

Riverlea Care Limited

Riverlea House

Inspection report

105B-107 Lower Road
River
Dover
Kent
CT17 0QY

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Website: www.selecthealthcaregroup.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The unannounced inspection took place on the 5 December 2016.

Riverlea house is registered to provide accommodation and personal care for up to a maximum of forty-four people, some of whom may be diagnosed with dementia. At the time of our inspection there were forty-two people living in the service.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the registered manager, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the management team.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet people's needs.

People had access to healthcare professionals as and when needed to meet their needs

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support people's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Riverlea House

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 checked 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 took place on 5 December 2016 and was unannounced and carried out by two inspectors.

Before the inspection the provider had completed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed other information that we hold about the service such as notifications, these are the events in the service that the Registered Manager is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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 spoke with four people who used the service, three of their relatives, five staff, the registered manager and the area manager. We looked at records in relation to nine people's care, six staff recruitment folders and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe residing in the service, one person told us, "I feel safe in the home and the care and support I receive is good." A relative informed us, "The home takes good care of my relative and I always feel reassured that they were being cared for and were being supported to meet all their needs."

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager, staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved with ensuring that people's risk assessments were kept up to date to ensure people's safety either when they accessed the community, used public transport or used the service's vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

The manager informed us that the service reviewed staffing levels of the service on a monthly basis as to ensure that the service had sufficient staff in place to meet the needs of people using the service. The manager and staff told us that there was enough staff to meet people's needs however; additional staff support could be deployed as and when required. For example when people went into the community for days out the service deployed more staff to ensure the safety of all the people inside and outside the service at the time. This was confirmed by our observations of care people received and records reviewed.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes which showed the service gave people choice and respected each individual. The manager informed us, "People were supported in finding a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service."

The manager had also arranged for all electrical equipment to be serviced and tested to ensure the safety of the people in the service. There were some minimal maintenance works that needed to be carried out in some of the bedrooms. This was brought to the attention of the manager and on our return on the second day of the inspection this had all been resolved.

People received their medication as prescribed. We found all medication administration charts (MARS) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were

reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. One person informed us that they received their medication on time and knew what time they had to attend the medication room. Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

Is the service effective?

Our findings

We found staff to have good knowledge and the skills they needed to provide good quality care to people using the service.

Staff received a robust induction to ensure they understood their role and could care for people safely. Records confirmed this and staff told us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. There was a period of being observed by an experienced member staff and the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied.

Staff attended mandatory training when they started employment and they attended yearly refresher courses and this would either be via Distance learning, DVD or planned training dates at a local venue. We found staff to be positive about their training and they felt supported by the manager and the provider. Staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team have an open door policy which means we are able to approach them to gain clarity on areas of practice." Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff were also encouraged to do additional training and development to continually develop their skills. One member of staff informed "We are offered a number of training modules which have relevance to our roles and this helps us to deliver safe and effective care to people. If we need anymore training we can just ask the manager."

Staff had regular supervision. Staff informed us that this gave them the opportunity to sit down with the manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and also looked at ways in which staff could develop and best support the people they are caring for. Staff informed us that they had regular team meetings with the manager and owner and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the registered manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meeting with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have. One member of staff said, "We have formal and informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the people we are caring for."

The manager informed that they also do observations of staff throughout their period of employment and

will acknowledge areas of good practice and improvement and this keeps the staff motivated. We found that the manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the people using the service. One Staff informed us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

One member of Staff informed us, "People in the service have varying levels of capacity and in order for us to best support people we assess everyone's ability to make an informed decision in line with the Mental Capacity Act 2005 and if they are unable to make a decision we support them to make a best interest decision." Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs where being met in the best way possible .

People said they had enough food and choice about what they liked to eat. People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and Consultant Psychiatrist. A relative informed us, "The staff always keep us up to date about our relative's health and wellbeing and communicated any changes in a timely manner."

Is the service caring?

Our findings

The service provided a caring environment to the people using the service and those visiting.

One relative informed us, "The care delivered in the service was very good." The relative went on to say, "Staff are very compassionate, friendly and appeared to have a good knowledge of the people they are caring for."

Staff listened to people and acted accordingly to ensure that their needs were met in a caring manner. A relative informed us, "Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place."

The people's care plans we viewed detailed each person's preferences of care, including their past life history, as this ensured that staff were able to meet the needs of people effectively.

People and their relatives were actively involved in making decisions about their care and support. One relative informed us, "The service had involved them and their family in the care planning of the person to ensure that the transition from home to the service would run smoothly and the person would settle in the service", the relative went on to say, "we are regularly invited to care review meetings, in addition, staff and the manager will contact them if there has been a change in the person's needs."

The manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting people.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. The manager informed us people were supported to undertake tasks such as laying the table's and even some of the people using the service had been running a small shop in the home "The Olde Shop" which sold items such as cold drinks, toothpaste to other people and staff in the service, the manager informed this gave people a sense of involvement and engagement in the service.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. The manager regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person told us, "At least every month a few of us go to the local shopping mall for a coffee and some shopping, we really do have a good time and we always look forward to our outings. Another person informed, "This year for Christmas we are going to a local pub for a Christmas meal, and our relatives have been invited." The manager also added, "Some of the people have been involved in setting up a shop in the home. We converted one of the rooms into a little store, which is ran by the people and proceeds from the shop either go to charity or towards paying for day trips." One person added, "I think the shop was a good idea every day I go into the store and do a stock check to ensure we are well stocked up, one of the staff goes around to all the people in here to see if there is anything they would like added to the store for us to sell."

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods. One person informed us, "The manager has always involved us in the planning of our care, over the last year the home has started to take more people with dementia, and to help those who don't have dementia or understand about dementia, the manager arranged for a few of us to have dementia awareness training so we have a better understanding of how to interact with people with dementia and what they are going through."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to

complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in their absence the area manager, administrator and senior care staff looked after the service and kept the manager up-dated on their return. The registered manager had a very good knowledge of people living in the service and their relatives. People and relative informed that they were very approachable and could speak to them at any time.

The manager informed they had been in the home for just under a year and since coming in they had reviewed process that had been in place and looked at improvements that could be made without making too many changes that could be disruptive to the day to day running of the service. The manager informed us, "As previously noted, when I first came here I noted that some of the people without a cognitive impairment were finding it increasingly difficult adapting to the change this being the service supporting more people with cognitive impairment. I arranged for dementia awareness training for those people who did not have cognitive impairment as to ensure they had a better understanding of people with a cognitive impairment. I also reviewed every persons care plan and changed the format as to ensure information was up-to-date and easily accessible to all staff and professionals visiting." Records we reviewed confirmed this.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.