Canterbury Leased Homes Limited

Riverside Care Centre

Inspection report

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Date of inspection visit:
24 January 2017
25 January 2017

Date of publication:
14 February 2017

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

We carried out an inspection of Riverside Care Centre on 24 and 25 January 2017. The first day was unannounced.

Riverside Care Centre provides care, support and accommodation for up to 40 people, most of who are living with dementia. The service does not provide nursing care. There were 35 people accommodated in the home at the time of the inspection.

The service is located in the village of Sawley near Clitheroe in Lancashire's Ribble Valley. It is not on a bus route and people would need to walk some distance to get to the home. Accommodation is provided in two houses which are joined by a link corridor. Riverside House is an older type property with facilities on two floors. Riverside Court is purpose built and has ground floor facilities with a secure courtyard and plenty of walking space for people. There are well maintained gardens and a car park for visitors.

At the time of our inspection visit the service was not being managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in day to day charge of the home. An application to register her with the Care Quality Commission (CQC) had been forwarded.

At the previous inspection on 7 July 2015 we found the service was not meeting the relevant legal requirements. We asked the provider to take action to make improvements in respect of medicines management, infection control practices, maintaining a safe environment and failing to operate an effective quality assurance system.

During this inspection we found improvements had been made and the service was meeting the current regulations.

People and their relatives told us they did not have any concerns about the way they were cared for. They told us they felt safe and well cared for. Staff could describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had an awareness of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People considered there were enough suitably skilled staff to support them when they needed any help and they received support in a timely and unhurried way. The manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

We found people lived in a clean, comfortable and well maintained environment. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We observed good relationships between people. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people well and were knowledgeable about their individual needs, preferences and personalities.

Suitable activities were not always available as the service still did not have an activities person employed specifically for this role. Action was being taken to improve this. People told us they enjoyed the meals. People were offered a nutritionally balanced diet and alternatives to the menu had been provided. We saw people being sensitively supported and encouraged to eat their meals. Hot and cold drinks, fresh fruit, home baking and snacks were offered throughout the day.

People we spoke with had no complaints but were aware of how to raise their concerns and were confident they would be listened to. Action had been taken to respond to people's concerns and suggestions. This showed that people were able to influence developments at the service.

People considered the service was managed well. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe and fair recruitment processes had been followed.

People's medicines were managed safely. Staff who administered medicines had received appropriate training and supervision.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff on how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained and supervised in their work. Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

Staff responded to people in a good humoured, caring and considerate manner and we observed good relationships between people.

People's privacy, dignity and independence were respected. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

Communication was good and ensured all staff were kept up to date with people's needs.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and they, or their relatives, had been involved in the development and review.

The provision of daily activities was inconsistent and was reliant on care staff involvement and availability. Action was being taken to resolve this. People were able to keep in contact with families and friends.

People told us they could raise any concerns with the staff or managers and had confidence issues raised would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management arrangements at the service.

Effective systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities. The systems to allow them to share their views were being improved.

Riverside Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 January 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector who was accompanied on the first day by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who would use this type of care service.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We also contacted the local authority contract monitoring team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. Several people living in the home had communication difficulties or were living with dementia and were not able to communicate with us. We observed care interactions in the communal lounges and dining areas on both Riverside House and Riverside Court. We spoke with the manager, the deputy manager, the care lead, eight care staff and two domestic and laundry staff. We spoke with six people living in the home and with three visitors. Following the inspection we contacted two relatives by telephone for their views.

We looked at a sample of records including five people's care plans and other associated documentation, three staff recruitment and induction record, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medicine records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We looked at the results from the recent customer satisfaction survey and at the comments made by family members on an independent web site. Following the inspection we asked the manager to send us some additional information relating to staffing rotas and staff meeting minutes which we received.

