

Barchester Healthcare Homes Limited

Rivermead

Inspection report

123 Scarborough Road
Norton on Derwent
Malton
YO17 8AA
Tel: 01653 696942
Website: www.barchester.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We inspected Rivermead on 13 August 2014 and the visit was unannounced. On the day of our inspection there were 59 people living at the home.

Our last inspection took place on 17 January 2014 and, at that time; we found the service was not meeting the regulations relating to staffing. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked and found improvements had been made.

Rivermead is a nursing home currently providing care for up to a maximum of 69 older people. The home has three

Summary of findings

distinct units. Those with general nursing needs are cared for on one wing, whilst those who have care needs primarily associated with dementia are on another which is divided into two separate units.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw there were systems in place to protect people from the risk of harm. Risk was managed in a manner to minimise any restriction on people who used the service.

People were supported by sufficient numbers of qualified, skilled and experienced staff. Staff felt supported by their manager. Procedures were in place for the recruitment and selection of staff and appropriate checks had been carried out prior to the staff starting work.

We saw documented evidence that staff accessed other healthcare professionals in a timely fashion.

We observed staff providing care and support in a caring and respectful manner.

The provider had a robust system to monitor and assess the quality of service provision. Good practice was encouraged and where practice could be improved, this was addressed.

Summary of findings

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.

Staff knew how to recognise, respond and report abuse and had a clear understanding of how to safeguard the people they supported.

Staff were knowledgeable about risk and how to work with people to ensure risk was managed with the least restriction on peoples' freedom.

Recruitment processes were safe. There were enough staff to meet people's needs.

Good



Is the service effective?

The service was effective.

Staff we spoke with told us they received relevant training and had regular supervision with their manager.

People were able to eat and drink at a time which suited them.

Care plans showed where people had seen medical professionals such as the G.P and dietician.

Good



Is the service caring?

The service was caring.

During our visit to the service we saw that interactions between staff and people who used the service were relaxed and friendly.

The service had an activities organiser. They spent time getting to know people who used the service, finding out about their hobbies and interests.

Staff we spoke with gave good examples of how they respected people and ensured privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

We saw evidence that people who used the service were supported to maintain relationships with family and friends.

People who used the service were supported to access a range of social activities, some of which were external to the organisation.

People who used the service were aware of how to complain and felt confident to do so.

Good



Is the service well-led?

The service was well led.

Staff meetings were held on a regular basis. Staff we spoke with told us they felt supported.

We saw the service had a robust system in place to monitor the quality of service provision.

Good



Summary of findings

The home held regular staff meetings. This provided an opportunity for staff to raise topics for discussion and for managers to cascade relevant information to all staff.

Rivermead

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors, a specialist advisor 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.

Before the inspection we reviewed all the information we held about the home and contacted the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned prior to the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with seven people who were living in the home and six visitors. We also spoke with ten staff, two nurses, a unit manager and the registered manager. We spent time in the lounge and dining room areas observing

the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent some time looking at eight people's care records and a variety of documents which related to the management of the home. Following the inspection we spoke with three members of night staff on the telephone.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The seven people we spoke with all told us they felt safe. One person said, “I feel perfectly safe.” A relative of a person who lived at the home told us, “[X] is safe here.”

All the staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. For example, physical, mental, financial and neglect. Two nurses we spoke with told us they had attended meetings with the local safeguarding team and were aware of the safeguarding referral process. One nurse said the home had a good relationship with the safeguarding team and felt confident to telephone them for advice if required. This demonstrated staff working for the service were aware of how to raise concerns about abuse and recognised their personal responsibilities for safeguarding people using the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff we spoke with all demonstrated an awareness of the Mental Capacity Act 2005 (MCA). At the time of our inspection one person living at the home was subject to a DoLS authorisation. A DoLS authorisation is needed when a person’s liberty is restricted and the person lacks the mental capacity to consent to that restriction. The registered manager told us that in response to the recent supreme court judgement in respect of DoLS they had made a number of other DoLS applications for people who lived at the home. This demonstrated the registered manager was aware of their responsibilities under this legislation.

In one person’s care file we saw evidence where a best interest decision had been made on the behalf of a person who lived at the home. The MCA states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person’s behalf must do this in the person’s best interests. We saw documented evidence of other peoples’ input into the decision making process. For example, the nurse, G.P and a family member. This process demonstrated staff were aware their responsibilities under the MCA.

