Five Rivers Living LTD.

Five Rivers Living

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Five Rivers Living is a purpose-built home offering residential care for individuals both over 65 and under, those with dementia related needs and physical disabilities. The home can accommodate and care for up to 50 people who require accommodation and support with personal care. Nineteen people were living at the service at the time of our visit.

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

We have made a recommendation about promoting communication between people and their relatives.

People who lived in the service told us they felt safe. Arrangements for assessing risk, safety monitoring and management within the service had improved since the last inspection. People's medicines were now managed safely and Infection control measures had been increased since COVID-19. People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. The provider followed safe recruitment processes to ensure the right people were employed and there were enough staff to keep people safe.

People's needs were assessed before starting with the service. People said they received care from staff who they felt were skilled and experienced. Staff received an induction and the mandatory training, however we found staff had not always undertaken all of the relevant training to meet the needs of the people at the service. People were supported to receive the nutrition and hydration they needed to stay healthy. Observations of the dining experience during the inspection was positive. People were supported to access a range of healthcare support. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People told us staff were kind and treated them well. Staff we spoke with were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance. People and their relatives told us they had a say in the care provided, daily routines and how their needs were met. People's records were kept secure.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time. People and relatives gave mixed feedback with regards to meaningful activities available at the service. We saw some activities taking place in lounge areas on the day of our inspection. People and their relatives told us they would be happy to raise a concern if they had one. The provider had a comprehensive end of life care planning policy, however we found improvements were needed to ensure staff practice reflected what was in the providers policy.

Improvements had been made to the providers quality assurance systems and the management oversight,

however these needed more time to be fully embedded into the culture of the service to ensure these were effective for people. Senior care staff had been recruited to support the registered manager and the provider was now supporting the registered manager with the quality monitoring and communications with external professionals. Staff understood their roles and felt supported by the registered manager. Relatives felt communication could have been better during COVID-19. Staff spoke positively about working at the service. The staff were supportive of people's cultural needs and people were openly encouraged to follow their faith. The provider and registered manager were working through a service improvement plan and took an open and transparent approach when incidents occurred. Staff worked with other agencies to provide timely care. We saw evidence the staff and management worked with other organisations to meet people's assessed needs.

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 inspected but not rated (published 9 September 2020). 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.

Why we inspected
The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Five Rivers Living on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement

Five Rivers Living

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 Care Act 2014.

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
The inspection team consisted of two inspectors and an Expert by Experience who made calls to relatives away from the home. 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
Five Rivers Living is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nominated individual, senior care workers, care worker and the chef. 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 three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including quality assurance checks, safeguarding information and accident and incident information.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies, staff rota's, training data and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management
At our last inspection the provider had failed to ensure management of medicines was robust so that people received their medicines as prescribed. The provider had failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

● Medicines were received, stored, administered and disposed of safely. We saw records were fully completed and regular auditing of medicines was carried out to ensure any errors could be rectified.
● People had their medicines when they needed them. One person told us their experience of receiving medication had really improved and they now received their medication when they wanted it.
● Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
● People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls. Risk assessments were reviewed and updated regularly or if there had been any changes or incidents.

Staffing and recruitment
● At the last inspection we found the provider had not ensured staff were always working a safe number of hours. At this inspection the registered manager had consulted with staff to determine the length of shift patterns preferred, to meet the needs of the people at the service. The registered manager had also reduced the number of hours they worked, however it was important the provider had oversight of this, to support a safe balance.
● The provider used a dependency tool to determine staffing levels at the service. However, staff still had mixed views about staffing levels at the service, two care workers felt staffing was adequate, as there was always a senior on the floor now, but one reported not all staff were happy with supporting people on a one to one basis for a long period of time. People and their relatives had mixed views on staffing levels at the service. We did not see any impact of this during inspection.
● The manager acknowledged the challenges COVID-19 had on maintaining a consistent staffing team, whilst recruitment was taking place. The manager had been supported by the provider and additional senior care workers had been recruited to the service.
● People were supported by appropriately recruited staff. Appropriate background checks were completed on staff including references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal

