

Huntercombe (Loyds) Limited

Riverside Care Centre

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Riverside Care Centre is a residential care home, providing personal care and accommodation for up to 24 people with learning disabilities and/or autistic spectrum disorder. There were 23 people living at the home at the time of the inspection. The home was divided into three separate buildings/houses for accommodation, and a separate building which housed the office. Each house could accommodate eight people over two separate floors with shared kitchens, lounges, gardens and dining room areas.

The service had been registered for several years. The provider was however taking into consideration the principles and values that underpin Registering the Right Support and other best practice guidance for the accommodation of people with learning disabilities. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

People felt safe at Riverside Care Centre. Staff understood how to keep people safe and embraced team working to reduce potential risks to people.

People and their relatives were placed at the heart of the service and were involved in choosing their care and support, from pre-admission to living in the home. 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.

The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the home. People were encouraged to be independent and make everyday decisions about

how they wanted to live their lives. Respect and dignity were cornerstones of the values upheld by the staff.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a registered manager who led the staff team to provide the best care they could. People knew how to raise concerns and provide feedback about the service.

People using the service benefited from a well led service. The service was led by a registered manager and deputy manager, who were supported by a provider committed to improving people's lives. Partnership working enabled people to maintain their wellbeing.

Rating at last inspection

The last comprehensive inspection report for Riverside Care Centre (published February 2017) and we gave a rating of Good in all areas except well led, which was rated as requires improvement. At this inspection we found the service continued to be Good overall and have rated the service as Good in all areas.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Riverside Care Centre

Detailed findings

Background to this inspection

The 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.

Inspection Team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of, or of caring for someone who uses, this type of service.

Service and service type

Riverside Care Centre is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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

The inspection took place on 08 October 2019 and was unannounced.

What we did when preparing for and carrying out this inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection

We spoke with six people living at the home and one person's relative. Some people, due to their complex

care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them. We also spoke with seven members of staff including the deputy manager and the registered manager.

We reviewed a range of records, including three people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the provider's records of their visits to the service; and records of when checks were made on the quality of care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home. One person commented the reason they felt safe was, "The way they [staff] look after me. They're like family."
- Risks to people were assessed, and plans were in place to reduce risks. Where people were at risk of developing anxiety staff took this into account when supporting them, monitoring their levels of anxiety and using personalised techniques of distraction and intervention to keep people and staff safe.
- Where people were at risk of choking, risks were managed by staff with the use of thickeners in drinks and the preparation of food, in accordance with the advice of health professionals.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained, and the fire alarm system was fit for purpose.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, and at a provider level, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

Staffing and recruitment

- Most people and all of the staff told us they felt there were sufficient staff to safely meet people's needs, as staffing levels were based around people's assessed health and care needs. However, one person raised concerns that staff were not always consistent, meaning that people were not always cared for by the same staff members. Staff told us they were usually assigned to work in a specific home out of the three houses, which meant they got to know people well. However, in holiday periods or in staff absences they all worked together as a team to meet people's needs.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people. Some people had individual support from staff, to attend appointments or to go out in the local community.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.
- New staff worked with experienced staff to understand people's individual needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff

told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Preventing and controlling infection

- The service was well presented, clean and tidy throughout and there were no odours.
- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.
- Regular audits, and spot checks on the administration of medicines ensured recent improvements to policies and procedures were being followed by staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills they needed to effectively support them. One person commented, "I love it here. Staff look after us very well."
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff were supported to complete national vocational qualifications in health and social care. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.
- Staff were supported through one to one meetings with their manager, regular appraisals and team meetings. All staff told us they felt supported by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what they ate and drank. People were offered a range of choices at mealtimes, to ensure food met their support needs and preferences. One person told us, "I like living here. The food's lovely and the staff are nice. I'm just happy."
- People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available. One person said, "Staff check I don't choke, that keeps me safe."
- People were referred to healthcare professionals when dietary guidance was needed.
- Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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

- Areas of the home were designed to support people with their specific needs. People had individually decorated bedroom doors with photos or objects important to them to help them feel at home.

- The home provided people with a safe outside garden area and patio area.
- The building had been designed with people's needs in mind, had level entryways and wide doorways to assist people with mobility accessibility. Around the homes we saw signs which gave people information about the facilities, which also helped people to understand their immediate surroundings.

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

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings, staff briefings and noticeboards, and a communication book to share information amongst staff. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff checked if people were anxious, felt well, or needed help with their daily tasks or plans.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people and their representatives to ensure they understood how this might impact on their health.

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 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 some 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.

- We found the management team and staff were working within the Act.
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
- Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.
- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals.

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.