During our inspection we saw people mobilising around the home and accessing an enclosed garden without any restrictions on their freedom. We asked a member of staff how they maintained people’s safety. They told us, “We see what is a problem and then we devise a plan with the least possible restriction... we just watch them and try to minimise any danger that may be there for them”. A visitor we spoke with told us, “They let [X] go outside for a cigarette. They never restrict their movement”. This meant people’s care and support was planned and delivered in a way that ensured their safety and welfare.

We looked at eight care files and saw risk assessments had been completed in relation to moving and handling, falls, nutrition, tissue viability and accessing call bells. For example, where people had been assessed as being at risk of losing weight we saw they were receiving appropriate support to maintain healthy weights. We saw records were kept to enable staff to monitor people’s weight and dietary intake. We spoke to a nurse who told us when people had lost weight they would contact the GP and request a referral to the dietician.

Our last inspection took place on 17 January 2014 and, at that time; we found the service was not meeting the regulations relating to staffing. On this visit we checked and found improvements had been made. We asked the registered manager how they decided on staffing levels. They told us staffing was based on the dependency levels of people who lived in the home and was reviewed on a monthly basis. Through discussions with staff, people who used the service and their relatives, we found there were enough staff with the right skills, knowledge and experience to meet people’s needs. Both the unit manager and the one of the nurses we spoke with told us they were able to access other staff in the event of staff sickness. Staff we spoke with told us there were enough staff to meet people’s needs. For example, one member of staff told us, “its [staffing] manageable now”. Another member of staff said, “We have a team that works well.”

During our inspection we observed staff respond to people’s needs in a timely manner. For example, we heard two calls bells from people who were in their bedrooms. Staff responded promptly on both occasions. One person who lived at the home said, “Sometimes there’s not

Is the service safe?

enough staff on, mostly on a morning, and you have to wait a bit longer, but not much. They always make sure you're ok first." Another person said they didn't have to wait long for staff if they needed any attention.

We looked at the recruitment records for one member of staff. We found that recruitment practices were safe and that relevant checks had been completed prior to staff commencing employment. This included obtaining two written references and checking their professional qualifications. We also saw a DBS (Disclosure and Barring Service) check had been completed prior to them

commencing employment with the service. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The registered manager explained the recruitment process was managed centrally by the provider. They said part of the interview process involved a walk around the home. They said this enabled them to assess how the person interacted with people who lived at the home. This helped the manager reduce the risk of employing a person who may not have the aptitude to support people living with complex needs.

Is the service effective?

Our findings

We asked the registered manager how new staff were supported in their role. They explained all new staff were 'buddied' with a more experienced member of staff for their first two weeks, however they said this period could be extended if required. We saw the induction portfolio for a relatively new member of staff. We saw this included an introduction to the providers' mission and values and evidence of training in a variety of topics, including safeguarding vulnerable adults, fire safety and moving and handling. We saw the induction document contained a section for both the trainer and the new recruit to sign to confirm its' completion. This demonstrated new employees were supported in their role.

Staff confirmed they received regular training. They told us moving and handling training was taking place on the day of our inspection with the homes in-house trainer. One member of staff who had worked at the home for a number of years said, "I love it. We have a good team. Our managers are very supportive and we get good supervision". Another person told us they never had any problem accessing training. They said the company had recently sent out an email to see if any staff were interested in completing their nurse training as the company were willing to sponsor one person to do this. This demonstrated staff were offered the opportunity for professional development.

The registered manager told us the heads of units and nurses completed the supervisions for their staff team. They explained the expectation was for staff to have six supervisions per year. The manager showed us a matrix which gave them an overview of all staff to ensure staff were receiving supervision on a regular basis. One member of staff we spoke with said they had had their supervision the previous week. They told us they were confident they could speak with a senior member of staff if they needed to. This showed staff received regular management supervision to monitor their performance and development needs.

We observed people being served breakfast throughout the morning period. Staff told us people could eat when they wished. We observed one person who lived at the home being served egg on toast at 10.30am as this was the time they had got up. This illustrated that this person was able to choose their meals at a time which suited them.