record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

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 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's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe receiving their care from the service. One person said they felt, "comfortable" and there were always staff coming to check on them. A relative said. "I do feel [my relative] is safe, although I'm concerned that I haven't been able to see [them] properly since March. I do see [my relative] through the window".
● Safeguarding systems were in place to reduce the risk of abuse, as safeguarding investigations were completed, and learning was identified to prevent similar occurrences. Staff received training and were aware of the signs of abuse and the procedure in reporting.
● Staff told us they would report concerns and felt supported by their manager in doing so. One care worker said, "if we notice anything we report to a senior care worker, there is always one on shift".

Learning lessons when things go wrong
● The registered manager took a detailed approach to learning from incidents and was committed to ensuring improvements were identified and acted on.
● Investigations were completed, and learning was shared with staff to help prevent further incidents. Audits and team meetings were used to document and communicate learning within the service.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed.
- A relative told us, "I know [staff] write about the care [my relative] needs and what they have done to help [them]."
- The assessment covered all aspects of people's physical and mental health needs, in order to enhance the full strengths of what a person may or may not be able to do. The registered manager ensured they supported families and worked with stakeholders to assess people's needs and continued to meet them.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started working at the service.
- A care worker told us, "I had an induction, shadowing [care staff], then went through policies and procedures. Medication competencies were completed, along with fire [safety]. I felt confident". Another care worker said, "We can request more training". People said they received care from staff who they felt were skilled and experienced. A relative said, "[Staff] do seem to get training and know how to use equipment such as the hoist".
- Records showed, and staff confirmed, they received regular supervisions and mandatory training to do their jobs effectively, however training records kept by the provider, showed staff had not always undertaken all of the relevant training to meet the needs of the people they were supporting. The registered manager advised staff had already undertaken recent refresher training since the last CQC inspection and staff were next to focus on completing the necessary specialist training to meet the needs of people.

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

- People said they liked the food served and it met their cultural and other dietary requirements. A person said the food was good and if they did not like what was on offer, there was always something available. A relative said "The food is great, [my relative] loves it, they have seconds and thirds, and [the staff] know what [my relative] likes and they [staff] give it to [my relative]."
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. The chef had a good knowledge of people's individual food and drink likes, dislikes and risks.
- The meal time experience was positive. Staff were available to give assistance and support. People were offered food and drink choices. Staff showed people different meals and drinks for them to make a choice. Staff encouraged people to eat and drink.

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

● When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. One relative said, " [The staff] have got the GP out to see [my relative] when it's been needed and the GP has then phoned me to let me know what's happening."

● Records showed people had access to a GP service, community nursing service and other professionals as required. During the COVID-19 pandemic most of the referral meetings were held remotely.

● People had access to preventative and early diagnostic services such as eye tests and access to a chiropodist. Staff assessed people's oral health and developed oral health care plans.

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

● The premises is a large new build property, which was purpose built by the provider, to provide care to the local community. It had been designed to make easy access for those with disabilities and physical impairment.

● The service contained a multi-cultural faith room where people could pray, a cinema room, a hairdresser room and lounge areas across the three storey building.

● People told us their bedrooms met their needs. Bedrooms were personalised with people's belongings including a photos and small items of furniture.

● Garden space was available and accessible to people. Ramps were provided for the use of wheelchairs. Garden furniture was also provided, as this encouraged people to go out and have fresh air.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the time of our inspection there were five people who were subject to a DoLS authorisation, the registered manager had made further DoLS applications to the local authority and kept them under review until a response had been received.

● A DoLS log was in place to ensure the provider and registered manager had oversight of the DoLS in place and when they expired, however this was not always kept up to date, as it did not reflect the DoLS notifications received by CQC for the service.

