

## Barchester Healthcare Homes Limited

# Rivermead

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 22 March 2017 and was unannounced. This meant the registered provider did not know we would be visiting the service. A second day of inspection took place on 23 March 2017 and this was announced.

Rivermead is a nursing home that can provide care and accommodation for up to 69 older people. At the time of this inspection 63 people were using the service. The service is located in Norton, which has local amenities. Norton is very close to the market town of Malton, which has more services and rail links. The home has two distinct units. Those people with general nursing needs are cared for on the Westow unit, whilst those who have care needs primarily associated with dementia are cared for on the Malton unit.

There was a registered manager at the service who registered with CQC in December 2011. 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.

We found that people were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Care workers received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

Systems and processes were in place that helped to identify risks associated with the service's environment and when providing care and support with people. Associated care plans enabled people to live at the service in line with their wishes and preferences with minimal restrictions in place.

Where people required support with their medicines this was done safely and people received their medicines as prescribed. Medicines were stored securely and staff competencies in this area were monitored by management.

Systems and processes were in place that ensured sufficient numbers of suitably trained and competent care workers were on duty to meet and respond to people's needs and provide additional one to one support throughout the day. Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with adults who are at risk.

Staff received a thorough induction when they joined the service and competency assessments were completed at regular intervals to ensure they were providing appropriate support. Staff received regular

supervisions and appraisal where support, guidance and opportunities to develop were discussed.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005 and the registered provider was following this legislation. Applications to deprive a person of their liberty had been submitted to the local authority when required.

People usually consented to care and support from care workers by verbally agreeing to it. Records included provision for people or their representative to sign their agreement to the care and support they received.

People were supported with a wide choice of food at meal times. Any special food requirements were catered for and people spoke positively about the meals on offer. Snacks and hot and cold drinks were available for people throughout the day. Staff were available to offer support with meals where needed.

People were supported to maintain their health and we saw evidence of close working relationships with other professionals. This was documented in people's care records. Staff were deployed effectively which was demonstrated in how swiftly they responded to people's requests.

All members of staff demonstrated a clear understanding of people's individual needs and preferences and the importance of encouraging people to remain as independent as possible. They were caring and put people at the centre of everything they did. We saw staff treating people with dignity and respect and people we spoke with confirmed this.

A range of activities, to meet both people's individual requests and as a group, were provided on a daily basis. People spoke with enthusiasm about these activities and we found that activities were well attended at the service.

People told us they felt well supported and able to raise issues with the management team, should they be unhappy. We observed a warm and friendly atmosphere in the home

The registered manager continuously monitored the quality and safety of the service. Where shortfalls were identified, action was taken. Feedback was sought from people, relatives, visiting professionals and staff through questionnaires and regular meetings. The registered manager used this information to implement improvements at the service.

Links with the local community were well established and Rivermead had taken part in research projects with local universities, the Clinical Commissioning Group and local NHS trusts. The registered provider held memberships in a number of recognised bodies that looked at driving improvements within health and social care.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of skilled staff employed that ensured people received the care, treatment and support they needed.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Risk management plans were in place for people and the service where required.

Medicines were stored securely, administered safely and staff competencies had been assessed.

Good 

### Is the service effective?

The service was effective.

Care workers received appropriate support and training that equipped them with the skills and knowledge to carry out their role and meet people's individual needs.

The registered manager and staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA). Staff supported people to make choices and decisions.

People were supported to maintain their nutritional wellbeing. Drinks and snacks were available throughout the day. Appropriate professionals had been contacted when concerns arose.

Good 

### Is the service caring?

The service was caring.

The feedback we received was extremely positive. Our observations confirmed that staff cared about the people they were supporting.

Outstanding 

People's individual care and support needs were understood by staff and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by care workers.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were person-centred and recorded information about their individual care needs and preferences.

People were encouraged to participate in activities of their choosing both as groups and on their own. People spoke positively about the activities on offer to them.

There was a complaints procedure in place which had been followed. People told us they knew who to speak with if they had a concern or a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led

Comprehensive quality assurance systems and processes were in place to monitor the quality and safety of the service.

Everybody spoke highly of the registered manager, deputy manager and staff team at the service.

The registered manager sought the views of people and implemented actions where the service fell short of expectations.