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Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They told us they felt safe. They said, "I feel safe here, they look after me" and "Staff are very good with me and with other people. Very kind." Relatives were complimentary about the staff. They described them as being 'friendly', 'helpful', 'pleasant' and 'professional'. They said, "I am confident that when I leave here that [family member] will be safe and well looked after", "They are well cared for; I feel they are safe in here", "There are always plenty of staff" and "There seems to be enough staff when I visit." Another relative commented, "There is little turnover of staff which is always reassuring." One member of staff said, "Care staff are phenomenal, I feel that the staff make sure they are all safe."

During the inspection we observed people were relaxed and comfortable in the company of staff and were happy when staff approached them. In all areas of the home we observed staff interaction with people was kind, friendly and patient.

At our last inspection of July 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. At that time we found we found gaps in the recordings, missed medicines and the guidance for medicines prescribed 'when required' was not always clearly recorded. We also found that staff competency to manage people's medicines safely had not been checked.

During this inspection we found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

The Medication Administration Records (MAR) charts we looked at were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. From a recent audit we noted there had been concerns that boxed and bottled medicines were not being dated on opening. However, we found action had been taken to improve this which would help to monitor safe administration and staff practice. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. Directions were recorded for 'when required' or 'as needed' medicines; this supported staff in their decisions to administer these medicines or whether further advice was needed.

People were identified by a photograph on their medication administration record (MAR) which would help

reduce the risk of error. Any allergies people had were recorded on the MAR and further work was being done to improve this; this would inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. We noted transdermal patch charts were being used for the application of medicine patches. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. Reviews of people's medicines had been undertaken by their GP or nurse practitioner which would help to ensure the medicines were current and appropriate for the person.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register. We checked one person's controlled medicines and found they corresponded accurately with the register.

Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. Staff told us they had a good relationship with the community pharmacist.

At our last inspection of July 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with poor infection control. At that time we found a lack of cleanliness in some areas of the home.

During this inspection we found appropriate arrangements were in place in relation to managing the risks associated with infection control.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean. However, we noted an unpleasant odour and staining to two of the bedroom carpets and on both days there was an unpleasant odour to the entrance area. We were told carpets were cleaned regularly and saw evidence of this. We noted the carpet in the entrance had recently been replaced and additional domestic staff had been employed following comments about unpleasant odours made by people in a recent customer survey. They had said, 'The smell is not inviting.' The manager told us she would discuss replacing the entrance carpet with more suitable flooring with head office. We saw confirmation to replace the bedroom carpets had been received from head office following a recent audit; the manager told us the carpets would be replaced in February.

Infection control policies and procedures were available and staff had received appropriate training. There were Infection Control Champions who were staff who would take responsibility for conducting checks on infection control practices and for keeping staff up to date with current best practice. We noted checks on staff hand washing techniques had been completed.

We noted staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins were available. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. However, we noted the pedal bin used to dispose of incontinence products in the entrance toilet was contributing to the unpleasant odours; this also made the toilet unpleasant for people to use. We discussed this with the manager who agreed to review this. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste.

There were two domestic staff available daily with an additional domestic staff that had been rostered to

undertake regular 'deep cleaning' duties. Cleaning schedules were completed and checked by the person in charge or the manager. We were told sufficient cleaning products and equipment was available. A designated laundry person was available each day. There were two laundry rooms which were suitably equipped, clean and organised. There were monitoring systems in place to support good practice and to help maintain good standards of cleanliness.

Staff had safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. The procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse or poor practice was not easily accessible for staff, people living in the home and their visitors. The manager assured us this would be displayed. Staff could also report any concerns to head office by using a dedicated telephone number or electronic form. They were made aware of this during their induction.

Staff indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. One staff member told us they were happy working at Riverside Care Centre and had never seen anything that was a concern regarding safeguarding. Staff we spoke with were aware of the whistleblowing policy and who to report any signs of abuse to.

We noted all new staff had been provided with safeguarding adults and whistleblowing procedures. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns. Safeguarding incidents had been reported to the appropriate agencies and appropriate follow up action had been taken where necessary. There were Safeguarding Champions who were staff who would take responsibility for keeping staff up to date and for supporting staff in the home.

