

Caring Homes Healthcare Group Limited

Riverside Place

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Riverside Place is a residential home registered to provide accommodation for people who require personal and nursing care for up to a maximum of 72 people.

The service provides support to adults who require personal and nursing care and may be living with a physical disability or dementia. At the time of our inspection there were 32 people living at the service.

The service is a purpose-built building. There are four floors, with spacious bedrooms and communal facilities available to all. Each bedroom has en-suite facilities, with additional toilets and bathrooms on each floor. There are large indoor communal spaces, with enclosed balconies and a spacious garden with patio area for people to spend time outdoors.

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

The registered manager and management team had made numerous improvements within the service since our last inspection. Quality assurance systems in place were robust. The wide range of checks and audits completed ensure all areas of the service were monitored closely.

Feedback about the atmosphere, culture and management at the service was positive. There were opportunities for people, relatives and staff to provide feedback on the service. The registered manager had taken steps to improve communication with relatives. There was an open culture for sharing information and learning lessons when things went wrong which promoted a safe environment for people and staff.

People received safe care and support. The provider had systems and processes in place to safeguard people. Staff were trained and knew how to report any concerns they may have.

Assessments were completed in response to any risks identified to people's health, safety and wellbeing. Guidance was in place for staff, so they knew the actions they needed to take to reduce potential harm. Any incident, accident or untoward event that occurred at the service was investigated by the registered manager.

There were enough members of staff to meet people's needs. The registered manager monitored the staffing levels via observations, feedback from people and staff and by reviewing the response times to call bells. Safe recruitment procedures were followed.

Staff spoke positively about the induction process and the training provided. Staff felt supported by the registered manager and told us they were provided with opportunities to progress. Regular supervisions and team meetings were held with all staff.

Medicines were managed safely and administered as directed by the prescriber. Regular audits and checks

were completed on all aspects of medicine administration.

Infection control measures were followed, and staff had access to sufficient PPE.

People had their needs assessed prior to moving to the service and were supported to express their views and make decisions about their care. Care plans were accurate and reflected people's needs. Appropriate referrals had been made, and health professionals involved, when people experienced a deterioration in their health or a change in their needs.

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.

People were complimentary about the care they received. They told us their needs were met and staff were kind, caring and responsive. People's privacy, dignity and independence was promoted by staff in all aspects of care.

People and their relatives felt they could speak with staff if they had any concerns and felt they would be listened to. A robust complaints procedure was available to all.

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

This service was rated requires improvement (published 07 October 2019).

At the last inspection, the service was not rated (published 01 October 2020).

The provider completed an action plan after the rated 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, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services.

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

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good 

The service was 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.

Riverside Place

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.

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

This inspection was completed by one inspector.

Service and service type

Riverside Place is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Riverside Place is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also used information gathered as part of monitoring activity that took place on 18 July 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and received feedback from five relatives.

We spoke with nine members of staff including the regional manager from the provider organisation, registered manager, deputy manager, nurses, care staff, housekeeping staff and activities staff. We also received written feedback from seven members of staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision, and training records for the staff team.

A variety of records relating to the management of the service, including audits and monitoring records, meeting minutes, surveys and feedback were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks to people's well-being were not sufficiently mitigated to protect them from harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 12.

- At our inspection in 2019 we found concerns relating to pressure care management and medication administration. During this inspection we found improvements had been made.
- People and their relatives told us they had confidence in the safety of the service and how risks were managed. One person told us, "It's very safe here. I am well taken care of." A relative told us, "The staff always take safety very seriously and always adhere to all the rules set."
- Risks to people's health, safety and wellbeing were identified. Assessments were completed and included guidance from health professionals, where it had been provided. Where people required equipment to support their health or mobility these were provided.
- Any changes to existing risks, or new risks, to people's health and wellbeing were discussed in handover and daily meetings. Information and any changes were updated on the computerised care plans as they occurred. This meant staff had the most up to date information available to them.
- Regular checks and audits were completed on the environment and equipment used to ensure people's safety.