The registered manager worked in partnership with other professionals and the local community.

# Rivermead

## 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 checked 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 inspection took place 22 March 2017 and was unannounced which meant the registered provider did not know we would be visiting. A second day of inspection took place on 23 March 2017 and this was announced.

The inspection team on the first day of inspection consisted of one adult social care inspection, a specialist advisor who was a registered nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team on the second day consisted of one adult social care inspector and an expert by experience.

The registered provider had been requested to complete a provider information return (PIR) and this had been returned within the required timescales. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

We requested feedback from the local authority commissioning and safeguarding team. There were no concerns raised regarding the care and support provided by Rivermead.

During the inspection we reviewed a range of records. This included six people's care records including care planning documentation and medicines records. We also looked at five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with ten members of staff including the registered manager and deputy manager, 14 people who used the service and three relatives.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all the facilities provided including communal lounges and dining areas, bathrooms and people's bedrooms.

## Is the service safe?

### Our findings

People told us they felt safe at Rivermead. One person told us, "Yes, I feel safe here. The staff are great and it is a nice place to live." A relative we spoke with told us, "The staff are great. I leave here knowing [person's name] is safe and well cared for. They are a fantastic bunch."

Staff we spoke with had received training in safeguarding and understood what action to take if they suspected abuse. Staff told us the registered manager would respond appropriately to any concerns. Referrals had been made to the local authority and recorded appropriately.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw whistleblowing procedures were displayed at the service and available to staff if needed. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Individual risk assessments had been developed and were available in people's care records. People who were identified as at risk had appropriate plans in place and these provided sufficient detail. For example, one risk assessment relating to choking detailed the position the person should be sat in whilst eating and that they should remain in this position for 30 minutes after food was consumed. Records confirmed that risk assessments had been reviewed monthly and updated when changes occurred.

We spoke with staff about their understanding of specific risks to people. Staff were very knowledgeable and were aware of the procedures put in place to reduce the risks, such as how to safely assist a person with mobility and the importance of keeping records up to date.

We saw each person had a personal emergency evacuation plan (PEEP) so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw the service's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practised. Fire-fighting equipment was available, emergency lighting was in place and regularly tested. We found all fire escapes were kept clear of obstructions. Staff training records showed staff had received fire safety training.

We reviewed accidents and incidents records at the service. The registered manager reviewed all accidents and incidents and then completed an internal investigation to establish what measures could be put in place to reduce the risks of reoccurrence. We could see care plans and risk assessments had been updated following any accidents or incidents so they contained the most up to date information for staff to follow.

People's use of medicines were recorded using a medicine administration record (MAR.) A MAR is a document showing the medicines a person has been prescribed and the recordings when they have been administered. We saw MAR's contained a photograph for identification purposes and information about each person, including any known allergies and any conditions such as those which made swallowing a risk for the person. We reviewed 14 people's MARs and there were no gaps in recordings. A staff signature list for those staff administering medicines was stored within the MAR folder. This helps create a clear record of

who is administering medicines. Some people were prescribed 'as and when required' medicines. Protocols were in place for these medicines which meant staff had clear guidance on when the medicines should be administered.

We observed medicines rounds and saw staff practice was good. Staff were patient and did not rush people. They offered an explanation and asked for consent before administering medicines and observed the person taking them before staff signed the MAR.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. Records were in place to show where on the body this should be applied and how often. Records showed that staff were not always recording when topical medicines had been applied. We discussed this with the registered manager who told us she would address this issue with staff members.

Regular stock checks of medicines had been completed to ensure people had access to medicines that they needed. Medicines were stored securely and safely in a well-ordered room.

People told us there was enough staff on duty to respond to their needs in a timely manner. One person told us, "There is always someone around. Even when I am in my room staff come and check on me every hour." Relatives also told us they thought there was enough staff on duty stating, "I have never experienced any problems. If [person's name] needs anything staff are straight to it. They have time to chat to people and there always seems to be enough staff around the building."

Staff were responsive to people's needs. People were not left unattended by staff and observation showed that call buzzers were answered in a timely manner. One person told us, "They [staff] are always available when I need them. I don't think I have ever been left waiting." Another person told us, "I have no complaints; I always get help when I need it and staff are always visible." Observations showed that staff were deployed effectively which was demonstrated in how swiftly staff responded to people's requests.

