

Canterbury Leased Homes Limited

Riverside Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out an inspection of Riverside Care Centre on 16 and 17 May 2018. The first day was unannounced.

Riverside Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Riverside Care Centre provides accommodation and care and support for up to 40 people, most of who were living with dementia. The service does not provide nursing care. There were 26 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 a 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, which are accessed by a stair lift. Riverside Court is purpose built on one level with a secure courtyard and plenty of walking space for people. There are well maintained gardens and a car park for visitors.

The registered manager started working in the service in October 2017 and was registered with the Care Quality Commission (CQC) in April 2018. 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.

At our last inspection on January 2017 we found there were no breaches of legal requirements.

During this inspection, our findings demonstrated there were two breaches of the regulations in respect of record keeping and the safety of the premises. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation regarding the safe management of people's medicines.

We saw records to indicate regular safety checks were carried out on systems and equipment either by service engineers or by the maintenance person. However, fire safety recommendations made in the independent Fire Risk Assessment of January 2018 had not yet been fully addressed, this was also noted by the Lancashire Fire and Rescue Service and included in the fire safety enforcement notice served at the time of the inspection. We also found the water temperatures in some bedrooms and bathrooms were not maintained at the recommended temperatures.

We found the provider had failed to maintain accurate records in relation to people's care and the overall management of the service. We found shortfalls in the records relating to medicines management, care and

support records and maintenance and servicing records. Some of the shortfalls had been recognised as part of the quality assurance monitoring and appropriate action was being taken.

People told us they felt safe and staff were kind. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting. People and their relatives felt there were enough staff available and staff had been recruited safely.

People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's diversity and promoted people's right to be free from discrimination. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People were happy with the care and support provided. Each person had an individual care plan, which was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions about their care. However, we found the records did not always reflect the care being given to people. Records supported that the registered manager was aware of the shortfall and action was being taken. Risks associated with people's health and safety had been identified, assessed and managed safely.

People had access to a range of appropriate activities. People's nutritional needs were monitored and reviewed. People were offered a varied and healthy diet, and their likes and dislikes were known by staff. People's healthcare needs were met and they had access to healthcare professionals when they needed them.

People told us they were happy and did not have any complaints. They knew how to raise their complaints, concerns and compliments and were confident they would be listened to.

People received their medicines when they needed them. Staff administering medicines had received training to do this safely. However, further improvements were needed to ensure people's medicines were managed safely at all times.

People were happy with the way the home was managed and we received positive feedback about the registered manager. There were systems in place for assessing, monitoring and developing the quality of the service being provided to people; there was good evidence that shortfalls had been identified and acted on. People and their relatives were consulted around their care and support and the day to day running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Regular checks of equipment and the home environment were carried out. However, there had been a delay in responding to recommendations made in relation to fire safety. Water was not always maintained at the recommended temperatures.

The registered manager followed safe recruitment practices when employing new staff and people were happy with staffing levels.

There were appropriate policies and practices in place for the safe administration of medicines. However, some improvements were needed to ensure people always received their medicines safely.

Is the service effective?

Good 

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision. People felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their healthcare, nutrition and hydration needs. They were referred appropriately to community healthcare professionals.

We found areas in need of re decoration on both houses. However, a development plan was in place to support ongoing and planned improvements. A system of reporting required repairs and maintenance was in place.

Is the service caring?

Good 

The service was caring.

People told us the staff treated them with kindness and we observed good relationships between staff and people living in the home.

People were encouraged to maintain relationships with family and friends. There were no restrictions placed on visiting.

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

People told us staff respected their right to privacy and dignity and we saw examples of this during our inspection.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their needs and preferences. Staff knew the people they supported well.

People were encouraged and supported to take part in a variety of activities and events at the home.

People's needs and risks were reviewed regularly although some improvements were needed to ensure the care records consistently reflected the care being given.

People had no complaints and felt confident raising their concerns and complaints with the registered manager or staff.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

We found shortfalls in some of the records relating to people's care and the overall management of the service.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and staff felt the home was managed well.

The registered manager and the regional manager regularly audited and reviewed many aspects of the service. Shortfalls had been recognised and had been followed up and the registered manager was aware of where improvements were needed. However, our finding showed the service was in breach of two regulations.

