

# The Riverside Group Limited

## Roden Court

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Roden Court is an Extra care service providing personal care for older people. People using the service lived in their own flats. At the time of our inspection there were 32 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Under the previous provider the service was rated Requires Improvement, at their last inspection. There is an improvement plan in place and improvements have been made. There are still some areas which need improvement such as medicine management and some issues around staff culture.

We found that medicines were not always managed safely. We found errors had been made with medicines. For example, staff not signing the administrative chart. We have made a recommendation about the management of medicines. Staff were recruited safely and there was enough staff on duty to meet people's needs. People had clear and detailed risk management plans in place for staff to follow. There were protocols in place to reduce the spread of infection, although some relatives told us that the cleanliness in flats was not always of the highest standard. There was a system in place to learn lessons when things went wrong.

People had care plans in place which had been developed from care needs assessments. People and relatives told us they were involved in care planning. Staff had training to do their job and had support from their managers when they needed it. Staff supported people to maintain a balanced diet where this was part of their care needs. People received support from health care professionals when needed. People's consent was obtained in line with current legislation.

People and relatives told us most staff were kind and caring. However, 3 people and 1 relative told us some staff had poor attitudes and this needed to be addressed. We have made a recommendation about staff culture. People were treated with respect and dignity. Staff promoted people's independence when it was appropriate.

People and relatives told us that they enjoyed the activities arranged by the service although they would like to see more activities. People's likes and preferences were recorded, and staff knew how to support people the way they wanted to be supported. People were able to make choices and decisions about their care.

People and their relatives praised the new registered manager and their approach to making improvements and listening to concerns. People told us they knew how and who to complain to if needed. Staff told us they felt valued and listened to by the leadership team.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 March 2023 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on (16 February 2022).

#### Why we inspected

The inspection was prompted by a review of the information we had about the service.

#### Recommendations

We have made 2 recommendations about the management of medicine and staff culture.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always Safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was Caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was Responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was Well-led.

Details are in our well-led findings below.

# Roden Court

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 1 inspector.

#### Service and service type

Roden Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had about the service.

During the inspection

We spoke with 5 people using the service and 3 relatives. We spoke with 4 staff altogether, 2 care staff, 1 coordinator and the registered manager. We reviewed 4 people's care records including risk assessments and 4 staff files in relation to recruitment. We also reviewed a range of management records including staff training, supervision, medicines, audits, and complaints.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicine safely

- Medicines were not always managed safely.
- The new registered manager and provider are working to improve things. One of these is medicines where they found problems. They have done enhanced monitoring to get on top of things and now this is showing results. There are still issues to be addressed, we can see they are proactive in this, and we are confident they will continue to address things and improve.
- Audit checks of medicines showed there were several errors, including, 1 person given 2 doses of medicine instead of 1, this was done on 2 consecutive days. Staff not signing for medicine when it had been administered, staff signing for medicine which had not been administered. In one case 2 tablets had been left in a blister pack and not given to the person. We sampled 4 audits over a 4-month period and there were errors in each month.
- We spoke to the registered manager about this, and they reported that they had addressed these errors with staff and had provided additional supervision and training. Following our inspection, we were given an audit that had been carried out, which showed no errors had occurred in that 4-week period.

We recommend the provider seek guidance from a reputable source to review the staff competencies around the management of medicine.

- The provider audited medicine monthly and when concerns were raised, they were reported to the management team. The registered manager told us that overall, there had been a reduction in medicine errors, but further improvements needed to be made.
- Following our inspection, the registered manager told us they had also introduced daily medicine checks to reduce errors.
- As and when medicines, also known as PRN, were recorded in detail for staff to follow.

### Staffing and recruitment

- There were enough staff available to meet people's needs. Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals.
- We had mixed reviews about staff attitudes, 3 people and 1 relative told us some staff had poor attitudes and had been rude on some occasions.
- We spoke with the registered manager about this, they advised us that staff culture in the service was being addressed and had improved over the last couple of months, they acknowledged that there still

needed to be more improvement, and this was part of the overall improvement plan for the service. We were informed that following our feedback at the inspection they would address these issues of concern with staff.

We recommend the provider seek guidance from a reputable source in regard to staff culture.