Staffing and recruitment

At our last inspection there were not enough staff effectively deployed to meet people's needs in a timely way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 18.

- At our inspection in 2019 we found concerns relating to ensuring there were enough staff to respond to people's needs. During this inspection we found improvements had been made
- People and their relatives told us staff were available when they needed them. Where agency staff were

required, consistent agency staff were booked so they could get to know people. One person told us, "There are always staff to help me. I only have to ask or press my buzzer." A relative said, "I think the home is well staffed."

- People's needs were assessed regularly to ensure that staffing levels were sufficient. The registered manager monitored the staffing levels via observations, feedback from people and staff and by reviewing the response times to call bells.
- The number of staff on duty was seen to be consistent with the dependency tool used and the planned rota. We observed staff respond promptly to requests of support from people.
- There was a safe system of staff recruitment. Appropriate checks were made of staff suitability. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with at the service told us they felt safe. One relative said, "I do think that the service is safe. I have no worries."
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. One member of staff told us, "I feel that whenever I have raised any concerns it has been dealt with straightaway both by senior care staff or the [registered] manager. Whether it was a safeguarding concern or not."
- The provider had systems and processes in place to help protect people from the risk of harm and abuse. Any safeguarding concerns were reviewed monthly as part of the quality assurance process. Records showed all necessary actions had been taken.
- Information regarding safeguarding and how to report concerns was displayed in the service.

Using medicines safely

- People's medicines were managed safely and administered as directed by the prescriber. Safe systems were in place for the ordering, receipt storage and disposal of medicines.
- We checked medicines and saw accurate records for each person. Records showed that medicines were audited regularly so that any potential errors could be identified and addressed quickly.
- Staff undertook medicine training on a regular basis and confirmed that their competency was checked.

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 meeting shielding and social distancing rules.
- 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- At the beginning of our inspection, visits to the service were being restricted by the use of a booking system for visitors, except for relatives who were visiting loved ones at the end of their lives. We informed the registered manager that this was not in line with current guidance. They responded immediately and

removed the requirement to book visits in advance. All other guidance for facilitating visits had been adopted.

Learning lessons when things go wrong

- People, relatives and staff told us that any untoward events, accidents or incidents were shared with them. One relative told us, "Since my [family member's] admission, [they have] had several falls which the staff have dealt with appropriately and have looked at ways of reducing."
- Staff completed records in relation to any accidents or incidents that occurred at the service. The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. Records showed action had been taken in response to improve people's safety.
- Lessons learned from were shared with staff via handovers, team meetings and group emails.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 needs were assessed before they moved into the service. The information gathered during the assessment formed the basis of their care plan. The deputy manager told us that most pre-assessments were carried out face to face, to ensure the service could meet the person's needs.
- People's outcomes were identified during the care planning process. Guidance for staff on how to meet these were within the computerised care plans.
- Care plans also included information around the person's important relationships, culture and spiritual needs and preferences. All plans and outcomes were reviewed regularly to ensure information was current.
- Good practice guidance was used to inform the assessment and care planning processes.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the abilities of staff. One person told us, "They all seem to know what they are doing." A relative said, "The staff are hardworking and do seem to be skilled and experienced. The nursing staff are knowledgeable about my [family member's] conditions."
- Staff spoke positively of the induction process and received training in a range of topics to ensure they could meet people's needs. We saw records of staff training were being maintained and monitored so refresher training could be booked when required. One member of staff told us, "We have training, lots of it. Some of it is conducted via face to face and others are via e-learning. We also have supervision regularly and can always ask for more training."
- Staff told us there were opportunities to progress and develop. They felt supported by the registered manager and were given the opportunity to give and receive feedback on their performance and request development if needed.
- The registered manager told us they recognised the importance of staff development and support in ensuring the care provided to people was high quality.

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

- People and their relatives gave positive feedback regarding the meals provided. One person told us, "The food is always fresh. Very tasty." A relative said, "The meals are varied, nutritious and nicely presented. My [family member] enjoys the food."
- Care plans contained person-centred information and risk assessments for people's requirements, likes and dislikes in regard to their food and drinks.
- Mealtimes were set to suit individual needs and people were supported to make meal choices using a variety of methods including verbal prompting, and through being shown the options available.