People were encouraged to share their views and opinions about the service. Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

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 is 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 comprehensive inspection took place on 16 and 17 May 2018; the first day was unannounced. The inspection was carried out by one adult social care inspector, an assistant inspector and an expert-by-experience on the first day, and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies. We also looked at the recent report (March 2018) from Healthwatch Lancashire.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, three visitors, four care staff, the administrator and the registered manager. We also spoke with two visiting healthcare professionals.

We had a tour of the premises and looked at a range of documents and written records including six people's care records, three staff recruitment files, training records, medication records, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Prior to the inspection, we were made aware there had been a fire on Riverside House. At that time people were evacuated safely and then returned to the House. There was residual damage to a linen store. We

looked at the enforcement notice which was issued following an investigation undertaken by the Lancashire Fire and Rescue service. Following the inspection, we spoke with the Lancashire Fire and Rescue fire safety advisor who had undertaken the investigation. We also looked at the report from the local authority contracts monitoring team (April 2018) and from a recent report from the clinical commissioning group medicines optimisation team (March 2018).

Following the inspection, we asked the registered manager to send us some information; this was forwarded promptly.

Is the service safe?

Our findings

Prior to the inspection, we were notified there had been a fire on Riverside House. We were told the people living in the home were evacuated to another area of the home quickly and safely by staff and were safely able to access all areas on Riverside House the following day. During the inspection we found residual damage to the linen store, which did not impact on people's safety.

Following an investigation undertaken by Lancashire Fire and Rescue, the service was issued with an enforcement notice for failure to comply with the 'Regulatory reform (Fire Safety) order 2005 and because people were unsafe in case of fire'. There were also concerns that recommendations made in the independent Fire Risk Assessment of January 2018 had not yet been fully addressed. Following the inspection we spoke with the fire safety advisor about their findings. We were told the service had been given clear timescales for action and a follow up visit would be undertaken to check compliance.

During the inspection, we looked at fire safety records. We found a fire risk assessment had been undertaken by an independent agency in January 2018, and recommendations had been made. We noted some actions had been taken to address the recommendations and recorded in the fire risk assessment but there were still significant gaps; this made it difficult to determine what actions had been undertaken by the provider. The fire alarm system had been serviced in February and May 2018 and recommendations had been made by the service engineer; there were no records to evidence what actions had been undertaken by the provider following the visit. We were told that remedial work, to address recommendations made in February, had commenced on the first day of this inspection; we noted the engineer was present. We were concerned the provider had not responded to the recommendations in a timely way.

We saw records to indicate regular safety checks were carried out on systems and equipment either by service engineers or by the maintenance person. In the presence of the registered manager we sampled water temperatures in bedrooms and bathrooms and found some were either running below or above recommended temperatures. The registered manager took immediate action to follow these issues up; we were told the boiler had recently been replaced which had caused the fluctuation in temperatures.

The provider had failed to ensure the safety of the premises and the equipment within it. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that 90% of staff had received fire safety training and had undertaken training in fire evacuation. Regular fire alarm checks and regular fire drills had been recorded and staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire that assisted staff to plan the actions to be taken in an emergency.

We looked at how the service managed people's medicines. The local commissioning medicines optimisation team had been providing the managers and staff with advice and support and had visited in November 2017 and March 2018. At the last visit, they indicated there had no concerns.

We saw staff had access to a full set of policies and procedures. We found there were safe processes in place for the receipt, ordering and disposal of medicines. Care staff who were responsible for the safe management of people's medicines had received training and, checks on their practice were being undertaken. One care staff told us they had been given additional training for the administration of specialised medicine. We observed staff provided patient and considerate administration of people's medicines. However, we found further improvements were needed.

We sampled seven people's medication administration records (MARs). We found there were gaps in the recording of the application of external medicines, such as creams. The directions for some people were unclear and they did not always reflect the prescribed directions; it was also difficult to determine where the cream was to be applied as the body maps were in place but not being used.

Medicines that were prescribed 'as needed' were supported by clear guidelines and were being updated following a recent audit. However, additional information was needed to help staff recognise when people, who were unable to vocalise, were in pain.