Our records showed there had been a number of behavioural incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and to guide staff how to safely respond when people behaved in a way that challenged the service. Appropriate referrals were made to the mental health team as needed. Staff had access to policies and procedures and records confirmed training had been provided for most staff; we were told further training was being planned. Training and guidance would help keep staff and others safe from harm. During our visit we observed staff promptly responding to, and resolving a difficult situation in a kind, quiet and calm manner. We observed staff using distraction techniques to help keep people safe. Incidents were recorded, reported on and closely monitored by the service.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with health emergencies and to support them with the safe movement of people. There was a Moving and Handling Champion on the staff team who would take responsibility for keeping staff up to date and for supporting staff with safe practice. We observed appropriate moving and handling interactions when care staff were assisting people to move to the dining rooms. One relative had complimented a named member of staff on their skill and responsiveness in a medical emergency involving their family member.

Individual risks had been identified in people's care plans and kept under review. Personal risk assessments were in place in relation to pressure ulcers, nutrition, dependency, falls and moving and handling. Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were

in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant social care agencies as appropriate. We saw records indicating any unexplained bruising, rashes or skin breaks were being completed.

We looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a record of interview, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. One new member of staff described the recruitment process and told us they did not commence work until all the required checks were in place.

We noted agency care and catering staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home. There were appropriate risk assessments and procedures in place in the event that more than one family member was employed in the home. Records showed these were followed and were monitored by the senior management team and head office.

We observed staff availability in both houses and found they were attentive to people's needs and were available in all areas. During the inspection we observed people's requests for assistance were responded to in a timely way and we observed staff taking time to talk to people and to listen to their requests. The manager had used a structured staffing tool, to monitor and review staff deployment in response to the numbers, needs and abilities of people using the service.

During the day we found two care staff on Riverside House and four care staff on Riverside Court with a carer working across the houses until early afternoon. There were four care staff at night. A person in charge had been identified on the rota. A cook, a maintenance person, an administrator, two/three domestics and one laundry staff were also available during the day. In addition to this there was a care lead support staff that was currently not included in the staffing numbers and whose role was to provide staff with support; this person was responsible for introducing new systems and records and a temporary painter and decorator who was working with the maintenance person. The manager was available five days each week with an on call system in place and known to staff. We were told a second cook had been recruited and an activities person and night care staff were being recruited.

People living in the home and their relatives told us they did not have any concerns about the staffing levels or the availability of staff. However one member of staff told us they were short staffed and often did not have enough staff on nights. They said, "If someone is sick they often can't find anyone so we end up short staffed."

We looked at the staff rotas and found they were not reflective of the actual numbers of staff on duty or the hours worked. This made it difficult to determine who was working and in what role. We noted the printed template did not include all staff such as the care lead, the painter and decorator or the manager. We also noted the painter and decorator had been noted on the rota under 'activities'. This was misleading as there was no designated person for this and the painter and decorator was not qualified to undertake this role. We looked at time sheets and the sign in records and found they were a more accurate reflection. We reviewed this with the manager and following discussions with head office the issues were resolved; we asked the manager to forward the revised rotas to us. We received them following the inspection and were satisfied all staff working in the home were included.

We noted any shortfalls due to leave or sickness were usually covered by existing staff or by agency care staff who were known to the home; this ensured people were cared for by staff who knew them. The manager told us short notice sickness and absence would at times leave the home short staffed as it was often difficult to find cover. There were systems in place to monitor absence and sickness. Interviews were conducted when people left employment; the records were monitored for any themes. We observed that staff were always available in the communal areas and any calls for assistance were promptly responded to.

We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe. The environmental health officer had recently awarded the service the highest 'five star' rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People told us they were happy with the service they received at Riverside Care Centre. People felt staff were skilled to meet their needs. One person told us, "I like my bedroom; it's very nice and comfortable." Visitors said, "I am very happy with the service received", "I am very pleased with everything", "It is reassuring to see every time I visit investment is being made" and "The manager and staff are very experienced." A visiting social care professional commented, "The service appears to be meeting [named person] needs very well" and "The home is looking better with some of the work that has been done."