- People and relatives, we spoke with stated that staff were punctual and stayed for the allocated time.
- Care calls were in line with what was recorded in people's care plans.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to protect people from the risk of abuse. People and relatives told us they liked living there and felt safe. One person said, "Yes I feel safe with staff and living here." One relative said, "Yes [my relative] is safe and happy there, no complaints, staff are caring, kind and sometimes go over and above what they need to do."
- The registered manager understood their responsibilities about safeguarding and had reported any concerns to the local authority and CQC. We saw records of these notifications on the providers electronic systems.
- There were safeguarding policies and procedures in place. This meant staff had guidance to refer to when needed. Staff had training on how to recognise and report abuse and they knew how to apply it. This helped to ensure people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- People had risk management plans in place. Identified risk were mitigated as much as possible.
- The provider assessed and monitored risks of harm to people and recorded their findings. For example, in one plan it stated, "I am at risk of falls. Staff to check to see if I am wearing my pendant and if I am not I'm encouraged to put it on."
- Staff understood how to respond to an emergency, staff told us on one occasion a person had a fall in their flat, staff explained how they had responded to this situation by making sure the person was safe and calling an ambulance to seek medical assistance without delay. Records reviewed confirmed this information.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.

Learning lessons when things go wrong

- The provider had a clear system in place to review accidents, incidents and complaints and share any lessons learned. For example, the registered manager told us that one person had a fall and following this the provider put in place extra measures such as additional recorded observation checks and a referral to the fall's clinic.
- The registered manager and staff told us they had regular discussions about making improvements to the service following all incidents. We saw records of actions and outcomes recorded on the electronic system following all accidents and incidents.

Preventing and controlling infection

- People were protected from the risk of infection. There were clear protocols in place to control and prevent the spread of infection. Health and safety audits were done regularly which included the prevention and control of infections.
- The communal areas were clean and tidy. However, 1 relative told us that improvements could be made to the cleanliness in one person's flat. We spoke to the registered manager about this, and they said they



would review the housekeeping arrangements and make the necessary changes needed for example by increasing the hours for domestic support.

- Following our inspection of the service a relative told us the provider had reviewed the person's support needs and an increase in housekeeping was put in place. This meant the person would receive additional support in this area.

# 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 of 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

- People's care needs had been assessed by the provider prior to people using the service. Areas covered were mobility, emotional, personal care, communication, sensory, social, health, and nutritional needs. Care plans were up to date showing current needs and reviewed regularly.
- Outcomes were recorded in people's care plans. For example, one plan stated, "I continue to spend time with my family. To continue to have support from the speech and language therapist." Records reviewed showed these outcomes had been achieved.
- People and relatives told us they were involved in their care planning. One person told us, "Yes I have a care plan and they [staff] sit with me and asked me questions." A relative said, "I am overall happy with the support and get involved in the care plans."

Staff support: induction, training, skills and experience

- Staff had the skills, experience and training to do their jobs and meet people's needs.
- Staff were supported in 1 to 1 meetings. Regular team meetings took place and mandatory training was provided for staff in several areas such as medicine, moving and handling, infection control, first aid, fire safety and safeguarding.
- Staff told us they were well supported, one staff member said, "We have team meetings regularly and supervision, I am valued, they listen to me and take on board any suggestion/ideas."
- Staff records reviewed showed staff had an induction into the service which included shadowing experienced staff to learn their role.

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

- People were supported to eat and drink enough to maintain a balanced diet.
  - People's food and drinks preferences were recorded in care plans. People with risks related to eating and drinking were assessed and recorded. For example, we saw in one person's care plan there was a risk of choking, details of support required to manage the risk was recorded including input from a speech and language therapist. Staff promoted healthy eating options for people.
  - Most people using the service told us their families would prepare and cook meals and staff would usually heat them up or make them a light snack or a sandwich. People's eating and drinking preferences were followed including cultural and religious preferences. Staff told us they would prepare food which was of cultural significance to people if this was what they wanted.
- People had input from health care professionals such as a Dietitian where needs were identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other agencies and people were supported to live healthier lives and access health care professionals when needed.
- Care records reviewed showed people had support from health care professionals such as the GP, speech and language therapist and the falls clinic. Recommendations and outcomes from health visits were recorded in people's care notes.
- Referrals made to clinics were made in a timely manner. This meant people would receive support when needed.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Capacity Act.
- Consent to care forms were in files and signed by the person or signed by a person with the authority to sign on their behalf.
- Staff understood how to support a person who may lack capacity to make some decisions. Staff told us they would use the best interest decision making approach in these cases.

# 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 of 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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff promoted people's independence.
- We observed interactions between people and staff, these were positive, friendly and respectful. We saw one person being supported to use their Zimmer frame which promoted their independence.
- Relatives told us staff were kind and caring. One relative said, "We are very happy with care for his [relative], staff are good, caring, and overall it is better now than before."
- Staff told us they protected people's dignity, one staff member said, "Make sure their door is closed, ring the bell, call out, wait for answer, then come in, speak with them, close doors, windows, cover them up with a towel."
- We asked people about their independence and one person said, "I have gradually gained strength in my legs and no longer use a wheelchair indoors due to staff encouragement I now use my Zimmer frame to mobilise."
- Care records reviewed showed people's support needs were recorded in a positive language, staff spoke about people in a respectful manner.