We looked at the dependency tool that was being used to determine safe staffing levels and could see staffing levels were adjusted according to the needs of people. The registered manager told us, "We use the tool but if I felt we needed more staff I would allocate more staff. I use it flexibly." On the nursing unit there was one nurse and five care assistants. On the dementia unit there were two nurses and six carers. From our observations we could see that there was enough staff on duty to support people.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate before employment commenced. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included two references and a disclosure and barring service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We completed a tour of the service as part of our inspection. We looked at a number of people's bedrooms (with their permission), bathrooms, toilets and various communal living spaces and saw the home was clean and hygienic. We saw personal protective equipment, alcohol hand rub and liquid soap was available. We saw from the training records staff had completed infection control training.

## Is the service effective?

### Our findings

People told us they thought staff were suitably trained to look after them. One person told us, "Staff are very good to me, the mature ones are very good and the younger ones are still learning, but I have no complaints. They all know what they are doing." A relative we spoke with told us, "Staff go out of their way to make sure all of my relative's care and health needs are met. The care is always excellent so they must have the right training."

All staff completed a thorough induction program which included class room and online training, reviewing the registered provider's policies and procedures and working alongside more experience members of staff. Induction portfolios were completed and included evidence of competency assessments that were completed at intervals of one, six and twelve weeks during the probationary period.

The registered manager had access to an online training matrix for each staff member. This showed that mandatory training was up to date. Mandatory training is training the registered provider thinks is necessary to support people safety. Certificates were available to evidence that this training had been completed. Additional training had also been provided to staff in areas including dysphagia and choking, dementia awareness and skin integrity.

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. All the staff we spoke with were extremely complimentary about the registered manager and the opportunities that they were given to develop. One member of staff told us, "I am in the process of completing a course to become a care practitioner. I have been given lots of opportunities to develop. The training is really good and such a wide variety available."

Staff had received regular supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed that these meetings were used to discuss any support needs the member of staff had, as well as confirming their knowledge and performance over a period of time. Annual appraisals had also taken place which included action plans when concerns had been identified or requests had been made by staff. For example, one member of staff had requested to start a national vocational qualification and an action plan had been developed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 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 Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records we looked

at contained a range of capacity assessments, for example, in relation to decisions about remaining at the service and medicines. Where people lacked capacity there was guidance about who would support them in making that decision. Where people lacked capacity to make a decision about where they lived, we saw DoLS were applied for appropriately.

Staff we spoke with told us they had received training in the MCA and understood what was meant by capacity. They were able to describe what action they would take if they suspected a person lacked capacity, such as report to the registered manager so a capacity assessment could be arranged.

People were extremely positive about the meals on offer at Rivermead. One person told us, "The food is lovely. I always get what I want and there is choice available." Another person told us, "No complaints from me! The food is beautiful."

During our visit we observed the lunch time experience on Malton unit. There were eight people who came to the dining area to eat their meal. Staff took time to discuss the meal options available with people and respected the choices they made. We observed two people who were assisted by staff with a puréed diet. Staff were caring and very attentive and aware of the preferences of the people they were supporting. The meal service was not rushed and people were able to eat and enjoy their meals at their own pace. The atmosphere in the lounge was peaceful with the TV on quietly in the background. There were three members of staff who were available to offer support during the lunch time service.

We also observed lunch in the recently refurbished dining room on the Westow unit. The lunch menu was displayed at the entrance to the dining area and also available on each table. Some people required a puréed diet. The puréed food was well presented, appropriately portioned, and of a good temperature.

We saw care plans contained an assessment tool, which was used to identify people at risk of malnutrition. The tool contained guidelines which could be used to write a relevant care plan. We saw the tool was being used to record people's weights on a monthly and/or weekly basis and any risk identified was addressed and relevant professionals contacted where appropriate. Staff were very knowledgeable about people's specific dietary needs and how they offered support, such as if the person required thickened fluids or to be supported in a certain position when eating or drinking.

People were able to mobilise freely around the service. Paintings and memory boxes which included personal photographs were displayed on walls and doors, which enabled people to navigate to their own rooms independently. Appropriate signage for bathrooms and toilets were also displayed on doors. Memory boards and coloured doors to rooms were used throughout the service. The Malton unit was replete with sensory aids and colour and provided access to outside spaces without restriction. The units were quiet with no undue noise and people enjoyed music and television in their rooms.