At our last inspection of July 2015 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to keep all areas of the home in good order. At that time we found we found areas of the home were in need of refurbishment or repair.

During this inspection we found appropriate arrangements were in place to ensure the home was maintained and was a pleasant place for people to live in.

Accommodation was provided in two houses joined by a link corridor. Riverside House is an older type property with facilities on two floors. Access to the first floor was via a stair lift. Riverside Court is purpose built and has ground floor facilities with a safe central courtyard and plenty of walking space for people. Corridor areas were easily visible so that people who preferred to walk around could be seen and assisted if necessary. There were well maintained, pleasant gardens with ample seating for people and their visitors to enjoy in the warmer months. We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of comfort and familiarity. One visitor described how their relative had needed to change bedrooms and how staff had taken care and consideration to ensure the new room was a replica of their previous room; this had reduced any disorientation caused by the move. All bedrooms were single occupancy and ten had en-suite facilities. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary.

We noted the home was bright and well maintained. On Riverside Court items of interest such as 'fiddle' boards, old photographs of local towns and bakery, butchers and fishmonger shop window displays were positioned on corridor walls. The secure courtyard was safe and easily accessible from the dining area and had seating and raised flower beds. There were two lounges with comfortable seating and a number of quiet seating areas around the home. The corridors were equipped with hand rails and provided plenty of safe walking space for people. Some people's bedroom doors had pictures, photographs or familiar items outside and bedroom doors were painted in different colours to help people to recognise their bedrooms.

On Riverside House we found a comfortable lounge and a dining area with views of the local countryside. We noted the fireplace had been removed from the lounge and had not yet been replaced. The manager

assured us she would look into this. There was a cinema room and another room was being converted to a tea room where refreshments would be served for people and their visitors to enjoy. A small satellite kitchen was available for staff to prepare breakfasts, snacks and drinks.

There was an up to date development plan for the home which was being monitored by the senior management team. We noted improvements to the environment had been made since the last inspection. A maintenance person was available four days each week. A system of reporting required repairs and maintenance was in place and we were told repairs were done promptly. In addition a painter and decorator had been employed to assist with improvements to the home.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Training was provided in areas such as basic life support, equality and diversity, fire prevention, dementia awareness, health and safety and food hygiene. We found there were effective systems to ensure training was completed in a timely manner. One care staff said, "I have done lots of training including dementia awareness and safeguarding. They are pretty good on training; I can't fault the training."

Most staff had completed a nationally recognised qualification in care or were currently working towards one. Some staff had been provided with additional training and had become designated 'Champions' in their area of expertise; they were responsible for keeping staff up to date and for supporting them with safe practice. There were champions in moving and handling, safeguarding, infection control and dementia care.

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff until the manager was confident they had the confidence and skills to work independently. The Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One new member of staff described their induction and told us it had been very useful for them.

Records showed staff were provided with supervision and an appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. However, staff told us they did not feel supported and some said they had not received regular one to one supervision. We reviewed the records and discussed this with the manager. We noted there was a plan for supervision going forward. Regular staff meetings had not taken place. Meetings were needed to allow staff to express their views and opinions and to be supported and kept up to date. The manager told us meetings were part of the service development and were planned to take place over the next two weeks.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Two hourly checks were completed by the designated senior carer and included checks on records, people's clothing and staff interaction. Visits by health and social care professionals, changes to care plans, weight loss and any incidents were also recorded each day and shared with the manager; this kept her up to date with any changes to people's needs. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us communication was good.

We looked at how the service addressed people's mental capacity. 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed an understanding of the processes relating to MCA and DoLS and records showed most staff had received training in this subject. At the time of the inspection six authorisations had been approved and 22 other DoLS applications had been made. This would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. We found people's consent or wishes had not been recorded in areas such as information sharing, health monitoring, personal involvement, medicine management or taking photographs. However we noted two people's choices with regards to their preferences around support with personal care from male or female staff had been recorded and followed although this was not consistent in other plans. This meant that people, particularly those with limited decision making, may not receive the help and support they needed and wanted. The manager assured us this would be reviewed during the introduction of the new care plan system.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at records relating to DNACPR decisions. We were told this would be discussed with people and their relatives where possible and documented to ensure their end of life wishes would be upheld. We found staff had access to information around DNACPR decisions which meant people's end of life wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I like the meals here, they are very tasty" and "The food is really good." Visitors said, "Meals are hot and nicely presented. There is always a choice on offer to make sure people eat well", "The tables are presented well" and "Mum can stay with [relative] for Sunday lunch which is very nice for both of them."