Auditing systems were in place and shortfalls had been identified during the April 2018 audit. The registered manager was aware of the shortfalls and was taking appropriate action to address them.

We recommend the service seeks recognised guidance on the safe management of people's medicines.

Handwritten entries had been witnessed, medicines were clearly labelled and most were dated on opening and carried forward amounts from the previous month were recorded. This helped to monitor whether medicines were being given properly. 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. We noted appropriate codes had been used when people had not taken prescribed medicines. We counted two people's medicines and found the amounts corresponded with the MARs; this meant, people had received their medicines as prescribed.

Appropriate arrangements were in place for the management of controlled medicines, which are medicines which may be at risk of misuse. We checked one person's controlled medicines and found they corresponded accurately with the register.

A photograph identified people on their MAR and any allergies were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to the person. People had consented to either their medication being managed by the service or whether they were able, or wished to, self-medicate. We were told there were no people who were managing their own medicines. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines.

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People told us they felt safe. They said, "They are a nice set of people", "The staff make me feel safe; they help me", "I don't see anything wrong" and "I feel safe but I don't know why." Relatives spoken with said their family members were kept safe. One relative said, "I have no issues at all with [family member's] safety." A healthcare professional told us, "I have worked alongside staff, at different times of day, and I have no concerns."

Staff had safeguarding adults' procedures and whistle blowing (reporting poor practice) procedures to refer

to and a help line was available for staff and visitors to report any concerns they may have. Safeguarding procedures are designed to provide staff with guidance to help them protect children and adults from abuse and the risk of abuse. Staff received regular safeguarding training. A designated safeguarding champion was available in the home; they had received higher level training and provided advice and guidance to other staff in this area.

Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. They were confident the registered manager would act on their concerns and were aware they could take concerns to organisations outside the service. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. At the time of our inspection, a safeguarding investigation was being completed by the local authority and the provider in respect of a person who had experienced a fall at the home. The outcome had not yet been received.

We looked at records kept in relation to accidents and incidents that had occurred at the service. The records were analysed each month in order to identify the number of incidents. Referrals were made, as appropriate, to the GP, the falls team and the district nursing team; we also observed alarm mats in use for people who had been identified at risk of falls. We discussed how further improvement could be made as we noted most incidents had occurred during the night or early morning.

The registered manager was aware of their responsibility to monitor any safeguarding concerns and accidents and incidents at the service, to ensure a lessons learned approach. Staff had access to a set of equality and diversity policies and procedures. We also noted people's individual needs were considered when care was being provided and some information was recorded as part of the care planning process. This helped to ensure all people had access to the same opportunities and the same fair treatment.

We looked at how the risks to people's health and safety were managed. We found potential risks to people's safety and wellbeing had been assessed and recorded. The assessment information was based on good practice guidance in areas such as falls, skin integrity, mobility and nutrition and had been kept under regular review. This helped to ensure good outcomes of care and support were achieved. Staff had been provided with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence.

Environmental risk assessments had been undertaken in areas such as the use of equipment and the management of hazardous substances. We discussed the need for assessments of risks associated with emollients and use of upstairs bedrooms and the chair lift. The service had emergency contingency plans to enable people to receive the care and treatment they required should an emergency occur that stopped the service from operating.

Records showed there had been a high number of incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. The frequency and type of incidents were closely monitored by the service. Appropriate action had been taken in response to incidents of this type such as the referral to appropriate agencies such as the mental health team. Records confirmed staff had received training in this area which helped to keep them and others safe from harm. During our visit we observed staff promptly responding to, and resolving difficult situations in a quiet and calm manner.

Financial protection measures were in place to protect people and there were regular checks undertaken for

any personal monies held. Staff were not allowed to accept gifts and assist in the making of, or benefiting from people's wills. We noted there were systems in place to respond to concerns about staff's ability or conduct.

Recruitment and selection policies and procedures were available. We looked at the recruitment records of three members of staff and found appropriate employment checks had been completed before they began working for the service. Confirmation was received that agency staff were fit and safe to work in the home.