At the last inspection this key question was rated as Good. At this inspection this key question continued to be rated as 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

- People and relatives described the care provided as being 'very good'. People smiled and gave us a thumbs up sign when we asked them whether they were respected and treated well by staff.
- Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they were well treated and enjoyed the company of staff and each other.
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.

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

- Most people could communicate their wishes verbally. We saw easy read documents, documents in picture format, and information in different languages was available where required.
- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and take an active part in their own care and support, where they could. One person told us how staff helped them to stay as independent as possible, by assisting them with only the tasks they could not perform themselves.
- People were supported to reach their goals and aspirations, and to increase their independence. People told us about jobs they had taken on around the home, to give them purpose and enjoyment. For example, one person supported the home with their weekly fire drill practices to ensure people knew what to do in an emergency.
- Care staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it.
- People were supported to maintain relationships with those that mattered to them. Friends and families

could visit people when they wished, and people regularly stayed with their family on home visits.

- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- Each person had detailed care plans and records to show their health and support needs. Care plans covered topics such as people's their life history, so staff knew people's cultural needs and preferences.
- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.

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

- Activities took place with individuals, based on their personal preferences, each day. Staff consistently looked for opportunities to engage with people during our inspection visit.
- Staff shared people's interests by talking about the things they enjoyed. Staff played games with people and people showed their enjoyment by laughing and joking.
- People chose whether they went out each day, spent time alone, or spent time with staff in the communal areas of the home and the gardens.
- The home was not situated where people could walk to shops and local community centres, however, the provider ensured people could go out and about, as they provided three vehicles, including two mini-buses so there were sufficient vehicles to support the needs of all the people who lived at the home.
- A relative told us they would like more activities to be offered to people in their local community, such as swimming. We spoke with the registered manager about what facilities were available for people locally, we were informed two local community centres and a swimming pool had recently been closed. The provider was looking for opportunities at their local leisure centre and planned to develop an activities room at one of the homes to increase people's access to activities and form links with the local community. The registered manager told us, "When we have developed our activities room we intend to open this up to the local community as well so that people can continue to take part in community events and form social relationships."
- When people engaged in activities and hobbies they enjoyed, staff kept records of these to base future activities on, and to help reminisce about things people had enjoyed through images and pictures. We saw some events people had enjoyed included parties, trips to local events and holidays. One person told us, "I'm going snookering and bowling. I'm also going to London to see a show with my key worker, to see the Lion King."

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 carer.

- Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, and pictures.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment was, "I have nothing to complain about."
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. In addition, in weekly meetings with an independent advocate people were asked if they any concerns or complaints. An advocate is someone who is able to represent the views of people according to their wishes.
- The service had a complaints log where all complaints were recorded, however, in the 12 months prior to our inspection there had been no recorded complaints. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. No-one at the home at the time of our visit was receiving palliative care.
- Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better.
- The provider had a culture of listening and engaging with people when they received feedback, to improve their services. A relative said "Staff are very approachable here."
- People and staff told us the managers were always available, had an 'open door' policy, and were approachable.
- The registered manager and provider understood their responsibilities to share information under the duty of candour regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured staff, people and their relatives could attend regular events at the home to share their feedback about the service with managers. For example, relatives were invited to attend regular seasonal events at the home to support their relations.
- We saw people's feedback was sought in weekly meetings which were led by an independent advocate. Once a week a coffee and cake get together was held so that people could share their views with the advocate and socialise with each other. The advocate also met with people individually to discuss any concerns, gather information about which activities they preferred and to complete survey information. The advocate met with the registered manager on a monthly basis to share feedback and to raise any ongoing concerns about the service they may have observed during their visits.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a registered manager and deputy manager, who with the provider's support strived to deliver the best person-centred care possible in accordance with the regulations.
- The staff team understood their roles and responsibilities toward people living in the home and embraced further learning and developmental opportunities, so people received the best care and support possible. For example, staff developed their skills in management and leadership, which was supported by the provider. This increased staff retention, experience and skills.
- The management team ensured staffing practices met their expectations by working alongside them,

where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of incidents at the home.

Continuous learning and improving care

- The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The registered manager undertook audits and looked for continuous ways where improvements could be made. Audits included checks on medicines, infection control and health and safety.
- The registered manager was supported by quality assurance auditors, who also undertook service audits to ensure compliance with regulations.
- All actions from audits were added to an action plan the registered manager and provider oversaw. The audits and action plan helped the provider to monitor and improve care for the people using the service. For example, the registered manager had identified the need to increase people's access to activities, following the closure of local community centres, and was taking action to improve their own facilities.
- The provider shared learning across their group of homes, through regular governance meetings with their management team. Items discussed included learning from accidents and incidents, and best practice guidance.

Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities to increase people's opportunities for social interaction and employment in their local community.