Care Quality Commission

Avante Care and Support Limited

Riverdale Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

At our inspection 10 and 11 December 2014 we found several breaches of legal requirements. The systems for the management of medicines were not safe and did not protect people using the service. People were not receiving sufficient food and fluids or the correct diet as advised by health care professionals. People's capacity to give consent had not been assessed in line with the Mental Capacity Act 2005 (MCA). Accurate records relating to the risks to people and their care needs were not always maintained. We asked the provider to make improvements in these areas. Following that inspection the provider sent us an action plan telling how and when they were going to make these improvements. They kept CQC informed of the changes that had been made.

At this inspection we found that significant improvements in all of these areas. We found that systems for the management of medicines were safe. People were receiving the food and fluids as recorded in their care plans and as advised by health care professionals. The provider was acting in accordance with the MCA. Action had been taken to support people where risks had been

Summary of findings

identified. There were arrangements in place to deal with foreseeable emergencies. People's care plans were being maintained and had significantly improved. They included much more detail about the person, their needs and preferences.

Riverdale Court is a large care home located in the London Borough of Bexley. The home is registered to provide accommodation and support for up to 80 people and specialises in caring for people living with dementia. At the time of our inspection 80 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service, their relatives and staff through questionnaires. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the manager. The manager conducted unannounced night time checks at the home to make sure people were receiving appropriate care and support.

People using the service, their relatives, staff and visiting professionals we spoke with during this inspection told us there had been improvements made at the home since the current manager arrived.

Summary of findings

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. Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified. There were arrangements in place to deal with foreseeable emergencies.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were protected against the risks of inadequate nutrition and dehydration. There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their care plans.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring. Staff spoke to people in a respectful and dignified manner. People's privacy was respected.

People and their relatives, where appropriate, were consulted about and involved in developing their care plans.

There were arrangements in place to meet people's end of life care needs.

Is the service responsive?

Good

The service was responsive. Records relating to people's care and support needs were being maintained. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led. There were appropriate arrangements in place for monitoring the quality of the service that people received.

Summary of findings

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The manager carried out unannounced night time checks at the home to make sure people were receiving appropriate care and support.

Riverdale Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on the 5 and 6 October 2015. The inspection team on the first day consisted of four inspectors, one of whom was pharmacy inspector, a specialist speech and language 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 service. Three inspectors returned to the home on the second day to speak with the manager and examine records related to the management of the home.

Before the inspection we looked at the information we held about the home including notifications they had sent us. We spent time observing the care and support being delivered. We spoke with twenty three people using the service, five visiting relatives, nine members of staff, the registered manager and the regional manager. We looked at records, including the care records of sixteen people using the service, eight staff members' recruitment and training records and records relating to the management of the service. We also spoke with a local community pharmacist and the local authority and asked them their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection on 10 and 11 December 2014, we found that people were not always protected against the risks of unsafe management and storage of medicines. We asked the provider to make improvements on how medicines were managed.

At this inspection we found that medicines were stored and managed safely. There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were kept safely. Medicines were stored in designated medication rooms on each floor of the home. Medication room doors had key pads which only senior staff had access to. The medication room temperatures and fridge temperatures were recorded daily and we found temperatures fell within acceptable ranges. We saw that the refrigerator was locked and sharps bins were labelled and did not contain inappropriate items.

We looked at the medicine administration records (MAR) for seven people using the service. We checked the balances of medicines stored in the medication rooms against the MAR and found these records were up to date and accurate. These records included a photograph of the person, their known allergies and details of staff members authorised to administer medicines. MAR showed that people were receiving their medicines when they needed them and any reasons for not administering people their medicines were recorded. We saw up to date PRN, (when required), medicines protocols in peoples care plans. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. They told us what they would do when people required a PRN medicine. They also told us what they would do if a person missed their medicines and how they would report any safety incidents.

At the time of the inspection the home was implementing a pilot medication scheme. The aim of the scheme is to ensure a personalised medication service was received by people using the service and to minimize medication errors. The pilot was being carried out with ten people, with the view to implementing the scheme across the whole home by the end of October 2015. We spoke with two people, in their rooms, participating in the pilot scheme. We saw that their medicines were stored securely and appropriately. One told us they were happy with the new arrangements. We spoke with the local community pharmacist who was providing medicines training to staff on the system. They told us the pharmacy had a good relationship with the home, they provided regular training to staff and carried out six monthly audit spot checks. We also saw that unannounced medicines audits had been conducted by the provider's dedicated care home pharmacist.