Records indicated people were offered meal choices and that alternatives to the menu had been provided. We saw that the cook and care staff knew what people's food likes and dislikes were. A person with a special interest in nutrition for people living with dementia had been employed but not yet commenced work at the home. This person would review existing menus, work in the kitchen and support the manager with monitoring people's weight records and nutritional assessments.

During our visit we observed lunch being served on both houses. The dining tables were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. Most people sat in the dining area but we were told they could dine in other areas of the home if they preferred. We overheard staff offering people extra portions and supporting and encouraging them to eat their food. One person refused to eat the lunchtime meal and requested breakfast cereal; this was provided. One care staff told us they thought there were usually enough staff to serve meals and support people with their meals in a relaxed manner.

People we spoke with told us the meals were good and there was always plenty to eat and drink. The meals were appetising, attractively served and hot and the portions were ample. The dining experience on Riverside House was very much a pleasant and enjoyable experience with friendly chatter throughout the meal. We overheard much laughter and singing from the dining room on Riverside Court. We saw people being sensitively supported and encouraged to eat their meals at their own pace. Drinks, fresh fruit, home baking and snacks were offered throughout the day. A snack bar was available on each unit in the afternoon; we observed people helping themselves to juice, cakes, fruit, biscuits and sweets. One person said, "I like a bit of chocolate to keep me going."

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. Records of people's weights were monitored by the manager on a daily and weekly basis to ensure appropriate action was being taken.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and their healthcare needs were considered within the care planning process. We found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Visitors considered their relative's health care was managed well. The service had regular visits from the nurse practitioner and district nursing team. Staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided.

Good

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. They said, "The staff here are all very good, you're looked after well", "I think they're very kind", "Staff look after me well" and "The staff are lovely. I am very nicely looked after." Relatives commented, "It's a wonderful place; [family member] is always dressed the way he would want", "I can visit anytime. Staff are friendly and make us feel welcome", "The staff very much regard the family as part of the care. They always know what your relative has been doing and provide up to date information", "People are treated with professionalism, patience, dignity and above all humour" and "The staff are very caring. They look after [family member] well."

People were encouraged to maintain relationships with family and friends. People confirmed there were no restrictions placed on visiting and visitors told us they were made welcome in the home.

During our visit we observed staff responding to people in a kind, patient, friendly, caring and considerate manner. We observed one care staff speaking kindly and sensitively with a person they were supporting with their meal in their bedroom. The person was unable to speak, but their facial expression showed recognition and affection when the member of staff spoke to them. People who required support received this in a timely and unhurried way. We observed good relationships between staff and people living in the home and overheard laughing and encouragement in both houses.

Staff spoke about people and to people in a respectful way. We looked at various records and found staff wrote about people in a respectful manner. Information was available about people's personal preferences and choices which helped staff to treat them as individuals. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy and dignity in a care setting. Most staff had received dignity in care training.

People's privacy, dignity and independence were respected. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We saw people were dressed smartly and appropriately in suitable clothing.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them how their rights to confidentiality would be respected.

Where possible, people were able to make their own choices and were involved in decisions about their day. People told us, "You can do as you please, it's up to you" and "I tell them when I want to go to bed." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence. For example we observed people who wanted to mobilise independently, but slowly, being allowed to do so. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee the person's care and support. A relative told us their family member had preferred the company of male care staff and had been provided with a male key

worker.

