

Care UK Community Partnerships Ltd

Riverside

Inspection report

Broomstairs Bridge
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Hyde
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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 ●

Summary of findings

Overall summary

About the service: Riverside Care Home provides accommodation, nursing and residential care for up to 87 people who may be living with dementia, physical disability or require nursing care. The home is located in a residential area of Manchester and caters for young people over the age of 18 as well as older adults. There were 78 people using the service at the time of the inspection.

People's experience of using this service:

Improvements to medicines management and quality audits have been made since our last inspection in March 2018. The service is now rated as good in all areas.

Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs.

People were supported by staff who were motivated, enjoyed their job and felt well supported through supervision and training.

Care plans were up to date and detailed exactly what care and support people wanted and needed.

Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.

People felt safe at the home and appropriate referrals were being made to the safeguarding team when necessary.

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

Medicines were being administered safely and people's health and dietary needs were met.

Activities and outings were arranged to keep people occupied.

The home was clean and tidy.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was approachable. Audits and checks were used to drive improvements to the service people received.

People's feedback was used to make changes to the service, for example, the development of a private

family room.

Rating at last inspection: Requires improvement (report published 7 June 2018). The overall rating has improved to good following this inspection

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the CQC 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Riverside

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector, two assistant inspectors, two pharmacy inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their experience was with care of older people and people living with dementia.

Service and service type:

Riverside is a care home which provides nursing and personal care to older people, people living with dementia, adults with physical and/or learning disabilities and people living with mental health issues. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 12 people who were using the service, six relatives, 12 care workers, one activities coordinator, the chef, two housekeepers, one handyperson, one deputy manager, one unit manager and the registered manager.

We looked around all the home and reviewed a range of records. These included eight people's care records, medication records and risk assessments. We also looked at some records relating to the management of the service

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- When we inspected the service in March 2018 we found medicines were not always managed safely. On this inspection we found improvements had been made.
- People using the service were supported to take their medicines by staff who had been trained to do this safely.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The pharmacy inspector made some suggestions about how medicines management could be improved further, which the registered manager agreed to implement.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Their comments included, "If I've ever been bothered about anything, it's been dealt with." "I upset my [relative] yesterday by saying I felt safer here than at their house. It's because the staff here are trained to look after you."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Risks to people's safety were assessed and plans put in place to try and keep people as safe as possible.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- People were supported by a consistent team of staff.
- The registered manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly.
- The home was clean, tidy and odour free.
- The service had been given five stars for food safety in July 2018, which is the highest award which can be

given.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

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

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People visited the service and could stay for a meal to help them decide if they wanted to live at Riverside.
- People's care and support needs were discussed with them and a care plan put in place.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role. Staff comments included, "I can't praise the training highly enough." "Everyone tells everyone else about the training available as soon as it comes out."
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A new care worker told us, "I really like it here and I'll stay. I feel very supported and part of a team. Everything is explained to me but I'm learning on the job and not just watching."

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

- People told us meals at the home were good with plenty of choice and variety.
- People's dietary needs and preferences were documented in their care plans.
- If people needed a special diet or modified diet this was provided.
- The meal time experience for people was a relaxed and social occasion.
- Meals were attractively presented.

Staff working with other agencies to provide consistent, effective, timely care

- If someone needed to go to hospital a system was in place to ensure the relevant information would be sent with them.
- Seven local GP surgery's visited the home and whenever possible people were offered a choice of their preferred surgery.
- Services from other healthcare professionals such as chiropody, opticians, dentists, dietitians, community mental health teams, speech and language therapists, physiotherapists and occupational therapists had been established.
- Staff also made referrals for any specialist healthcare professionals people needed.

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

- Refurbishment and redecoration was ongoing to ensure people were provided with high quality accommodation.