At our last inspection we found the provider did not always take proper steps to ensure that people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. We asked the provider to make sure that people were protected against the risks of receiving care or treatment that was inappropriate or unsafe.

At this inspection we found that action had been taken to support people where risks had been identified. Peoples care files included a wide range of risk assessments. We saw risk assessments for example on falls, moving and handling, medicines, weight loss, nutritional needs, isolation, continence care and skin integrity. People also had individualised risk assessments for example on behaviours that may challenge and medical conditions. These risk assessments provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed at risk of malnutrition there were plans in place to support them with eating and drinking. Where people were at risk of falls or isolation we saw time specific records monitoring their safety. We observed when call bells were activated that staff responded quickly. All of the risk assessments had been kept under regular review with new dates for review arranged.

At our last inspection we found the provider did not have appropriate procedures in place for dealing with emergencies to mitigate the risks arising for people using the service. We asked the provider to make sure that procedures were in place for dealing with emergencies.

At this inspection we found there were arrangements in place to deal with foreseeable emergencies. People had individual personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Staff said they knew what to do in the event of a fire. They told us there were regular fire drills, so they were reminded about their roles in such an

Good

Is the service safe?

event. Records confirmed that staff received regular training on fire safety. The home had a fire risk assessment which had been reviewed in January 2015. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out.

We saw an accident and incident file recording all incidents and accidents for people using the service. This included the detail of the incidents or accident, i.e. what happened, what action was taken, for example risk assessment reviewed or a GP was called. The manager and the regional director showed us the electronic system for reporting and monitoring incidents and accidents. The regional director told us that any trends, patterns or queries would then be flagged up with the manager during their weekly meetings.

People using the service told us that they felt safe and that staff treated them well. One person said, "I think we are safe here. They look after you. The staff seem to treat all here well." A relative said, "I'm 100% sure my mother is safe here."

There were safeguarding adults from abuse policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. We spoke with the manager and six members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Records confirmed that the manager and all staff had received training on safeguarding adults from abuse.

At the time of this inspection there were five safeguarding concerns being investigated by the local authority. We cannot report on this at the time of this inspection. The CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe. The CQC had received a high number of safeguarding referrals from the manager, most of these had not been considered safeguarding concerns by the local authority. The local authority told us the manager was very open and transparent had cooperated fully with their safeguarding team and had addressed any concerns raised by them however they had a tendency to over report safeguarding concerns. The local authority had developed a new system for providers reporting concerns to them which filtered out low level concerns from those which would be considered as safeguarding. The manager showed us they were using this and said it had been a helpful tool for reporting concerns.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of eight staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations and proof of identification and evidence that criminal record checks had been obtained for all of the staff that worked at the home.

People using the service and staff told us there were always enough staff around to meet people's needs. We observed a good staff presence and staff were attentive to people's needs. One person using the service said, "It's pretty good, there are enough staff." Another said, "There are usually enough staff. When there are shortages and they get agency staff in." A third person said, "There seems to be enough staff about." Staff told us there were enough staff on duty to meet people's needs and people were safe. They said if they were short of staff they would inform the manager and they would get more staff in. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. If people's needs changed additional staff cover was arranged. The provider employed a team of bank staff to cover vacancies, staff annual leave or sickness. Records showed that bank staff received the same training and supervision as regular staff. The manager told us that external agency staff were used as a last resort. They had recently recruited ten new staff, some had starting dates confirmed and some were awaiting recruitment checks to be completed. They said the recruitment of these new staff would significantly reduce the need to use bank or agency staff in the future.

Good

Is the service effective?

Our findings

At our last inspection on 10 and 11 December 2014, we found that the provider did not have processes in place to assess and consider people's capacity to make decisions about their care and treatment in line with the Mental Capacity Act 2005 (MCA 2005). We asked the provider to make sure they acted in line with the MCA.

At this inspection the manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. The manager told us that, since the recent Supreme Court judgement in respect of DoLS, they had made 47 applications to the local authority to deprive people of their liberty. At the time of our inspection we noted that 21 DoLS applications had been authorised and the others were being processed by the local authority. We saw that all of the paperwork was in place and kept under review and the conditions of the authorisations were being followed.

