

Marton Care Ltd

# Riverside View Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Riverside View Care Home is a residential care home providing personal care to up to 59 people, some of whom are living with dementia. At the time of the inspection there were 56 people using the service.

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

Care files did not always have sufficient information to help staff support people safely. We found no evidence that people had been harmed, however, we identified omissions around diabetes, religious and cultural needs, and behaviours which may challenge others.

Senior staff did not always robustly assess, explore or cater for people's religious, cultural or ethical needs.

People received their medicines as prescribed. However, records for 'when required' medicines were not completed fully, and there was a lack of guidance for staff around variable dose medicines. We have made a recommendation around medicines.

Quality assurance was not always effective. Audits had not identified the issues we found, including the omissions in care files, failing to meet people's religious and cultural needs, and the issues around 'when required' and variable dose medicines.

Accidents, incidents and concerns were recorded and investigated. Effective safeguarding systems and procedures were in place. People told us they felt safe. There were enough staff on duty and staff were suitably recruited. Staff had the right skills and training to effectively care for people. The provider had robust procedures and systems in place for preventing and controlling infection.

People were supported to eat and drink enough and were offered help where needed. Staff supported people with their health needs and made appropriate, timely referrals to external health professionals. The design of the premises had been adapted to meet people's needs.

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

Staff treated people with kindness, dignity and respect. People were involved in making decisions about their care and encouraged to express their views. People were given choice and staff spoke of the importance of this.

People were given information in a way which they could understand, and technology was used to aid communication. Staff supported people to build and maintain relationships to minimise social isolation. People were supported to take part in activities. There was a complaints policy in place and people felt

confident that any concerns would be dealt with. End of life care plans were in place and people were supported to express their wishes about the future.

The service understood its regulatory responsibilities. The service had an open, positive culture and staff told us the service was well-led and they were supported. The registered manager encouraged feedback and staff had regular supervisions and appraisals. The service was receptive to our feedback and immediately took steps to resolve the issues we found.

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

#### Rating at last inspection

This service has changed provider. The last rating for the service under the previous provider was good (published 3 January 2019).

This service was registered with us with the new provider on 6 August 2020 and this was the first inspection under the new provider.

#### Why we inspected

This was a planned inspection to assess the standard of care delivered by staff and award a rating.

We have found evidence that the provider needs to make improvements. Please see the full report for more details.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Riverside View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and 12 relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, two senior care workers, two care workers, an activities co-ordinator, a laundry assistant, a cook, the maintenance person and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records including policies and audits.



# Is the service safe?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Systems were not always in place to assess, monitor and mitigate risks to people.
- Care files did not always contain sufficient information to help staff support people safely. Care plans and risk assessments were not always in place for people with diabetes. One person's diabetes was diet controlled, however, there was limited information in this person's care file about their dietary needs.
- Staff did not robustly record incidents when people presented behaviours which may challenge others. This meant it was difficult to look for triggers and patterns to these behaviours in order to help prevent incidents occurring. There was limited information around de-escalation techniques staff should use with people.

We found no evidence that people had been harmed, however, systems were either not in place or not robust enough to demonstrate safety was always effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental health and safety checks, including fire systems and electrics, were up to date. The maintenance person carried out servicing and maintenance of equipment routinely.

### Using medicines safely

- Medicines were stored appropriately, and staff supported people to receive their medicines as prescribed. However, staff did not record whether 'when required' medicines were effective when administered.
- There was no guidance for staff when a person had been prescribed variable dose medicines or supplements. For example, one person was prescribed between three and six, 5 gram scoops of a supplement. There was no information for staff to help them determine exactly how many scoops to administer.

We recommend the provider reviews best practice guidance around 'when required' and variable dose medicines.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. The provider carried out a monthly analysis of this information. However, it was not always clear who had been involved in incidents, which made it difficult to look for trends and patterns occurring.
- The provider was open and receptive to our inspection feedback and made changes in response.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe from abuse. The provider had effective safeguarding systems and procedures in place.
- Staff had received safeguarding training and understood their responsibilities. Staff knew how to report any concerns and were confident concerns would be dealt with appropriately.
- People told us they felt safe. One person told us, "I am very well looked after." One relative told us, "[Person] is secure here, they are in the right place, and well cared for by carers who know their job."