● Staff had completed training in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about the attitude of staff and the way they were treated. One person said, "Everybody is kind here". A relative said, "They are very good and we are happy. [Our relative] is washed, dressed and fed and all the carers, including the agency staff, I can't fault them. They laugh and chat with [my relative]". A care worker said, "I have a relative in a care home and I can honestly say I would move [them] here. It's a lovely home, it has had its ups and downs, [people] are looked after and we are a good team."
- Staff treated people with understanding and a consideration for their specific cultural needs. When discussing a person's care needs with inspectors, a care worker was knowledgeable about routines in relation to the person's faith and knew what they could and could not do.
- Staff we spoke with were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they had a say in the care provided, daily routines and how their needs were met.
- A person said, "I try to be as much as I can [to be involved], particularly now, if I don't speak up for myself, my [relatives] aren't able to help me as much as they were, as they can't come in as much [due to COVID-19]."
- One relative said, "[my relative] likes to spend time in [their] room and that is fine with [staff]".
- We saw people could have access to an advocate to support them make decisions about their care and support. At the time of our inspection, no one was using the services of an advocate. Advocates are independent of the service and support people communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. The registered manager told us they were confident all staff were respectful of people's privacy and dignity. A relative said, "My relative has [their] circle of carers who [they] like and [my relative] has a named carer. They all seem kind and friendly".
- One person told us, "[The staff] are getting to know me pretty well now, the staff that have been here since I started, they know when I'm having a bad day to just leave me alone".
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal information.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care and support

● The provider had a comprehensive end of life care planning policy in place to meet people's wishes for end of life care, however improvements were needed to ensure staff practice reflected what was in the providers policy. We were not assured staff were competent to deliver effective end of life care planning.

● Records kept by the provider, showed staff had not undertaken end of life care training. The registered manager had plans for staff to be trained in this area. However, during the COVID-19 pandemic, more than ever, care workers who may not be specialists in this area, are finding themselves working with people whose condition is deteriorating rapidly. It is essential, care workers are appropriately trained.

● Care plans included information about how people wanted to be supported towards the end of their lives.

● The registered manager said they worked closely with other professionals, such as community nurses, when providing end of life care.

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

● People and relatives gave mixed feedback with regards to meaningful activities available to them or their relative. One person told us how they use to like attending various clubs, disco's and choirs. They said they felt frustrated at this time due to COVID-19, meaning they were unable to go out. A relative said, "Every month [staff] arrange a takeaway meal for [people] and there does seem to be a few games they play." Another relative said, "There doesn't seem to be a lot of activities going on but [my relative] makes [their] own entertainment and they do have a TV room."

● Care plans captured individual activities, however many of these choices had been reduced since the COVID-19 pandemic. The registered manager said they were working with staff to ensure more interesting activities took place for people at the service. The registered manager had organised outside groups to come to the service ground floor windows, to sing and play live music for entertainment.

● We saw some activities taking place in two lounge areas on the day of our inspection. People looked happy and were concentrating when engaged in a task.

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

● Care plans contained detailed information about how staff were to meet people's needs.
A relative said, "[Staff] do respect the choices [my relative] makes about [their] care and what [they] want to do with [their] time".

● Staff informed us what was important to each person including; what they liked and did not like and their preferred daily routines. Staff demonstrated genuine concern for peoples well-being.

● Handover took place between each shift. This meant all staff had the most current information about each

person to ensure their needs and preferences could be met.
● Each plan of care was reviewed monthly. However, the comments in the reviews did not always provide an up to date picture of any changes needed to improve the persons care. It was not clear from reading the records, if people had been involved in the reviews of their care plans.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The registered manager was aware of the Accessible Information Standard
(AIS) and people's communication needs had been assessed when they were admitted to the service.
● The registered manager and staff informed us most people were able to understand and communicate effectively. This was confirmed by staff, our conversation with people and observations during the day. For one person, English was not their first language, they regular had support from an interpreter who was able to speak to staff when needed. The person was also still being supported by staff to attend a day centre, where they had interaction with others in their first language.
● The registered manager said staff read to people to support them with their sight difficulties. COVID-19 had presented some challenges for people who were hard of hearing due to the wearing of facemasks and the staff team were keen to work on some ideas to improve this.