Records showed that staff had completed training on the MCA and DoLS. One member of staff told us they had received training on the MCA. They said where a person might not have capacity to make decisions about certain things the manager would make sure capacity assessments are carried out. Other people such as relatives and health care professionals would be involved in making decisions in the persons best interests.

At our last inspection we found that people were not protected against the risks of inadequate nutrition and dehydration. We asked the provider to make sure that people were protected against the risks of inadequate nutrition and dehydration.

At this inspection we found that people were being supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences and how they could be supported by staff to eat a nutritious and healthy diet. For example one person's care plan recorded that they needed encouragement to drink. Staff were observed during breakfast time, giving this person gentle verbal prompts and offering them a new or different drink. Another persons care plan recorded they required fortified foods and drinks, we saw staff offering fortified foods and drinks to this person at lunch time. Where concerns were identified relating to people eating and drinking or weight loss we saw that referrals were made to the GP and the district nursing team for advice and support.

Staff were observed supporting individuals in a person centred way. People were offered a choice of foods for breakfast lunch and dinner. Staff informed people what the food was and were knowledgeable of individual preferences. If people changed their minds about their choice or forgot staff offered them something different. For example, one person ate very little of a pasta dish they had chosen. Staff offered them eggs and/or toast which they knew the person liked. The person opted for toast. One person was supported to drink with a straw and was supported to eat soup. Staff used an appropriate pace and did not rush them. Other people were reminded to drink and if they did not drink anything an alternative drink was offered. Staff were observed offering people second helpings. One person told us they had a 'lovely fresh salad'. They said they had been to the dietician and had been told they needed to 'watch their weight'. They said the salads were 'different everyday' and they enjoyed them.

The chef told us they often walked around the home and asked people what they thought of the food. They were fully aware of people's dietary requirements and told us that some people needed pureed food, several people had a soft diet and some people were diabetic. They showed us daily meal sheets which recorded meals on offer that day, the name of the person using the service, their selections and dietary needs. The chef was making a quiche at the time which was made with full fat milk and cheese to increase calories. Platefuls of cakes were also observed on the counter ready for tea time.

Staff received appropriate training and supervision that enabled them to meet people's needs. Records showed that staffs ability to undertake their roles and meet peoples needs were assessed as part of the recruitment process. A mandatory three day induction course was undertaken

Good

Is the service effective?

before starting work at the home. An on the job induction was then provided and a buddy scheme was in place to support and supervise new staff. Staff files included supervision and annual appraisal records. Staff supervision and appraisal frequency was also monitored by the provider. The manager said that any lapses in these areas were discussed with the regional manager. We saw staff training needs were monitored and recorded during supervision.

Staff said they had completed an induction when they started work and they were up to date with the provider's mandatory training. One member of staff told us, "I recently had training on dementia awareness. This has really enlightened me and helped me to understand the different stages of dementia. I am down to do an end of life training course which I think will be helpful. I get plenty of training. If I want more training I can just ask the manager." Another staff said, "I have done all of my mandatory training. I have also received training on dementia. This has given me even more confidence to do my job." Another said, "I get regular supervision from the manager and I have an annual appraisal. There have been a lot of improvements since the new manager arrived, especially around the quality of training. "

Staff training records confirmed that all staff, including bank staff, had completed training the provider considered mandatory. Mandatory training included safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia awareness, health and safety, moving and handling, infection control, first aid, fire safety and food hygiene. Staff had also completed training on other topics such as administering medicines, end of life care and nutrition and hydration. Mandatory training was recorded on a database matrix, this indicated when staff required training updates. This database was monitored by the manager. Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene.

We found that people were supported to maintain good health and had good access to health care support. The GP contacts were documented in all the records reviewed. People were supported to access care from a range of professionals for example, chiropody, district nurse, and dental and hospital appointments. We found that a referral had been made to the district nurse following identification that a person was at increased risk of pressure ulcers. Advice to staff was documented in the care records and on the person's care plan.

Good

Is the service caring?

Our findings

At our last inspection on 10 and 11 December 2014, we found that people's care plans showed little evidence they were involved in making decisions about their own care and lifestyle choices. Staff did not always respond to people sensitively and in a timely way when offering support and people were not always treated with dignity. Staff did not always demonstrate an understanding of people's life histories and preferences. We asked the provider to make sure that people were able to participate in making decisions relating to their care or treatment.