Staffing and recruitment

- There were enough suitably trained staff on duty. The registered manager regularly reviewed people's needs and adapted staffing levels to meet those needs.
- The provider had robust recruitment systems in place to ensure the right staff were employed. Appropriate pre-employment checks were carried out.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they moved into the service. However, care files did not always contain sufficient detail around people's individual needs, cultural choices and preferences.
- Staff did not always cater for people's religious, cultural or ethical needs. One person required a halal diet but there was a lack of understanding around what this meant. This resulted in staff not meeting the person's cultural and religious needs and as such was a breach of their human rights.
- Staff were not always aware of people's dietary choices as people's preferences were not robustly assessed. One relative told us their family member was a vegetarian yet ate meat at the service due to a lack of vegetarian choice. A staff member told us they catered for a vegetarian but could not say who. The registered manager told us they did not currently cater for any vegetarians.

This failure to robustly assess people's needs and choices and provide a diet which reflected people's needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to eat and drink enough, and were offered help where needed. Staff provided aids, such as different coloured plates, to help people eat independently where appropriate.

Staff support: induction, training, skills and experience

- Staff had the right skills and training to effectively care for people. One relative told us, "[The staff] all seem well trained in what they do, and they support [person] well."
- Staff training was up to date and staff consistently told us the training was good. Comments from staff included, "Training is spot on" and, "We are kept up to date with a good mix of e-learning and face to face learning."
- New staff completed an induction which included shadowing senior members of staff until they felt confident. One staff member told us, "I felt really supported during my induction and I feel really supported still."

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

- Staff supported people with their health needs.
- Staff made timely referrals to external healthcare professionals such as the dietician, speech and language

therapy, the optician, and district nurses. Staff told us they had positive relationships with the local GP and the community matron.

- Health care plans were in place for people. These were reviewed regularly, and people were involved in decisions about their care and treatment.

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

- The premises had been adapted to support people living with dementia. Appropriate décor, colours, pictures and signs were used to help people navigate around the home.
- People had access to a sensory room to support their wellbeing. The sensory room combined light, music, movement and tactile objects to enhance people's quality of life.
- People had easy access to communal areas and outdoor spaces.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities under the MCA.
- Capacity assessments were appropriately carried out. Where a person lacked capacity to make a particular decision, a decision was made in their best interests, with appropriate input from relatives and professionals.
- Legal authorisations were in place to deprive people of their liberty to receive care and treatment. These authorisations were in date and reviewed in a timely manner.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. We observed positive interactions between people and staff.
- People and relatives told us the staff team were caring and compassionate. One person told us, "The staff are kind and I have made some nice friends here." Comments from relatives included, "I have great respect for the staff. The carers chat to [person] and are nice to me when I'm there" and, "The staff speak nicely to [person]. They seem kind and caring."
- Staff spoke positively and affectionately about people they supported. Staff knew people's likes, dislikes and preferred routines. One staff member told us, "We really get to know people and all their idiosyncrasies."

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

- People were involved in making decisions about their care. Staff included people in their care planning and reviews, where possible.
- Staff supported people to give feedback using easy read surveys.
- People were encouraged to express their views during one to one activities with the activities and wellbeing co-ordinators.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and staff understood the importance of promoting people's privacy. One staff member told us, "We learn whether [people] like to interact or spend time on their own. Some want to do lots, and some prefer their own space."
- Staff promoted people's independence and supported them to make their own decisions where possible. Staff spoke clearly about the importance of people always having choice. One staff member told us, "It is always their choice. For example, we will ask if they would prefer a bath or a shower, and when they would like one. We ask people when they want to get up and dressed and it is always their decision."