The dining room on the Westow unit was set out with cutlery, condiments, napkins and flowers to enhance the dining experience. A menu was displayed on each table with a choice of food for each meal. People who lived at the home told us if they did not like the choices on the menu they could ask for something else. One person told us they were diabetic, they said, "The puddings are sweetened with sweeteners so that I can have them. They [the staff] are so obliging." The food we saw looked appetising and was nicely presented.

We observed one person who required support to eat. We noticed they had to wait until the other diners had completed their lunch before they were given assistance. We discussed this with the provider on the day of the inspection.

We also observed lunch on the Malton unit. We observed staff supporting people to eat their lunch. This was done in a dignified and respectful manner. Staff spoke in a friendly encouraging manner while they supported people, verbally prompting them to eat and drink. We saw someone being offered a second helping when they had finished their meal.

We saw evidence in each of the care files we looked at of people who used the service having access to other healthcare professionals. For example, G.P, community psychiatric nurse, tissue viability nurse, optician and chiropodist. Before the inspection we received feedback from an external healthcare professional who told us the home made timely and appropriate referrals and always welcomed their advice. This showed people using the service received additional support when required for meeting their care and support needs.

Is the service caring?

Our findings

Some people who were living at the home had complex needs and were unable to tell us about their experiences. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. For example they explained what they were about to do before moving them. One person said, "I don't have to tell them what I want because they always ask me. I have to have a bed bath but they never make me feel embarrassed...They are all very patient, I'm not rushed into deciding things". We also used the Short Observational Framework for Inspections (SOFI) tool which found people responded in a positive way to staff. This showed people were supported by staff who were caring and knew them well.

People appeared well cared for. People were dressed in clean and appropriate clothing. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings. Personalising bedrooms helped staff to get to know a person and helped to create a sense of familiarity and make a person feel more comfortable.

We spoke to an activity organiser who told us they spent time getting to know people when they first arrived at the home. We observed them chatting with a person who lived

at the home, asking them about their hobbies, interests and past history. People who lived at the home told us they sometimes had trips out. This showed the service was meeting the social needs of people who used the service.

We saw some of the walls had murals painted on them and were themed in their decoration. For example, the theme on one wall was horse racing. A member of staff told us this had been done to reflect a service user's previous career and interests.

We looked at the care plans for eight people who lived at the home. They all contained detailed information about people's personal preferences, likes and dislikes. The care plans provided staff with the information they needed to support people safely and in the way they preferred. For example one plan recorded, "X quickly feels the cold, staff must ensure the room is warm." Another plan detailed, "X may rub their head forward and backward if in pain". This showed people's care planning was individually tailored to their preferences.

People who used the service told us their privacy and dignity was upheld. We observed staff knock before they entered people's rooms and people we spoke with told us that was always the case. We saw a member of staff discreetly wipe someone's hands and mouth after they had eaten their lunch. Staff we spoke with gave us examples of how they would preserve people's dignity. Staff told us they ensured they closed doors and curtains when supporting people with personal care. One person said, "When we use the hoist, we use a blanket to cover people's legs to protect their dignity," This example demonstrated staff respected people's privacy and dignity.

Is the service responsive?

Our findings

The registered manager told us the routine on the two units of the home were very different. They said there was more structure and routine on the nursing and residential unit, however, the unit providing support to people who were living with dementia was less so. They explained this was led by the needs of the people who lived on the units and not by the staff. Our observations supported what the registered manager had told us. For example we saw people on one unit were assisted to get out of bed and eat meals at regular times. However, the people who were living on the dementia unit got up at varying times and did not always eat their meals at the expected times. This demonstrated the routine of the home was managed around the individual needs of people who used the service.

We found people were encouraged and supported to maintain relationships with their family and friends. Visitors told us they could visit at any time. We saw one person visiting at 9.30am, "I was just passing so I thought I'd drop in". Another person told us they came in every day and had lunch with their relative. One person who lived at the home said they had a telephone fitted in their bedroom to enable them to keep in touch with friends and relatives.

We saw evidence in each of the care records we looked at that support plans and risk assessments were reviewed on a regular basis and changes in people's care and support needs were documented. A nurse told us that care plans were reviewed on a monthly basis. They said families were encouraged to be involved in the process. This showed care planning took account of people's changing care needs.

We saw a copy of the provider's complaints procedure on display in the reception area. The registered manager said most complaints were verbal and they had only received four written complaints over the previous twelve months.