- People were encouraged to invite relatives and friends to dine with them to celebrate special occasions and had the option of booking a private dining room.

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

- Records showed that staff were prompt to respond to any changes in people's health conditions.
- Staff worked closely with professionals to ensure that people had access to a range of health services where needed.
- Care plans were amended and reflected professional advice and recommendations.
- The registered manager, deputy manager and nurses said they worked well with all professionals and were comfortable seeking their input when needed.

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

- People and their relatives praised the environment, décor and facilities at the service.
- Riverside Place is a purpose-built care home. Facilities included a cinema room, private dining area, hair salon, bistro and a large social space with bar known as the orangery.
- The building was spacious, with wide corridors to ensure people could move about safely and multiple lounges where people could choose to sit and spend time.
- The service also benefited from spacious grounds and garden, with seating areas that people could access. Upper floors of the building had enclosed balconies and seating areas so that people could utilise outdoor spaces if they did not wish to use the garden.

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.

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, 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.

- Records showed that the provider made suitable applications for DoLS where people were deprived of their liberty.
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place. Health and social care professionals and people's relatives had been included in the decision-making process to determine what was best for the person.
- Staff had attended MCA training and made sure people were involved in decisions about their care.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices during the inspection.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 and their relatives told us that staff provided kind and compassionate care. One person told us, "The staff are so kind, I have no worries here." A relative said, "All the staff make my [family member] feel not only comfortable, but special to them." Another relative told us, "From day one, all the staff have treated my [family member] with politeness and respect. They show him genuine kindness and concern and interest in his past life."
- Throughout the inspection we observed staff to be warm and friendly. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality.
- Staff had the information they needed to provide individualised care and support. People's care plans included their preferred routines and what was important to them. Staff were knowledgeable with regards to the background and life experiences of people and understood how this may contribute to their current, and future, needs.

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

- People were involved in decisions about their care. We saw staff explaining things to people, offering choices and telling them about activity plans to help people in their daily decisions. Staff encouraged this by using open questions and repeating where needed. All interactions were calm, patient and focused on the person they were supporting.
- People were encouraged to share their views. 'Resident Meetings' were regularly held where people could discuss with the registered manager and senior staff any views, suggestions and ideas they may have had to improve the service they received.
- People, and their relatives, told us they were not consistently involved in reviews of care plan records. The registered manager had identified this prior to our inspection and had extended an invitation to all relatives to meet with them and review the care plan of their family member. Relatives we spoke with were aware of this invitation and were pleased to have an opportunity to offer their views. The registered manager had made a commitment to people and their relatives that any future reviews could be held at a frequency that met their needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by the staff, and their privacy and dignity was promoted.
- Staff respected people's wishes and personal space. We saw staff knocked on doors and asked permission before entering their space.
- Staff were discreet when offering personal care to people or when seeking the advice or support from a

colleague without drawing attention to the situation.

- People were encouraged to be independent and do tasks for themselves if they were able, with care plans detailing the tasks they could carry out for themselves.
- The promotion of privacy and dignity was also considered during daily walkarounds by senior staff and also within audits.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received personalised care that reflected their needs and preferences. One relative told us, "Everyone is treated as an individual and are cared for in line with their specific needs at all times." Another relative said, "We have been pleased with the way [family member] is being looked after and for the way the staff take into account, and reassess, [their] needs."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and care needs, and how they would like to be supported.
- Reviews of care plans took place regularly. Updates happened when people's needs or wishes changed. Records contained the most recent guidance for staff to follow in relation to conditions people were living with.

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 recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any equipment they needed such as glasses or hearing aids.
- The registered manager confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.