People were generally happy with the availability and numbers of staff. Comments included, "They could do with one or two more [staff]", "Just now and again we have to wait. We don't have to wait too long. I think they do well for us." Visitors commented, "There's always staff in the lounge" and "I think they [staff] are pretty quick at responding to calls." Staff told us, "Staffing is good; there have been some changes", "The levels are better but sometimes it feels a bit rushed", "We've recently been covering for holidays and sickness on care, laundry and activities and it's been hard" and "I think they are getting some new staff. We have used agency but we do try to get the same ones who know the routines and the residents."

During our visit, we observed people's calls for assistance were promptly responded to and staff were attentive to people's needs. However, we noted people on Riverside House were left unsupervised for a short period of time whilst staff prepared the lunch trolley on Riverside Court. We shared this information with the registered manager. A dependency tool was used to provide guidance about recommended numbers of staff. The registered manager confirmed additional staff were being recruited to ensure sufficient skilled and experienced care and ancillary staff were available at all times.

We looked at the staffing rotas and found a designated senior carer was in charge with two care staff throughout the day and a senior carer and a care staff at night. A cook, cleaner and maintenance person were available five days each week. A laundry person worked three shifts each week; additional shifts in the laundry were covered by care and domestic staff. There were two activities staff however care staff had also been providing cover due to absences. The registered manager worked in the home five days each week; on call out of hours support was known to staff. Any shortfalls due to leave or sickness were covered by existing staff or by agency staff who were familiar with people's needs.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean and people told us, "They keep it lovely and clean" and "It's really clean." However, we noted a strong unpleasant odour in the entrance to Riverside Court and on the first floor of Riverside House. We also noted an odour in the downstairs toilet on Riverside House and in two bedrooms on Riverside Court. The odour in the entrance area had been referred to in previous inspection reports and in the initial Healthwatch Lancashire report of October 2017. We discussed our concerns with the registered manager who assured us appropriate action would be taken.

There were infection control policies and procedures for staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. There were cleaning schedules in place and contractual arrangements for the safe disposal of waste. There was a designated infection prevention and control lead who was responsible for conducting checks on staff practice in this area and for keeping staff up to date. The laundry was well organised with sufficient equipment and staff to maintain people's clothes.

Equipment was stored safely and was serviced at regular intervals. People had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. The

service employed a maintenance person who reported to an estates team. We were told any requests for maintenance or repair were responded to promptly.

Training had been provided to support staff with the safe movement of people. We observed staff using safe practices when supporting people to move around the home. Records showed that 79% of staff were trained to deal with healthcare emergencies. We were assured sufficient first aiders were available on each of the houses and that additional training was booked.

The environmental health officer had awarded the service a five star rating for food safety and hygiene. There was key pad entry to areas in each of the houses and visitors were asked to sign in and out which would help keep people secure and safe.

Is the service effective?

Our findings

People told us they were satisfied with the service they received and felt staff had the skills they needed. They said, "I like the staff." A visitor said, "The manager came out and did an assessment. It does seem like a home and they are meeting [family member's] individual needs." A healthcare professional said, "They worked with us and we have managed to reduce [person's] medicines."

Before a person started to use the service, a thorough assessment of their physical, mental health and social needs were undertaken to ensure their needs could be met. Most people, or their relatives, were enabled 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 and staff were able to determine whether the home was able to meet their needs.

We looked at how the service trained and supported their staff. Staff received a range of training that enabled them to support people in a safe and effective way. A training plan was in place to ensure staff received regular training updates. All staff had achieved or were working towards a recognised care qualification. Staff spoken with confirmed their training was useful and beneficial to their role; they felt well trained and told us they could request further training if they felt they needed it.

Staff were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

New members of staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us communication about people's changing needs and the support they needed was good. Records showed key information was shared between staff and staff spoken with had a very good understanding of people's needs and the management of the home.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject; this would help improve staff understanding of the processes. We were told 19 applications had been submitted to the local authority for consideration. Ten people had authorisations in place. The registered manager was aware she needed to undertake checks on the progress of any applications.

People's overall capacity had been assessed and their capacity and consent to make specific decisions about care and support was referred to in the care plans. This ensured staff acted in people's best interests and considered their choices. We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person.