They explained people usually spoke with the nurse on duty who would try to resolve the matter quickly. We looked at the complaints records and saw information detailing the concern, the action taken and the outcome. The registered manager told us they either investigated the issue or, referred it to a more senior manager if that was required. The registered manager also told us complaints were discussed with the relevant heads of department and shared with staff through staff meetings and supervision, where appropriate. This demonstrated there was an effective complaints system in place.

Each of the people who lived at the home told us they had not had to raise any concerns or complaints. However, they all said they would not feel inhibited to do so if this was required. One person we spoke with told us they had made a formal complaint 'some time ago'. They said this had been resolved to their satisfaction.

We spoke with the registered manager about how they gained the views and opinions of people who used the service. They told us they held an open evening once a week when relatives could call in to see them and discuss any concerns they may have. They also said a relatives meeting was held four times per year. We saw the minutes for a meeting held on 14 June 2014 which detailed the names of those who attended and the topics discussed. The service also conducted an annual quality survey of people who used the service. The registered manager told us this was outsourced to an external company. We saw the survey had last been completed in September / October 2013 and there were 11 responses from people who lived at the home. From the feedback summary we saw the manager prepared an action plan for the three principle areas which required improvement. This included discussing at both staff and relative meetings. This demonstrated people who used the service were asked for their views about their care and support and they were acted on.

Is the service well-led?

Our findings

The service was led by an experienced registered manager who had managed the service for a number of years. During our visit the manager spoke with us in a friendly but professional manner. Staff we spoke with during the inspection told us they felt supported by their manager and the senior team. One member of staff said, “My manager is always there, they always listen”. Another person said, “You can talk to them [manager and unit managers] and they act”.

We asked the registered manager about staff meetings. They told us meetings were held four times per year and separate ones were held for each unit. We saw documented evidence of a meeting held on 29 July 2014. We saw topics discussed included people’s dining experiences and areas of concern from audits. The manager also said they held regular meetings for departmental heads. We saw meeting minutes dated 9 July 2014. Discussions included corporate matters and issues around service user’s care and support needs. Staff we spoke with confirmed meetings were held. Staff meetings provide opportunities for open communication with staff about changes within the home and opportunities for staff and managers to raise issues for discussion.

As part of our inspection we looked at how accidents and incidents were recorded. We saw a form was completed for each accident or incident. This detailed the incident, any injuries including the severity, and the possible cause of the accident or incident. We saw some of the forms recorded that the home had notified the local safeguarding team and the Care Quality Commission (CQC). We therefore checked another file which contained records of incidents which had been reported to CQC. We saw the information in this file tallied with the accident and incident records. The registered manager told us they used the accident and incident records to identify patterns and trends. They said this analysis had recently enabled them to identify and review the support needs for one person who used the service. This showed the home analysed incidents that may result in harm to people living there and made changes to their care and support where necessary.

We spoke with the registered manager about how they monitored the quality of the service they provided. The manager told us a member of the senior management team visited the home each month. They said a report was completed following each visit. We looked at the reports for April, May, June and July 2014. We saw the reports addressed a number of topics, including; complaints, safeguarding matters, checks on audits completed by the home and maintenance matters. We also saw a number of themed audits had been completed. For example, the environment, cleanliness, recruitment, induction and training of staff. We saw each monthly report was accompanied by an action plan with the required date of completion. The registered manager told us they had to report their progress in regard to each action, to the regulatory team. This showed the provider had an effective system to regularly assess and monitor the quality of service that people receive.

We noted on one audit recorded a ‘summary of observations’. This included observation of staff practices and behaviours. One comment referred to people who were cared for in their bed ‘there did not appear to be any or little interaction with care staff other than receiving direct care’. The registered manager told us that as a result of this observation the home had reviewed some of their practices. This demonstrated the management team were proactive in promoting improvements to care practice.

We asked the registered manager how good practice was promoted within the home. They said where a member of staff was recognised as doing something well this was shared with staff. They added that where a member of staffs’ practice was highlighted as requiring improvement, this was discussed on a one to one basis and through training.

We saw information on display in the reception area for people who used the service. This included information about the aims and objectives of the provider, details about the home and its staff, how to complain, residents’ rights and contact details for the local authority and the CQC. This meant people and their relatives knew the standard of service to expect and who to contact if they had any problems.