- Good signage was in place to help people find their way around the home. People had 'Memory Boxes' outside of their bedrooms which contained items relevant to their life and interests.
- Specialist equipment was available when needed to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were supported. Records showed people had been seen by a range of healthcare professionals including GPs, dieticians, podiatrist and opticians.
- Any advice from external healthcare professionals had been incorporated into individual care plans.

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

- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager ensured when specific conditions had been attached to DoLS authorisations these had been met.
- The registered manager ensured when someone lacked capacity the best interest process had been followed when a specific decision had needed to be made.
- Unless relatives had the appropriate legal authority to be involved in the decision-making process. The best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

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

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

- Staff in all roles were motivated and offered care and support which was caring, compassionate and kind. People's comments included, "The best thing about being here is the staff." "I'm very happy with the place. [Name] has been in three others [care homes] before this but this is by far the best."
- People were cared for by staff who were upbeat and enjoyed working at Riverside.
- Staff knew people well and engaged with them at every opportunity. One person told us, "They [staff] seem to know [what you want] before you say anything."
- Staff were caring and considerate and listened to what people had to say.
- People were content and happy in the company of staff.

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

- Staff supported people to make decisions about their care. People's views had been clearly recorded in their care plans.
- Relatives we spoke with told us they were kept well informed and were involved in discussions about care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.
- Statements from people using the service and staff about what dignity meant to them were displayed on a 'dignity tree.'
- People looked well cared for and staff offered appropriate support to make sure people were well presented.
- Staff supported people in a caring way to promote their independence.
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time. One person told us, "My relative is happy to come here and they visit me every week now but they wouldn't set foot in my last place." Another person said, "People can visit whenever, just like at home. You don't want set times."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well.
- People's care needs and preferences were reflected in their care plans. People had been involved in designing their care plans and in the care plan reviews.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- Staff organised activities, entertainment and outings to keep people occupied. People's comments included, "A really nice thought was we all got an Easter egg. Time flies here." "I like it here because they bring animals in. We're having a dog show in July with a barbecue. The boss from Head Office is going to be the judge. We're also having a Jamaican Day with steel drums and such." A relative told us, "No matter when you come there is something going on."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they would feel able to raise any concerns.
- Complaints and concerns were logged and reviewed to see if there were any emerging patterns or trends.
- Complaints had been responded to and managed appropriately.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records showed discussions had taken place with the people and their relative and their wishes were clearly recorded.
- Staff explained if no relatives or friends were able to sit with people, extra staff were made available to make sure the person was not left alone.
- Relatives had sent numerous compliments about the end of life care which had been provided. These were two examples, "Words cannot express my gratitude, appreciation and admiration for all you did and the care and kindness shown to [Name] and myself. You are all angels and stars for going beyond what I could have expected in the care and comfort through [Name's] last weeks." "We can't begin to thank you enough for all the care and love you have given to [Name] since they have been at Riverside. You were truly like family to them and it gave us great comfort to know she was being so well cared for. Thank you for all the support and kindness you have shown us during [Name's] final days. The family appreciated all you did for us, you made that difficult time much more bearable."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager who was supported by two deputy managers, nurses and team leaders.
- The home was well run. The provider, registered manager and staff were committed to providing good quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in March 2018 we found some of the quality audits were not effective in picking up and addressing issues.
- At this inspection we found improvements had been made to ensure people received a consistently good service.
- The provider completed their own 'inspections' of the service against the CQC standards. The reports were thorough and the registered manager acted upon any issues raised.
- There was a registered manager in post who provided leadership and support.
- There was an open and friendly culture in the home and staff told us the registered manager was approachable and supportive.
- Staff said they would recommend Riverside as a place to live or work at.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

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

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to. For example, people had asked for a private family room and this was being developed.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and were

committed to providing the best service possible.

- The registered manager demonstrated an open and positive approach to learning and development.

Working in partnership with others

- The registered manager had made good links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- The registered manager attended meetings with other managers who work for the provider and meetings held by the Local Authority and the Clinical Commissioning Group (CCG).