## Is the service caring?

### Our findings

People and relatives told us that staff were extremely caring and the support they provided was second to none as nothing was too much trouble and staff always offered reassurance to them.

Time had been allocated to a member of staff to develop 'Life history' books for each person who used the service. Relatives and friends had been actively encouraged to participate. Life history books that we viewed contained an excellent amount of detail, photographs and experiences and staff told us how this had impacted on the support that they provided. One member of staff told us, "I think they are brilliant. There is so much information and it gives us talking points when trying to chat with people who suffer with a dementia. Their faces light up when you start talking about things in their past. It sends them to a happy time in their life, what more could you want?"

We found staff had excellent relationships with people they supported. One person told us, "This place is wonderful, staff are so helpful and caring and they really do take time to get to know people." A relative we spoke with told us, "All the staff have been brilliant right from the start. They pay attention to detail, even down to the décor and layout of bedrooms. It is all done to people's preferences. This place is so welcoming and homely. I am truly happy with the support [person's name] receives. All the family are." Each person had an allocated key worker and people and relatives were aware of who this person was. Relatives we spoke with often referred to the key worker and continuous communication that they had. One relative told us, "[Key worker's name] is brilliant. Anything I need to know about my relative I go to them. They always make sure they have time to chat with me when I visit and keep me updated."

The registered manager was passionate about providing a caring service and understood the importance of relatives and friends being actively involved in people's care and support. They told us, "This is their home and all staff respect that. It is not what the staff want or what I want that matters, it is the people who live here. I just want to ensure people spend their last days as they wish and not led by tasks." We observed the registered manager spending time on both units providing one to one time with people and communicating with relatives to ensure they were satisfied with the service that was being provided.

Staff told us they had a holistic approach to the care and support provided and the service was not 'task led'. One member of staff told us, "We follow people's lead in how they want to spend their time. It is important that people spend their time as they want to and not how we want them to. We are not a task led service at all."

During the inspection we spent time in communal areas observing interactions between staff and people who used the service. Staff demonstrated their compassion towards people in their kind, gentle and dignified approach. For example, when we arrived on the first day one person was eating breakfast in the Malton unit dining area. It was clear that staff were aware this person preferred to eat independently. Staff observed the person and could see they were having difficulty with the cutlery they had chosen to use. The staff member got a spoon from the kitchen area and placed it discreetly on the side of the table. After a couple of minutes the person began to use the spoon and was able to finish their breakfast without

assistance. The member of staff told us, "[Person's name] likes to be independent and prefers for staff not to intervene. We [staff] don't want to take that away and we try and use a dignified approach and offer discreet assistance."

We saw that staff were continually supervising people but this was done in a discreet manner to allow them the independence and freedom to do as they wished. This included being proactive about making sure people did not suffer loneliness and an understanding when people may feel particularly sad or in need of extra attention. For example, when people chose to remain in their rooms, all staff on duty were aware of this and we observed staff regularly went to the person's room to check on them.

We asked relatives whether they felt staff went over and above their duties to provide compassionate, kind and dignified care. One relative told us, "They cannot do enough for my relative. I am kept informed of everything that is going on. Last week for example, [person's name] was not well. They contacted me straightaway and had already contacted the doctor." Relatives told us they were welcome at all times and we observed relatives and other visitors being warmly welcomed by staff. Staff then spent time with relatives and people.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service that had compassion and respect for people.

We saw letters and cards of thanks from relatives of people who had passed away thanking staff for the loving care and support provided during their loved ones last days. The registered manager explained how they were dedicated to offering person-centred end of life care and the importance of relatives and friends being actively involved in this.

Staff had worked hard to improve the end of life care that was provided. They had been awarded with a seven star rating from St Catherine's Hospice in November 2016. This meant that the service had appropriate policies and reflection in relation to end of life care, people were involved in discussions and received appropriate training which had been recognised by an end of life care specialist.

During the inspection there was one person receiving end of life care. We observed staff providing compassionate and dignified care. Staff also demonstrated their compassion and empathy towards the person's relatives and staff were seen to provide reassuring hugs and discussion with them. Soft music was being played in the person's bedroom as this had been one of their end of life requests. Relatives were offered a room where they could reflect and have access to quiet time and provided them with access to hot drinks and snacks.