We noted people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. Each person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. Where possible, we found people's care plans reflected their decisions and preferences in relation to this.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals and that they had a choice. The menus were displayed on each house although they were not particularly dementia friendly or easy to read. We observed a member of staff showing people different plated meals to choose from although this was not standard on both days. We shared our observations with the registered manager.

During our visit, we observed lunch being served in both houses. We observed people enjoyed their meals. The meals looked appetising and the portions varied in amount for each person; people were provided with extra helpings. People were offered a choice of meal and alternatives to the menu were provided.

We observed people being supported and encouraged to eat their meals at their own pace and we overheard friendly conversations during the lunchtime period. However, there seemed insufficient staff available on Riverside Court as staff were being taken away from supporting people with their meals to attend to other people. The main menu was displayed in the dining room and people were asked for their choices each day. The dining tables were appropriately set and drinks were made available. Protective clothing was provided to maintain people's dignity and independence although napkins were not available; people were offered wipes for their hands following the meal. We observed drinks and snacks being offered throughout the day.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. We were told records would be 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. There was a designated Nutrition and Hydration Champion who provided oversight of people needs and staff supervision in this area.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs related to their health. Records showed that the

nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care; appropriate referrals were made to a variety of healthcare agencies. 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. A relative considered their family member's health care was managed well.

Information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; where possible, a member of staff or a family member would accompany the person. In this way, people's needs were known and taken into account and care was provided consistently when moving between services.

We looked at how people's needs were met by the design and decoration of the home. We found the home was bright, comfortable, warm and well maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. There were well maintained, pleasant gardens with seating for people and their visitors to enjoy in the warmer months.

Much thought and consideration had been given to ensure the environment on Riverside Court was suitable for people living with dementia. We noted pictures and other items of interest such as old photographs, fiddle boards or information about the local area were displayed on the corridor and communal walls. The corridors were equipped with coloured hand rails and provided plenty of safe walking space for people. Some people's bedroom doors on Riverside Court had numbers, pictures, photographs or familiar items outside and bedroom doors were painted in different colours; to help people with a cognitive or memory impairment to identify where they were in the home and to locate their room more easily. Appropriate signage and coloured doors were in place for bathrooms and toilets.

On Riverside House, we found a comfortable lounge and a dining area with original features and views of the local countryside. However, the environment was not particularly dementia friendly. There was a cinema room and another room was being converted to a sensory room. A small satellite kitchen was available for staff to prepare breakfasts, snacks and drinks.

People 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. All bedrooms were single occupancy and some had en-suite facilities. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary.

We found areas in need of re-decoration in both houses including damaged plaster, wall coverings and damaged tiles. Some of the issues had been identified on a recent audit. A development plan evidenced further improvements were planned. The registered manager told us there were plans to provide a more dementia friendly environment such as improved signage, suitable flooring, wheelchair access to the gardens and the use of colour coded doors and toilet seats; we will monitor this at the next inspection.

The gardens were attractive and well maintained. Outside seating was provided with bright pots and tubs for people and their visitors to enjoy in the summer months. However, the internal courtyard on Riverside Court was in need of attention to provide a pleasant space for people to use. The registered manager told us there were plans to improve the area.

Is the service caring?

Our findings

People spoken with were happy with the care and support they received. They told us they were treated with care and kindness and were treated equally and fairly. They said, "I can follow my own routines", "They are happy to let me do what I want, when I want" and "Staff are lovely; they are kind and caring."

We saw a number of compliments that highlighted the caring approach by staff. They included, "Thank you for looking after our [family member] and also to the hairdresser for styling her hair; it took ten years off her" and "Many thanks for the outstanding care you have given during the past six weeks. I am sure [family member] will miss you all dearly."

People were encouraged to maintain relationships with family and friends. Friends and relatives confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed people visiting at various times throughout the two days we were present in the home.

During our visit, we observed staff interacting with people in a caring, friendly and respectful manner and we observed appropriate humour and warmth from staff towards people. People appeared comfortable in the company of staff; we observed good relationships between staff and people living in the home and overheard laughing and encouragement in both houses. Staff were knowledgeable about people's individual needs and personalities. Where possible, people were able to make their own choices and were involved in decisions about their day. One person told us, "I like my cardigan, such a nice colour. Staff helped me to choose it."