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

- Overall, most people and relatives told us staff were caring and kind.
- People and relatives told us that things had improved since the new manager had taken over in the position.
- Staff had training in equality and diversity, staff told us they respected people's backgrounds and wanted to ensure they had their cultural and religious needs met. For example, one staff member said, "One person likes Caribbean food, so I make sure this is one of the choices offered, another person I support likes to attend the bible group, so I make sure they know when this is happening."
- The registered manager told us they had recruited staff that spoke other languages to meet some people's needs as not everyone who used the service spoke English. This helped to ensure language barriers were not an issue.

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

- People were able to offer feedback and make decisions about their care. People and relatives told us they were involved in their care plans and reviews. People told us they could make decisions about their care.
- There was an effective system in place to obtain people's feedback. Regular feedback was provided to the provider through surveys, residents meetings and 1 to 1 session with staff. The registered manager made regular visits to people and recorded people's views.

# 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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care was delivered in a person-centred way. People were consulted with on how to meet their needs and families or people important to them had been involved in the process.
- People's likes and preferences were recorded in their care plans. For example, one care plan stated, "I prefer a hot meal in the evening and a light meal at lunch time, I enjoy eating with others in a social setting." The provider had regular communal meals for anyone who wanted to participate.
- Care plans detailed people's life history, goals, skills, and abilities. Needs assessments described details on how support should be delivered. Staff understood people's needs and how they wanted to be supported.
- Staff were responsive when people's needs changed. For example, a person was referred to the fall's clinic following a fall. To seek advice and an assessment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. The provider met the Accessible Information Standards (AIS) as they were able to provide information in different formats. One person's plan stated, "I need support as my hearing is not good, staff to speak slowly and clearly and give me time to respond." Another person's plan showed a variety of pictures to help aid clear communication.
- Care records had details on how to communicate with people for example, in one plan it stated, "My speech can be muffled, when I become anxious, I want staff to encourage and prompt me to speak at a slow pace."
- We observed interactions between staff and people, communication was respectful and clear meeting people's needs.
- We saw that some people used pictures and objects of reference to communicate their needs, this system was used by staff and recorded in the person's care plan.

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

- Staff supported people to maintain relationships that were important to them. This helped people avoid being isolated. Overall people and relatives told us they were happy with activities but would like to see more happening. We spoke to the registered manager about this, and they said they were trying to obtain

some additional funding for people through charities so they could have more activities.

- People and relatives told us things had improved from how they used to be, one person said, "I can attend church now using the tablet [I Pad] which is great." A relative told us that things are better than before as their relative now comes down to the communal lounge area and interacts more with people, they explained that before they would stay in their flat more. Staff encouraged people to join in activities.
- Weekly activities such as arts and crafts, cinema club, exercise sessions and fish and chips were arranged by the staff and management team. We saw evidence of an art display which showcased art made and displayed by the people using the service. One person told us that they take part in a music session on a weekly basis as they had been a drummer in a band for many years. They very much enjoyed these sessions.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure in place. All complaints were recorded including actions and outcomes, we saw evidence of letters sent to people apologising for any shortfalls in care delivery.
- People and relatives told us they knew how to make a complaint and felt it would be addressed by the registered manager.

# 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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a quality audit system in place, this meant any concerns or issues could be picked up and addressed in a timely manner. Medicine audits had been carried out and had picked up on errors.
- The registered manager told us they had addressed these concerns with staff; however, this had not led to improvements as errors persisted. Other areas covered were care plans, accidents and incidents, health and safety and spot checks. Actions and outcomes from audits were used to drive forward improvements in the service.
- The registered manager followed the correct notification procedures and had a good understanding of regulatory requirements.

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

- People, relatives, and staff told us the leadership and management team were approachable and supportive. Everyone we spoke with praised the new manager for their proactive approach and addressing concerns raised about the service. People and relatives told us things had improved and they could see positive changes were taking place. Comments such as, "Overall everything has improved, the new manager is listening and acting on things", and "The new manager is better and listening we are very happy with care for my [relative], staff are good, caring, overall, better now than before".
- Staff told us they felt supported and valued. They told us they could raise concerns and make suggestions for improvement, and this was encouraged.
- The registered manager understood the duty of candour. We saw that any complaints or errors made were addressed and apologies were made if the service had fallen below standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, family, and staff were involved in the service in a meaningful way. The registered manager had regular meetings and 1:1 session with people, families, and staff to find out their views. These sessions and meetings were used to develop plans to improve the service.
- The service had links with the wider community for example, they had engaged in some charity work with a large retailer. The registered manager had additional plans to engage with the local community.
- The service had an action plan in place to make improvements to the service following audits and

inspections.

- The service worked with healthcare professionals, social workers and the local authority.