At the time of our inspection there were two people who were using an advocate. An advocate is a person who works with a person or a group of people who may need support and encouragement to exercise their rights. Staff were aware of people who had an advocate and the importance of involving them in people's care.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their needs. Comments included, "Nothing is too much trouble" and "Whatever [person's name] needs, staff see to it."

Before being moving to the service the management team completed pre-admission assessments. Areas assessed included mobility, medical history, medicines, nutrition and personal care support. This ensured that the service could meet the person's needs before they were admitted.

We observed a discussion between the relative of a person moving into the service and the registered manager. A selection of rooms were offered and the registered manager gave her advice as to which room would best suit the person's needs as it was positioned close to the nurses' office. There were also discussions around the décor and furniture that the person would like in their room.

We saw care plans included background information centred on the individual. Information included a personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted records included information on the person's next of kin, contacts and information on any allergies.

Care plans were person-centred and identified a person's daily care needs. For example, a person's hygiene care plan detailed that the person preferred to sleep in a vest and pyjama bottoms but long sleeved t-shirts should be encouraged during the winter months. Another care plan relating to a person's bed time routine detailed the person liked to go to bed at around 6pm after their evening meal where they liked to relax and watch TV in bed.

From the medicine administration records that we looked at we could see that the use of 'as and when required medicines' which were prescribed to people to relieve anxiety, were very rarely used as staff had the skills and knowledge to manage the situation without the use of medicines. One member of staff told us, "We try not to use sedatives. They are used as a last resource. As staff are very familiar with people they are aware of what techniques can be effective to try and relieve anxiety. Things like directing the person to their room and using photos that are displayed to chat about their past, singing with the person or just something simple like assisting them to the outdoor space can reduce anxiety."

We saw people were supported to follow their interests and take part in social activities. We looked at people's care plans and we saw that their interests and hobbies were recorded. There was an activities coordinator employed at the service. They told us how they adapted activities to make them suitable for all. They explained, "I know that male residents don't always want to do what female residents do, so I have been working on new activities to try and engage male residents. We have done some gardening and I am going to purchase some planters so people who are unable to access the outdoors can still participate. When someone new moves into the service I make sure I know their preferences with regards to activities, interests and hobbies so I can include them in the activity program." An example of this was a person who enjoyed aeroplanes and trains. As a result materials had been purchased so they could make model

aeroplanes. A trip to the National Railways Museum had also taken place.

People spoke positively about the activities on offer. During the inspection we observed activities such as 'music for health' which consisted of gentle exercise to music. The sessions were well attended by both male's and female's from both units within the service. Other activities on offer included dinner at the local college, arts and crafts, bingo, quizzes, scrabble and church services.

Trips to the local cinema were also being introduced. These showings were specifically for people living with a dementia and staff expressed the enjoyment people seemed to get out of such activities. One member of staff told us, "I went with people last week. It was brilliant. They were all singing and their faces lit up." Further cinema trips had been arranged.

In addition and further to our visits to the service the registered manager told us that they had also developed strong relationships with the farming and racing community within the local area. People who used the service had enjoyed participating in such activities.

People who used the service were encouraged and supported to develop and maintain relationships with people who were important to them. Friends and relatives were able to visit at any time and were able to dine with people when they wished. Relatives said they felt welcome and had a good relationship with staff and the management team. They told us they felt involved in decisions about the health and welfare of their relatives and that communication between the service and themselves was very good.

People and relatives told us they knew how to make a complaint. One person told us, "I'd tell the staff. I would tell any of them and report it." Another person told us, "I don't have any complaints but I would soon speak up if I did." Staff we spoke with told us they encouraged people to raise any concerns or complaints. One member of staff told us, "I always ask people how they are and encourage their feedback. We do have good relationships so people speak freely to us."

The registered provider had a complaints policy and we saw this was displayed in the reception area of the service. The document included guidance on how to complain and what to expect as a result. There had been four complaints in the past 12 months. Three of these had been resolved quickly and the record of action taken showed that the complainant had been satisfied with the outcome. One complaint was still outstanding and being dealt with by the registered provider.