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

- The provider and registered manager understood the importance of activities for people's physical and mental health. The service had designated 'wellbeing' members of staff who designed and provided a range of hobbies, interests and pastimes for people.
- People were complimentary about the activities offered to them. One person said, "There is often something going on to take part in or I can spend time on my own." A relative told us, "[Social media] posts are very frequent and an excellent way to keep up with what's happening on the activity front."
- Feedback was sought regularly from people about the quality of the activities and suggestions were always welcome.

- However, we received consistent feedback from relatives that they were not always aware of the activities or events planned at the service. We shared this with the deputy manager and provider, who agreed this could be addressed with ease. They assured us that activity plans would be shared with relatives on a regular basis.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and who to speak to if they had any concerns. One relative told us, "I have not needed to make a complaint but, when I have wanted to discuss concerns, the nurse in charge has been approachable and has given me their time and attention; I felt I was listened to, the staff were not defensive and were able to reassure me."
- There was a current complaints policy in place, and we saw evidence of the registered manager actively requesting feedback from people through 'resident meetings' and communication with relatives.
- Information on how to make a complaint or raise a concern was displayed within the service and this was also in an accessible format.

End of life care and support

- People at the end of their life were supported by staff, in partnership with health professionals, to have dignified and comfortable care. One relative told us, "[Family member] was a resident and [their] passing was dealt with brilliantly. For our family, as a whole."
- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life, if they wanted this to be known. Care plans detailed the decisions and arrangements people had made so that staff had information to follow to ensure people's choices and wishes were met.
- Some staff told us they had received specific training, so they had the skills to support people in end of life care.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had not ensured that their systems and processes were effective in enabling staff to provide safe and good quality care for people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 17.

- At our inspection in 2019 we found concerns relating to the provider's audits and monitoring systems and processes to provide ensure safe and good quality care for people. During this inspection we found improvements had been made.
- Feedback about the atmosphere, culture and management at the service was positive. The registered manager had been in post at the service for a period of nine months and people, relatives and staff told us that they had made improvements. One relative told us, "I feel there has been great improvement under the new [registered] manager."
- Regular opportunities were provided for people share their views and give feedback on the service. This included 'residents' meetings' and surveys. Relatives expressed that they wanted to be more involved and updated about events at the service. The registered manager had taken action in response and had recently held a relative's meeting and invited relatives to complete a review of people's care plans. One relative told us, "I attended the recent relatives meeting at the care home which was a pleasant event. There was lots of information given."
- Staff felt involved and informed about any changes at the service. All staff we spoke with told us how they liked working at the service and confirmed that they were provided with information and opportunities to share feedback about their experiences. One member of staff told us, "The management team are very approachable, and the manager has an open-door policy. I am regularly asked for input and to join meetings. We are always notified of any changes at the home."
- Communication systems were in place to ensure the people, relatives and staff team were involved in decisions and any developments at the service.

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; Continuous learning and improving care

At our last inspection the provider had not followed the requirements of Duty of Candour. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 20.

- The registered manager understood and acted on their responsibilities regarding duty of candour in an open and honest way.
- Processes were in place that ensured if untoward events, accidents or incidents occurred, they were investigated, and apologies made to the people affected.
- The registered manager used a wide variety of methods and sources of information to identify any improvements needed at the service and took prompt action in response. They maintained a service improvement plan which they updated following audits, checks and when any concerns or issues were identified to them. The plan was regularly reviewed to ensure progress was being made and was used by the provider during their routine visits to retain oversight.
- 'Lessons learned' was a routine topic for discussion in handovers and meetings. This helped ensure required changes were implemented and staff received feedback and guidance in a timely manner.

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

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred at the service.
- Quality assurance systems in place were robust and effective in managing the risks to the quality and safety of the service. The wide range of checks and audits completed ensure all areas of the service were monitored closely.
- The registered manager and management team were clear in regard to the vision for the service. They acknowledged the developments they still wanted to implement but valued the work that had already been completed by staff.

Working in partnership with others

- Staff worked in partnership with professionals from other health and social care agencies. Care records showed that health related advice and guidance provided was used to help with people's care planning.
- The registered manager worked alongside people, relatives, hospital discharge teams and local authorities to ensure admissions and placements to the service were suitable.