We observed people were treated with dignity and respect and without discrimination. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. We were told staff always knocked on doors and waited to enter. One person said, "I can have time to myself if I want; I know staff keep an eye on me to make sure I'm safe." People were dressed comfortably and appropriately in clothing of their choice. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills.

People's wishes and choices with regards to spiritual or religious needs was recorded and people were able to attend religious services in the home. People's wishes and choices with regards to receiving personal care from female or male carers and their ethnicity and sexual orientation was recorded; this meant staff were aware of people's diversity.

People were encouraged to express their views by means of daily conversations and during residents' and relatives' meetings. The meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. All staff were bound by contractual arrangements to respect people's confidentiality.

People were supported to be comfortable in their surroundings. People told us they were happy with their

bedrooms. One person told us they had their room decorated according to their personal colour preferences. Bedrooms were fitted with appropriate locks and people told us they could spend time alone if they wished.

Useful information was displayed on the notice boards on each house and informed people about how to raise their concerns and any planned activities. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were provided with a copy of a welcome pack on admission to the home, which provided an overview of the services and facilities available in the home. The registered manager told us the information could be made available in other formats to ensure it was accessible to everyone. Information was not displayed in the home for people to refer to although it was available on the website.

Is the service responsive?

Our findings

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager. People said, "I like the staff." Relatives commented, "They are very good with people. The staff are always asking if you want or need anything", "The staff are very approachable" and "Since [family member] has been here they have improved." A healthcare professional said, "The staff are good and helpful."

We looked at how the service managed complaints. People told us they would speak with a member of staff or to the registered manager if they had a complaint. They told us they were able to discuss any concerns during resident meetings. A relative told us they had raised concerns which had been resolved. Another relative said, "I have no concerns at all; I would be raising issues if I did."

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. However, this and the procedure attached to the service user guide was not personalised to the home and was a lengthy document. The registered manager referred this to the regional manager for action. We noted there was a large print, shorter version of the complaints procedure displayed in the entrance of the home.

We looked at the records of complaints. We found two recorded complaints. One had been responded to appropriately although the records relating to the other complaint were not available in the home; this meant it was difficult to determine whether an appropriate response had been made. We were told the regional manager had responded to the complaint and immediate arrangements were made to include the response and outcome in the complaints record.

Prior to the inspection, we were told there were gaps and inconsistency in the records relating to care and support. Each person had an individual care plan, which was underpinned by a series of risk assessments. The care plans were organised and included valuable information about people's likes, dislikes, preferences and routines which helped ensure they received personalised care and support in a way they both wanted and needed.

Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed. This was confirmed by a health care professional. We noted two people were prescribed creams and one person was on a specialised mattress but the details were not recorded in the care plan. Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way. We noted there were gaps in the personal care books; this meant the records were not always reflective of the care being given to people. We could see the registered manager had identified the shortfalls during the audit and discussions had taken place with staff to address this. Care plan audits were undertaken and shortfalls were being responded to; this ensured the records reflected the care being given.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People spoken with said they were kept up to date and involved in decisions about care and support. Records of any communication with relatives were maintained and we noted people's relatives had been involved in providing useful information about preferences, interests and routines. People or their relatives had not always been formally involved in the review of the care plan. However, we also noted that people had been regularly invited to attend formal care plan reviews.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries, notice boards and handover sheets.

Activities included singing, hair and nails, colouring, local walks, arts and crafts and doll therapy. A relative said, "They paint, they make cards and every now and then a singer comes in." Some people had been to Blackpool Sea Life Centre and Blackpool Illuminations; others had been out with their families or attended a local day centre.

We found it was quieter on Riverside House and there were limited activities and interaction provided; during our visit we observed nail care and inappropriate programmes on the TV and radio. However, we observed positive interactions on Riverside Court. During the inspection visit, we observed one person going for a walk with staff, doll therapy, nail care and a number of people singing and dancing to appropriate music.