At this inspection we found that people's care plans had significantly improved and included much more detail about the person, their needs and preferences. We saw that obtaining information about people's personal histories had been discussed at a relatives meeting in April 2015 and a number of relatives had volunteered to try out a new care planning tool. Relatives told us they were consulted about their relative's care and support needs. One relative told us, "I get to see my father's care plan and any changes. You can always ask to see it." Another said, "Mum's care worker goes through the care plan with me and I sign for any changes." Each care file we looked at included an "at a glance sheet" that provided staff with a summary of the person's care and support needs, their personal history and likes and dislikes. For example one summary recorded that the person was allergic to penicillin. Another set out a person's wishes to remain independent and a preference of the name they wished to go by. All of the care files we looked at included a section on personal histories. This recorded the person's hobbies and interests, place of birth, good times and bad times, favourite places and holidays and the jobs they used to do. We saw for example one person had been in the Royal Navy and another person had been a machinist and driver. We also noted that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place.

It was evident throughout the course of the inspection that staff knew people well and understood their needs. We witnessed many examples of good care giving and saw that people were treated with understanding, compassion and dignity. Staff appeared to know people well. We saw them actively listening to people and encouraging them to communicate their needs. For example, we observed a member of staff engaged in discussing a person's experiences during the war with them. We saw staff responding to people's needs in a calm and effective manner supporting them to the toilet and responding to requests for drinks and snacks. One member of staff told us there had been significant improvements made at the home since the current manager took up their post in September 2014. The manager was "very resident orientated" and had organised a lot more activities for people. They said care plans were much better, they contained more information which helped staff get to know people and what their needs were.

One person using the service said, "The staff are very good and kind. I get a cup of tea early in the morning." Another person told us, "They treat you well here. You only have to ask and the staff get things for you." A third person commented, "The staff, on the whole, are good and kind." A relative said, "The staff are polite to residents. I've never seen anybody getting rude with them." Another relative said, "Most staff here are very friendly to residents."

Staff respected people's choice for privacy as some people preferred to spend time in their own rooms. One person said, "I like my privacy and the staff give it to me. They always knock when I'm in my room." Another person said, "They are very discreet when washing you. They are good at giving you your privacy. A relative said, "Respect and dignity for residents has got better." Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I make sure the doors and curtains are drawn when I am giving someone personal care. I put a towel over them and I always explain what I am doing for them, This is very reassuring for them." Another said, "I call people by their preferred name. I like to tell people what I am doing for them. I take my time when I help people."

People were provided with appropriate information about the home in the form of a "Service user guide". This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints

Good

Is the service caring?

procedure and the services and facilities provided at the home. The guide also advised people on how they could obtain a copy of the Care Quality Commission's inspection latest report.

Good

Is the service responsive?

Our findings

At our last inspection on 10 and11 December 2014, we found that people's care plans were not always reflective of their individual care needs and preferences. We asked the provider to make sure that people's care plans reflected their care needs and preferences.

People's care files were well organised, easy to read and accessible to staff. We saw that people's health care and support needs were assessed before they moved into the home. These assessments covered, for example, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The manager told us that care plans were developed using the assessment information and kept under regular review. They contained information about people's medical and physical needs. For example, the equipment they needed to ensure safe moving and handling. They included information such as how people would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and guidance to staff about how their care and support needs should be met. For example one person's care plan required staff to speak clearly and position themselves in front of the person so they can see them as they had a hearing Impairment. Another persons care plan included tips for staff in preventing distress which included not removing a person's handbag as this might cause them stress.

People's care files also included risk assessments and other documentation, for example, Mental Capacity Act (2005), Deprivation of Liberty Safeguards assessments and records of best interests decisions. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms, where appropriate, in some of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However, this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP. All of the care plans and risk assessments we looked at had been reviewed by on a monthly basis or more frequently if required. We saw daily notes that recorded the care and support delivered to people.

People were allocated a named key worker who took responsibility for updating and changing people's care plans. An annual review system was in place and we found relatives were engaged in these reviews. A member of staff showed us a daily handover sheet used at the home. They said this ensured people received continuity of care. A member of staff confirmed there were hand over meetings where they shared any immediate changes to people's needs. They said handover meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

