last inspection we found that recruitment processes were robust.
- We observed that staff responded in a timely manner when people used their call bells.
- Feedback from people and their relatives was that staff supported people when they needed it.

Using medicines safely

At our last inspection we recommended the registered manager made sure all topical medicines (such as ointments and creams) were dated when opened so they could be disposed of at the correct time. At this inspection, improvements had been made and all such medicines were now dated when opened.

- People's prescribed medicines were managed safely. The provider used an electronic medicines administration recording system. This helped to reduce the risk of error. Alerts were sent to the management team if a medicine had been missed or had not been signed as given by staff. We took a random sample check and found the medicines we looked at were accounted for.
- Regular audits were completed. Staff administering medicines and the registered manager could effectively check all areas of medicines administration through the electronic devices. This meant areas for improvement could be highlighted and action taken quickly.
- Discarded medicines, such as those that people refused, or had been dropped, were safely stored and clearly recorded, until they could be returned to the pharmacy. When people were prescribed as and when necessary medicines, such as pain relief, guidance for safe administration was in place. Recording procedures made it clear when people had been offered their medicine.
- People could be assured that staff who gave them their medicines had been trained and had their competency checked regularly.

Assessing risk, safety monitoring and management

- Risks to individuals safety and wellbeing continued to be assessed and action taken to reduce the risk.

- Assessments included the risk of people falling, poor nutrition, choking and skin breakdown. Where risks were identified, there was a related care plan with clear guidance for staff, so they knew how to support people in the right way. For people at risk of choking, advice had been sought from the speech and language therapist. There was a detailed plan about the required consistency of each person's food and drinks and how to support the person to eat safely.
- Some people living with dementia acted differently to how they usually presented if they became anxious. Behavioural management plans guided staff how to support people and what to do if their behaviours increased. These records were regularly reviewed to assess if staff actions were effective. This was to help minimise people's agitation and maintain their and other people's safety.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Personal emergency evacuation plans identified the individual support and equipment people needed to be evacuated in the event of a fire.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

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 the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Staff support: induction, training, skills and experience

- Staff continued to receive the support and training they required for their roles. Staff training that had been delayed due to the pandemic, had been identified and was being rolled out.
- There was a specific training programme for care and non-care staff. A team leader had been provided with the necessary training and had specific hours set aside to fulfil their role as trainer. This included all mandatory training such as moving and handling, safeguarding, dementia and health and safety. First aid training was provided by an external trainer.
- Feedback from people and their relatives was that staff had the training they needed to support people. One relative told us how staff had been trained to use their father's specialised wheelchair.
- Staff said they felt well supported by their team members and could approach a member of the management team when they needed it. Formal support was provided through individual and supervision. Supervision offers support, assurances and learning to help staff development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences continued to be met. Assessments of people's nutritional needs had been recorded in care plans to identify the support each person needed to eat and drink enough. This included specialist advice from the dietician or speech and language therapist.
- People were weighed regularly and their weights were plotted on a graph. This made it easier for staff to identify when people had gained or lost significant amounts, so referrals to health professionals could be made in a timely manner.
- The menu for the day was displayed outside the dining room and offered a number of choices. The lunchtime meal looked appetising and staff informed us there was plenty available if people wanted seconds.
- People and their relatives were complementary about the food provided. One person told us, "The food is very good. A great choice and plenty of drinks". Comments from relatives included, "There are snacks in between meals. He eats everything."; "Wine is available if you want it too!"; "She has put on weight in her face since she has been there".

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 the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

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

- The registered and deputy manager promoted a positive culture in the service and had taken action to improve things when shortfalls in practice had been identified.
- Staff said they could approach a member of the management team for advice and support. The deputy manager had hands-on experience of the quality of care provided as they worked some shifts supporting people. The registered manager had good oversight of the running of the service.
- Staff understood the vision and values of the service which were to focus on providing personalised care. Staff demonstrated they knew how to put these values into practice and described people's individual care needs and preferences. Comments from relatives supported this and included, "The staff know him very well and treat him with great respect"; "Staff chat to him. They go into his background speak to him of things he enjoys"; and "They put their residents first. She has developed a nice relationship with the staff"; and "The care my mother receives at the home gives her a good quality of life".
- Everyone feedback the service was well-led and they would recommend it to others. One person told us, "It is very well run. Brilliantly well managed. The staff are wonderful. I would highly recommend it". Another person told us, "The manager is a most professional experienced manager." A relative said, "Plenty of updates. Management are very approachable".

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

- People and their relatives continued to be encouraged to engage in the running of the service. Feedback from people was sought on a daily basis and at residents meetings. At the last meeting in November 2020 topics for discussion included Christmas, food and activities.
- There were plans to involve people with the recruitment of new staff, but this had been put on hold due to the pandemic.
- Relatives were asked to complete an annual survey where they were asked questions about all aspects of their family member's care. There had been no responses in 2019, but the overwhelming majority of feedback from 2019 was positive. 99% of relatives feedback that they were satisfied with the overall level of care provided at the service. People responded that the environment was clean, staff were sensitive to people's needs, the food was of a good standard and they were informed about their relatives' care.
- People and relatives said they felt listened to and involved in people's care. One relative said, "The staff always listen to you. They chat to me and we know each other well". Comments from relatives included, "Staff always respond and listen to you. I am very happy with the service "; "I get phone calls if something happens. Staff update me"; and "I receive regular emails and newsletters".

Working in partnership with others

- The provider continued to work in partnership with social and health care professionals and engage with the community.
- Strong links had been developed with the local GP and support provided by the district nursing team. Other professionals included private and community physiotherapists, community mental health team and palliative care team.
- The service has raised money for local community groups by incorporating fundraising events into their activity programme. The service also sponsored a local rugby team.