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. The service employed an activities coordinator and staff were working additional hours to ensure people were able to engage in meaningful and enjoyable activities. Activities included singing, hair and nails, colouring, local walks, arts and crafts and doll therapy; photographs of people engaging in various activities were displayed on Riverside Court. People were able to watch films on the big screen in the cinema room; staff said people really enjoyed this. A relative said, "They paint, they make cards and every now and then a singer comes in." Some people had been to Blackpool Sea Life Centre and Blackpool Illuminations; others had been out with their families.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, the registered manager told us staff followed guidance from specialist professionals and ensured that anticipatory medicines were in place to keep people comfortable. Where possible, people's choices and wishes for end of life care were being recorded, kept under review and communicated to staff. Where people's advanced care preferences were known, they were shared with GP and ambulance services. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for people using the service, their visitors and staff. E-learning formed part of the staff training and development programme. Sensor or pressure mats were used to alert staff when people were at risk of falling and pressure relieving equipment was used to support people at risk of skin damage. Staff were able to access remote clinical consultations to access prompt professional advice.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print. The registered manager confirmed the complaints procedure, the menus and service user guide could be made available in different font sizes to help people with visual impairments. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

Is the service well-led?

Our findings

People's records were stored securely and were reviewed in line with their changing needs. However, we found shortfalls in the records relating to medicines management, particularly the administration of creams and ointments, a lack of detail in the care and support records and incomplete maintenance and servicing records.

The provider had failed to maintain accurate records in relation to people's care and the overall management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff spoken with told us they were satisfied with the service provided at Riverside Care Centre and with the way it was managed. One visitor said, "I think it's professionally run; it's good. I have nothing bad to say." Staff said, "The manager is organised; things have changed and it takes time to get things done."

Since the last inspection of January 2017, there had been a number of changes made to the management of the home; this had been unsettling for people, their relatives and the staff team. At the time of this inspection the manager had been in post since August 2017, and had been registered with the CQC in April 2018.

The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the registered manager and the way the home was managed. The registered manager was described as 'approachable', 'fair' and 'effective'.

The registered manager told us she was committed to the continuous improvement of the service. She was able to describe her achievements over the last 12 months and planned improvements for the year ahead. The registered manager was supported by a regional manager who visited the service each week to monitor the quality of the home and the effectiveness of the registered manager's practice. This meant that the provider had oversight of the service.

There were systems in place to assess and monitor the quality of the service in areas such as medicines management, staffing, recruitment, accidents and incidents, care planning, infection control and the environment. During the inspection, we found some shortfalls with the record keeping and there had been a delay in responding to recommendations made by external safety advisors and engineers. However, we saw that some of the shortfalls had been identified in areas such as medicines management, the environment and care records; timescales for action had been set and were monitored by the regional manager.

People felt their views and choices were listened to and they were kept up to date. They were encouraged to share their views and opinions about the service by talking with management and staff, by completing

feedback forms and by attending meetings. The most recent meeting had been poorly attended so the information had been sent out to people in the form of a newsletter. Information discussed included, spring menus and weekend activities. The last customer satisfaction survey had been undertaken some time ago; the registered manager told us this was planned for later in the year.

Staff said they worked well as a team and felt supported to carry out their roles and felt they could raise any concerns or discuss people's care with the registered manager. During the inspection, we found staff were happy with the changes and improvements made by the registered manager. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns; there was always a senior member of staff on duty with designated responsibilities.

Regular staff meetings had taken place and records showed they discussed a range of issues and had been kept up to date. Staff had also taken part in a satisfaction survey in December 2017 although the results had not yet been analysed. They were provided with job descriptions, contracts of employment, a staff handbook and had access to policies and procedures which would make sure they were aware of their role and responsibilities. Staff were kept up to date with any new or existing policies and procedures by way of a 'policy of the month' scheme.

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 and other agencies. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, dieticians, speech and language therapists, hospital staff and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

The registered manager had forged good links with the local community and with other registered managers and providers in the local area, which helped to make sure people received care that was reflective of best practice. The home had recently signed up to the Red Bag scheme, which helped to improve continuity of services for people living at Riverside Care Centre.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the safety of the premises and the equipment within it. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate records in relation to people's care and the overall management of the service. Regulation 17 (2) (c) (d)