People and their relatives were provided with information about the service in the form of a service user guide; this gave people useful information about the standards they should expect. There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People and their relatives were encouraged to express their views during daily conversations and by completing regular satisfaction surveys. We were told residents' and relatives' meetings were advertised but had not been well attended. A further meeting was being arranged and the manager told us alternative ways of communicating with people's relatives were being considered.

Good

Is the service responsive?

Our findings

People made positive comments about the staff and their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I'm happy here; I don't have anything bad to say but I would if I had to." Relatives said, "I have a good relationship with staff and feel I can talk to them about any concerns I might have" and "I have spoken to staff about niggles which were resolved. I have had no need to complain but would do if needed." A social care professional commented, "[Named persons] needs appear to be well met with responsiveness to increasing dependency."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home and in the information guide (service user guide).

Records showed there had been one complaint made about this service in the last 12 months which had been resolved to the complainant's satisfaction. However, we discussed the lack of information about the incident and about action taken with the manager. Additional information was provided during the inspection visit. Also, following our discussions with people we found that whilst their concerns had been recorded in the individual care plan and resolved at that time, the information was not easily available to refer to. This meant it was difficult to determine whether there were recurring problems and whether appropriate action had been taken and used to improve the service. We discussed this with the manager who assured us the system of recording people's concerns had been reviewed and would be recorded in the daily care records which were monitored by her each week.

None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak to a care worker or the manager. We noted the service had received a number of compliments. Comments included, "I have been greatly impressed by your staff prompt and careful attention to each resident's individual needs and preferences" and It's always a pleasure to visit [relative]; there is always a happy, settled mood."

Before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home. A relative told us, "We looked around and our questions were answered and someone visited [family member] to make sure they could look after him. It was done very efficiently."

We looked at the arrangements in place to plan and deliver people's care. The care plan system was being updated by the manager, the care lead and a senior carer at the time of our inspection; we found the new format to be organised and easy to read. A social care professional commented, "The care records are in good order. The information was well presented, easy to find and clearly reviewed." Once completed the

care plans would be reviewed and updated by key workers.

The plan covered all aspects of their daily lives and provided staff with guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. The information had been kept under review and updated on a monthly basis or in line with changing needs. The manager told us people and their relatives were involved, where appropriate, in gathering information about preferences and routines and in decisions about their care and support. We found the care plans did not always reflect people's involvement. All of the people we spoke with told us they were happy the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews. Relatives told us they were aware of the care plan and had been involved. They said, "They listen to us and involve us" and "The care is very personalised and they consult with us."

Daily records were maintained and were written in a respectful way. However, some daily entries referred to a numbered care plan and did not fully reflect how people had spent their day and how they were feeling. We discussed this with the manager who shared this with staff who would provide a detailed daily record. Staff were kept informed about the care of people living in the home and there were effective systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, detailed daily handover records and communication diaries. The manager signed off the daily record for each person to ensure appropriate care and support had been provided.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details and information about their medicines. A member of staff or a family member would accompany them whenever possible. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed.

From our discussions and from the records maintained we could see that people were at times able to participate in activities in small groups or on a one to one basis. However, the service did not have a dedicated activities person which meant the provision of suitable activities was not consistent as it was dependant on the availability of care staff. Staff told us activities were limited and there was not enough stimulation for people. One member of staff said, "We don't have an activities co coordinator. The activities are reliant on staff doing extra hours." They told us some activities such as hand and nail care, hairdressing, music and movement and afternoon movies were available.

People living in the home said, "I watch TV and have a chat with the staff and other people here", "I like it here it's cool and comfortable; plenty of people around and lots to do" and "I always enjoy the films." Relatives said, "The home still does not have an activity person; they need more stimulation. The staff try their best but it could be so much better", "[Family member] likes the movies and gets on well with staff", "There were lots of things on over the Christmas period" and "There are some activities. I've seen staff try to make time in the afternoon even if it's just putting some music to sing along to and dance to." One relative commented, "It is very noticeable how much they engage with the service users; they are constantly talking to them and helping them."