Improving care quality in response to complaints or concerns
● There were arrangements in place to ensure people's concerns and complaints were listened and responded to, to improve the quality of care. People told us they would be happy to raise a concern if they had one. One person said, "If you have got a complaint there is always someone you can go to. It doesn't have to be [the manager] it could be your key worker or a care worker".
● A relative said, "If we had a problem we would speak to the manager or to individual carers; there is one senior carer who we could also talk to".
● Where complaints had been received since our last inspection documents confirmed the stages worked through to deal with the complaint. This included documentation, investigation, feedback to the complainant and addressing the issue.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the service. 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.

● At the last inspection, we found quality monitoring checks were not effective at identifying areas that required improvement. During this inspection we found improvements had been made, however these improved processes needed more time to be sustained, maintained and fully embedded into the culture of the service by all staff.
● The registered manager had identified the internal incident reporting by staff was not always detailed enough to ensure clarity with regards to incidents that had taken place. The registered manager had started to undertake 'lessons learned' training with staff, alongside updated documentation training, to ensure staff were consistent in their recording at the service. More time was needed to see the impact of this to the outcomes for people at Five Rivers Living.
● The registered manager was still working a large number of hours at the service, supporting and developing new staff. The COVID-19 pandemic had also put an increased demand for care records and data from other professionals in relation to the care people were receiving. As a result, it was not always possible for them to ensure all record keeping was kept up to date all of the time. This was discussed with the provider, who was now supporting the registered manager with the quality monitoring and communications with external professionals. However, improvements were still needed to ensure responsibilities were realistically distributed at the service.
● Inspectors found improvements were still needed to ensure staff received specific training to the people they supported, for example positive behaviour management, diabetes and end of life care. This was still outstanding from the last inspection; however, a programme of staff training had commenced by the provider.
● The registered manager and provider had implemented a quality assurance audit system to ensure all areas of the service were running well and people were receiving good quality care. This was used to identify what was going well and what could be improved. A home action plan was now in place, which was to

remain in place, so the provider could monitor the progress of the improvements and allocate resources where needed. Time frames for actions were realistic for staff.

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

● Feedback from relatives about communication was mixed. Some relatives we spoke with felt communication with the home could be improved. One relative said, "[Staff] don't always tell us much and never phone to let us know things, but we can always phone them. There is no particular person we deal with. We just speak to whoever is in the office." A second relative said, "There is not a lot of communication from the senior people. We had to chase them and find out what was going on with the service when the lockdown happened".

● We discussed this with the registered manager who provided a detailed explanation of the actions they had already taken to improve communication, by the implementation of named key workers for people and the recruitment of senior care workers. They acknowledged work was still needed to embed this into staff practice and ensure staff were confident in their communications.

We recommend the provider promotes communication between people and their relatives in order to keep them up to date with any changes in the service or people's care.

● Staff told us, and records confirmed regular staff meetings took place as did one to one meetings with the registered manager. There were daily handover meetings where staff discussed anything of note and they also had access to a secure group app where information was shared. Staff said they felt confident to raise issues with the management team.

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

● Person centred care was evident; we determined this through a review of care records, observations of care and discussions with staff and the registered manager.

● Pre-admission assessments included people's preferences, likes and dislikes, communication needs, dietary requirements and cultural backgrounds.

● Staff spoke positively about working at the service and said the registered manager was approachable. One care worker said, "I love working here, I think I couldn't see me anywhere else, we have a good team and I enjoy looking after [the people]". Another care worker said, "The manager is always walking round and is known to everyone which is nice to see in a home".

● The service had a calm and friendly atmosphere. The staff were supportive of people's cultural needs and they were openly encouraged to follow their faith.

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

● There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw incidents had been shared with family members.

● Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the service if they needed to, for example to local authority and CQC.

● The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Working in partnership with others

● The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with social workers and people's GP's.
● The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about COVID-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.