# Is the service responsive?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care files did not always contain sufficient information about people's cultural and religious needs. Religious and cultural needs were not always adequately explored, identified and relayed to staff.

This failure to robustly assess people's religious and cultural needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took steps to implement person-centred care immediately after our feedback. The registered manager arranged a meeting with an advocate for a person with specific religious and cultural needs so these needs could be explored fully. The registered manager also sourced halal meat for this person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were meeting the AIS requirements. Communication care plans were in place for people. Information could be provided for people in an easy read format or in large print, if required.
- People were supported to access and use technology to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships with important people in their lives. The provider had accommodated visiting in line with government guidance throughout the pandemic. Technology and social media were also used to assist communication with family and friends.
- The registered manager had set up befriender telephone calls to people, from employees of businesses in the local area. People who wanted to take part received phone calls on a daily or weekly basis, which allowed them time to chat and build relationships with others.
- People were supported to follow their interests and take part in activities. The service offered a range of activities, seven days a week. The service used interactive technology to engage people, such as online exercise classes and games.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and complaints were dealt with appropriately. Complaints were recorded, investigated and responded to.
- Relatives told us they felt confident in raising any concerns or complaints if needed. Comments included, "[The registered manager] does deal with any complaint and resolves the problem" and, "[The registered manager] is accommodating and I would complain to her if I had an issue."

#### End of life care and support

- People were supported to express their wishes and preferences about the future. People's wishes were recorded within care files. Care plans were regularly reviewed and assessed as people's needs changed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under the new provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance within the service was not always effective. Although regular audits were taking place, they did not identify some of the issues we found during the inspection.
- Care plan audits and reviews had failed to identify the omissions around religious, cultural and ethical needs, the lack of diabetes care plans and insufficient information and recording of challenging behaviours. Medicines audits had failed to identify the issues we found regarding 'when required' and variable dose medicines.

This failure to identify omissions and to maintain a full and accurate record for each person was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and the registered manager understood their regulatory responsibilities, their legal obligations, and the need to be open and honest.
- The registered manager had reported incidents and concerns to CQC and other stakeholders appropriately. One professional told us, "The home manager will readily contact us, if needed, to ask questions or advise of us anything we may need to be aware of about the home."

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

- The service had a positive and open culture.
- Staff and relatives felt the service was well-led. One staff member told us, "I like working here, it is a lovely home to come into. Everyone works together and it is run well." Comments from relatives included, "[The registered manager] is the right person to manage this place. I find her friendly and helpful" and, "[The registered manager] is professional, kind, caring and genuine."
- Staff told us they felt supported. Comments included, "It is well-led with a good manager who you can speak to about anything" and, "[The registered manager] is always there: there is an open door policy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider did not always have a thorough overview of equality, diversity and human rights.

Improvements were made following the inspection feedback. These improvements were ongoing and needed time to become embedded in the service.

- The registered manager encouraged and welcomed feedback. Relatives were asked for their views through surveys and questionnaires. Relatives were asked for their opinions on the service's proposed visiting arrangements during the pandemic.
- Staff had regular supervisions and appraisals. One staff member told us, "We have supervisions every three months. They are useful and we are encouraged to speak openly."
- The provider had good links with the local community, external healthcare professionals, and worked with local provider forums to share best practice.

#### Continuous learning and improving care

- The provider was open to our inspection feedback and responsive to the points we raised. The registered manager immediately took steps to resolve the issues we found.
- When things went wrong, the registered manager carried out an analysis and recorded lessons learnt. Action plans were implemented with a view to improving the quality of the service.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9(1), (3)(b), (h) and (i)</p> <p>The service failed to robustly assess people's religious, cultural and ethical needs and choices, and failed to provide a diet which reflected people's needs and preferences.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) and (2)(a), (b), (c), and (f)</p> <p>Systems were not in place or not robust enough to ensure safety was always effectively managed. The service failed to identify omissions and to maintain a full and accurate record for each person.</p>