During our visit we saw people involved in domestic tasks such as cleaning tables and sweeping floors and enjoying the company of the house cat. We also saw people enjoying the pamper experience, reading magazines and having a chat in the hairdressing salon. The manager told us they continued to try to recruit

a suitable activity person; we saw application forms to support this and an applicant had been interviewed following the inspection.

The manager, staff and visitors told us work was underway to provide an old time tea room on Riverside House next to the cinema room. Help and advice had been sought from the local dementia society group. Tea, coffee, sandwiches and cakes would be available in the afternoons for people and their visitors to enjoy. The manager told us staff would support people living in the home to help out in the tea room.

Good

Is the service well-led?

Our findings

Visitors to the home made positive comments about the management arrangements at Riverside Care Centre. They said, "[The manager] and [deputy manager] are very good. They listen to me", "I am very pleased with the service. They have been very efficient and accommodating" and "The home seems to be well managed." There was a positive and open atmosphere at the home; we overheard lots of laughing and friendly banter. One visitor commented, "Riverside Care Centre is friendly and welcoming."

There had been changes to the management team since our last inspection. The manager had been in post since May 2016 and was supported by a regional manager. An application to register her with the commission had been received. The manager was able to meet with managers from other homes to share good practice and help keep up to date and was due to commence a dementia course which would improve her understanding of people's specialised care needs. She was described as 'approachable' 'helpful', 'pleasant' and 'experienced'.

We observed the manager interacting professionally with people living in the home and their visitors. Throughout our discussions it was clear the manager had knowledge of people's needs and circumstances and was committed to the principles of person centred care.

The manager told us the regional manager could be contacted at any time to discuss any concerns about the operation of the service. We were told they regularly visited the service and would regularly monitor compliance; they were available to talk to staff, people using the service and their visitors. Records of the visits were made and these showed they had discussed the audit findings and any agreed actions with the manager.

We noted a commitment to improvement following a number of concerns raised at our last inspection. For example head office had provided a care lead support staff to oversee the introduction of a new care planning system, a cook was due to commence with knowledge of nutrition for people living with dementia, a 'bank' painter and decorator had been employed to support the maintenance person with improving and maintaining the home and additional domestic hours had been provided. There was a business and development plan available to support any improvements needed.

At our last inspection of July 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective quality assurance and auditing systems. At that time we found matters needing attention had not always been recognised or addressed and risks had not been identified to make sure the service ran smoothly.

During this inspection we found there were effective systems in place to assess and monitor the quality of the service in areas such as medicines management, staffing, recruitment, accidents and injuries, care planning, infection control, record keeping and the environment. We saw that any shortfalls had been identified and appropriate timescales for action had been set and had been monitored by the regional manager.

People were encouraged to voice opinions informally through daily discussions with staff and management and during care plan reviews; we were told structured meetings were planned but had not been attended in August and December 2016. People's relatives confirmed they were kept up to date with any changes. We noted some relatives were kept up to date via email. The manager told us she was considering other methods to keep people involved and up to date.

People using the service, their relatives and staff were asked to complete annual surveys to help monitor their satisfaction with the service provided. The management team reviewed the results of the surveys to help improve practice and shared their findings and any action taken with people. Results of the recent survey showed people were generally satisfied with the service but had noted areas needing improvement which included activities, availability of management at the weekend, the menu and the odours in the home. During our visit we found action had been taken to respond to the survey which provided a good indication that people were able to influence developments at the service.

Staff told us they had a 'good team'. They told us there was good communication between staff and that they could raise any issues with the manager but they did not always feel listened to; they felt staff morale was low. During the inspection members of staff shared some of their concerns with us; we were sure the concerns could have been discussed with and resolved by the management team during staff meetings. However, from a review of records and from our discussions with staff we found only one formal staff meeting had been held in July 2016. This meant staff had not had the opportunity to voice their opinions and share their views as a group. We noted senior staff, day care staff and night care staff meetings were planned for the week of our inspection with a further meeting booked the following week. We asked the manager to forward a copy of the meeting minutes to us so we could review the areas of discussion; this was complied with.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

In 2016 the registered provider achieved the Investors In People (IIP) which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.