People told us they enjoyed the activities provided at the home. During the morning we saw some people sitting quietly reading daily newspapers and some people watching television. One person said, "We get exercises to music, singing and someone comes to entertain us." Another person said, "There is enough to entertain me. The garden is used in the good weather. We had a shopping trip out and went to Southend and we also went to a TV show." A relative said, "There is always something going on here." The home employed three activities coordinators. The manager told us another was being recruited at the time of this inspection. One activities co-ordinator told us that activities included pub lunches, potting plants, gardening and trips to historic sites. They drove the home's mini bus and got people out and about as often as possible. The planned activity on the second day of the inspection was a shopping trip to a local high street. However, as it was raining the activity changed to a coffee morning and 1930's to 1950's quiz. We saw that people using the service joined in enthusiastically and others just watched but all had cake and coffee. We saw that some staff had been trained on "Ooomph!", this is a program of activity classes that improve physical mobility, social interaction and mental stimulation of older people. We saw staff facilitating and people using the service enjoying these classes. Throughout the course of our inspection we saw positive interactions between people using the service and staff.

A complaints system was in place. The complaints procedure was included in the service user guide. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "I've never complained. If needed to I would go to the manager." Another person said, "I've never complained. If I was unhappy about anything, I would say something." Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully

Good

Is the service responsive?

investigated and action taken if necessary. The manager showed us a complaints file. This included a copy of the procedure and forms for recording and responding to complaints. Complaints records showed that concerns raised were investigated and responded to appropriately and, where necessary, meetings were held with the complainant to resolve their concerns.

Good

Is the service well-led?

Our findings

At our inspection, 10, 11 December 2014 we found breaches relating to medicines, keeping people safe, diet and nutrition, care planning and people being able to make decisions about their own care and treatment. We asked the provider to make improvements in these areas. Following that inspection the provider sent us an action plan telling how they were going to make these improvements. They kept CQC informed of the changes that had been made. At this inspection we found that significant improvements in all of these areas.

The home had a registered manager in post. They took over as manager in September 2014 and registered with Care Quality Commission in February 2015. Comments from people using the service included, “The manager has made improvements.”, and “From what I can see, the home is run well. It’s quite good really.” A member of staff told us the manager had “made a big difference at the home” they said, “The manager shows herself on the floor, she listens to people using the service and staff. We were falling apart before she came. She’s put it all back together and its beginning to work.” Another said, “Things have really improved. Morale used to be really low but it’s better now. The manager has got a real handle on things and it’s a better place to work.” A relative told us that late last year and early this year things were not particularly good at Riverdale. They went away for six months. When they returned in June they noticed a dramatic difference at the home. They said, “It’s not the same place now, it’s been completely turned around. Staff seem to have a proper structure and the managers have been very supportive. Mum was unhappy but is now very happy. I only hope that the manager stays and the improvements continue.”

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The manager showed us the organisation’s electronic quality monitoring system. This monitored areas such as medicines, care plans, falls, weight loss, infection control, incidents and accidents and complaints. The manager told us the system enabled them to identify areas of concern and put systems in place to make improvements. They said they monitored the system on a weekly basis. The regional director told us they had external access to this system. Where shortfalls had been identified they discussed these with the manager during their weekly visits to the home.

We saw reports from unannounced night time checks carried out by the manager at the home to make sure people were receiving appropriate care and support. The manager also showed us mock inspection reports completed by senior managers in July 2015. These covered the CQC’s domains of safe, effective, caring, responsive and well led. These highlighted areas of good practice and areas where improvements could be made. The manager told us they were working on an action plan with the regional director to address the issues identified in their report.

People using the service and relatives told us there were regular resident’s and relative’s meetings. Minutes from the September 2015 meeting indicated the meeting was well attended by people using the service and issues discussed included food, cleaning, laundry and activity planning. One person said, “We have resident’s meetings and we can all have our say and things do get done.” Another person said, "You can say what things you want at the meetings and relatives can come to the meetings too.” A relative told us, “There are relative’s meetings, I get along when I can.” Issues discussed at the July 2015 meeting included activities, staff recruitment, feedback forms, relatives attending care plan reviews and mock inspections at the home.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through surveys. The manager said they used the feedback from the surveys to make improvements at the home. They showed us that a resident’s survey was currently being undertaken by an external company. We saw that a relative’s survey had been carried out in May 2014. We saw actions taken as a result of that survey included the purchasing of finger nail kits, enhancing meal time choices on menus and the introduction of “Open surgery” meetings with the manager.

Staff told us they liked working at Riverdale Court and about the support they received from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One told us, “I am happy working here. I like the residents. It’s a nice home.” Another said, “The manager is always on the floor and very visible.” A third member of staff said, “The manager has an open door policy and is approachable. I can go to them if I have a problem.”