In contrast, the home had received numerous compliments about the service. Comments included, "Thank you so much for making me feel so special," "Thank you for all the love and care you have given to Mum over the years," "You are all very special people," and "Thank you for all the care, love and support you have all shown." A suggestions box had also been implemented in December 2016 which was located in the reception area of the service.

## Is the service well-led?

### Our findings

The service was managed by an experienced registered manager who had registered with CQC in December 2011. People and relatives confirmed that the registered manager listened to and acted upon any views without hesitation. There was a strong sense that the communication between the registered manager and people, relatives and staff was open, enabling and supportive. One relative told us, "This place has no faults. People, and relatives are included in anything that is going on and everything is focused around people and their needs. Whenever there has been a change in my [relative's] health needs the manager has been straight onto it without prompting or hesitation. The manager has a pro-active approach rather than reactive and that is what I like."

Staff told us the registered manager was approachable and easy to talk to and the support that the registered manager offered was 'everything you could want in a manager.' One member of staff told us, "[Registered manager] supports us on the units so she knows the challenges that we face. She doesn't just sit in her office all day. She offers solutions to any problems and I am 100% confident in her approach."

Staff told us they received appropriate support and supervision sessions took place on a regular basis. Staff were also invited to attend regular staff meetings to discuss any changes in the service and areas that required improvement. The records we looked at confirmed this. The registered manager had recently supported two overseas nurses to complete their nursing qualifications to allow them to provide nursing care within the UK. Qualified staff also told us how the registered manager and deputy manager supported them with their nursing revalidation. Revalidation is the process that all nurses in the UK will need to follow to maintain their nursing registration with the Nursing and Midwifery Council.

Regular resident and relatives meetings had also taken place, with the most recent in February 2017. The registered manager also operated an 'open surgery' for relatives. This took place every Tuesday evening between 6pm and 8pm. The registered manager told us, "I put this in place as I understand that some relatives work and visit on an evening when I am not always around for them to speak to. The open surgery offers reassurance that I am available if anyone wishes to speak with me."

People were asked to provide feedback on the service that was provided. Questionnaires had been completed for 2016 and the results were being analysed by an independent source. Questionnaires completed in 2015 indicated that people were very happy with the service provided. Where people had indicated they were not 100% satisfied action plans had been developed. Results from service user questionnaires were displayed in the reception area of the service and detailed what action the registered provider had taken as a result of the feedback provided. As a result of the feedback from people, seven bedrooms had been refurbished and the menu had also been amended. This demonstrated that the registered manager actively listened to the views of people and relatives.

The registered manager had worked hard to improve links with the local community. As a result the staff at Rivermead were actively taking part in research projects with universities to establish how registered providers could work in partnership with local NHS trusts to prevent hospital admissions. The registered

manager told us, "I think it is extremely important that we support the NHS. We are all aware of the struggles they face and anything that will help decrease hospital admissions and allow people to remain in their homes is an extremely important piece of work. We have looked at areas such as why people are admitted, for example infections." At the time of this inspection the registered manager was not aware of the results as these were currently being analysed by the universities, but told us they would take appropriate action, such as additional training or up skilling of staff, where needed.

The registered manager described how she was passionate about working with the Clinical Commissioning Group (CCG) to improve the care and support that was provided at Rivermead and how staff could support other professionals. This included working with the CCG to establish how people's hydration status could be improved. This was an on-going piece of work.

Staff were encouraged to continuously improve. Three members of staff were currently training to become 'care practitioners' and the registered manager told us that this was to 'enhance the care provided.' A member of staff who was part of the care practitioners program told us, "I feel valued and honoured that I have been approached about training to become a care practitioner. So far I am thoroughly enjoying the training and I am so grateful for the support, encouragement and guidance the registered manager and nursing staff have provided."

The registered provider held membership in a number of recognised bodies that looked at driving improvement through quality, such as NAPA (National Activity Providers Association). This showed the service sought external verification of its strengths and areas for improvement to ensure it constantly developed and improved.

The registered manager showed us their audit system and improvement plans. This audit system covered areas such as medication systems, the environment, health and safety, care plans, accidents and falls. The senior management team made sure actions were followed through, and any actions were reviewed monthly. We saw the outcomes of audits and action plans were shared with the staff team through staff meetings, so staff could share in the learning and have ownership over any improvement work.

On arrival at the service we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.