

Innocare Limited

Riverslie

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This unannounced inspection was conducted on 8 May 2017.

Riverslie is registered to provide residential and nursing care for up to 30 people. Accommodation is provided over three floors, with a dining room, lounge and bedrooms on the ground floor. A passenger lift and ramps allow access to all parts of the home and the large enclosed garden. At the time of the inspection 23 people were living at Riverslie.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection in April 2016 we found that the provider was in breach of regulations relating to safe care and treatment and good governance. This was because staff had not consistently followed the provider's guidance around the safe management of medicines and audit processes had not been effective in monitoring some key issues. We issued two warning notices to the provider and re-inspected the service in September 2016 to ensure that practice had improved and the breaches of regulation had been met. We found that the service had made sufficient improvement and was now meeting legal requirements. However, we did not change the rating at this inspection because it was too early to demonstrate that the improvements were sustainable.

During this inspection we found that medicines were stored and administered safely. However, some records had not been signed as required.

We saw that staff were vigilant in monitoring safety and acting to protect people from harm. The staff that we spoke with had completed training in adult safeguarding and knew what action to take if they suspected that a person was being abused or neglected. However, we saw that one incident had not been referred to the local authority's safeguarding team as required.

During this inspection we looked at records of audits and saw that they had been completed regularly. However, audit processes had failed to identify issues relating to; missed signatures on MAR sheets, the failure to notify the local authority and CQC of a potential safeguarding matter and a failure to notify CQC when a DoLS application had been authorised. We made a recommendation regarding this.

We spoke with people living at Riverslie and their relatives and asked if they felt the service was safe. Everybody commented positively about how safe it was.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. Each of the four staff records that we saw contained an application form, two references and a Disclosure and Barring Service

(DBS) check. A DBS check is used to help establish if a person is suited to working with vulnerable adults.

Individual risk was appropriately assessed and recorded in care files. The care records that we saw demonstrated that risk was reviewed monthly in accordance with the relevant plan of care. Where risk had changed or concerns had been identified, we saw that referrals had been made.

Checks were completed on aspects of the service with regards to their safety. For example, electrical condition, gas safety, hoists, water temperatures and fire safety equipment. Each check had been conducted by an external professional and was supported by an appropriate certificate.

The records that we saw indicated that all training had been completed as required by the provider. Staff were trained in subjects which were appropriate to their roles including; adult safeguarding, moving and handling and infection control.

We saw that the service was operating in accordance with the principles of the Mental Capacity Act 2005 (MCA) and that applications to deprive people of their liberty had been made to the local authority.

We sampled the food at lunchtime and spoke with people as they ate their meals. The serving of lunch was relaxed. The dining room was well presented, had ample room to move around and was brightly lit. Meals were served by staff who confirmed people's preferences before plating their food. Each member of staff wore personal protective equipment (PPE) to support good food hygiene practice.

People and their relatives told us that they could access healthcare services whenever they were required and that this was often done in consultation with families who provided support with appointments.

The people that we spoke with were extremely positive about the caring approach of the staff. We saw that staff generally had time to speak with people as well as completing their care tasks.

People and their relatives had been involved in the planning and review of care. Care records contained person-centred information which helped staff get to know people and provide personalised care. We observed that care was not provided routinely or according to a strict timetable.

We saw people engaging in activities with the activities coordinator throughout the inspection. There were group activities and individual ones. It was clear that the activities coordinator knew people's interests and preferences well and that people were fully engaged in the activities for the majority of the day.

A copy of the complaints procedure was made available and people told us that they knew who to complain to if they had any issues. Each of the relatives that we spoke with said that they could approach the registered manager with any concerns and had not felt the need to lodge any formal complaints. The registered manager told us that the service had a culture which aspired to be, "Professional, friendly, warm and homely." This view of Riverslie was endorsed by the staff team and our own observations of the delivery of care. The registered manager was aware of the day to day issues within the service and provided clear leadership as required.

The service had an extensive set of policies and procedures to guide and inform staff practice. However, policies had not been consistently reviewed to ensure that the printed copies remained current.

Staff understood what was expected of them and told us that they had an open and professional relationship with senior staff and the registered manager. They told us that they enjoyed their jobs and were

motivated to provide good quality care.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were safely stored and administered. However, some records relating to medicine administration had not been completed correctly.

Not all incidents had been reported to the local authority's safeguarding team as required.

Staff were safely recruited and deployed in sufficient numbers to keep people safe.

Risk was appropriately assessed and regularly reviewed.

Is the service effective?

Good 

The service was effective.

Staff were regularly supervised and trained in a range of relevant subjects.

The service operated in accordance with the principles of the Mental Capacity Act 2005.

People enjoyed the food and were given choice in accordance with their individual preferences and needs.

Is the service caring?

Good 

The service was caring.

Staff demonstrated that they knew people well and spoke to them in a caring and positive manner.

People spoke extremely positively about the caring attitude and approach of the staff and managers.

People's rights to privacy and dignity in care were understood by staff who acted in a timely manner when required.

Is the service responsive?

Good 

The service was responsive.

Care plans contained person-centred detail which helped staff get to know people well.

People had access to a good range of activities.

The service offered people a number of ways to express their views and people were clear about how they would complain if they felt the need to.

Is the service well-led?

The service was not always well-led.

Notifications about important events had not always been submitted as required.

The service completed a range of audits in relation to quality and safety, but they had not always been effective in identifying concerns.

The registered manager was supported by an operations manager and was developing new systems to improve records and reports.

The staff that we spoke with were motivated to provide good quality care.

Requires Improvement 

Riverslie

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 May 2017 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the service, their relatives and staff. We also spent time looking at records, including eight care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service.

On the day of the inspection we spoke with five people living at the service. We also spoke with two visiting relatives, the registered manager, a nurse, and two care workers.

Is the service safe?

Our findings

We saw that staff were vigilant in monitoring safety and acting to protect people from harm. The staff that we spoke with had completed training in adult safeguarding and told us that they knew what action to take if they suspected that a person was being abused or neglected. Each staff member told us that they would not hesitate to raise a concern and was able to explain how they could report outside of the service (whistleblow) if necessary.

However, the only recent incident of concern recorded a physical altercation between two people living at Riverslie. We checked other records and saw that the incident had not been referred to the local authority's safeguarding team as required. Notifying the local authority of safeguarding concerns is a legal requirement and helps to protect people from risk of harm. We spoke with the registered manager about this and a referral was made within 24 hours.

This is a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in April 2016 we identified concerns relating to the safe administration of medicines. We issued a warning notice in relation to this and inspected the service again in September 2016 to ensure that practice had improved and the breaches of regulation had been met. We found that the service had made sufficient improvement and was meeting legal requirements. However, we did not change the rating at that inspection because it was too soon to demonstrate that the improvements were sustainable.

As part of this inspection we checked to see if medicines were safely stored and administered. We did this by observing the administration of medicines, checking storage arrangements, checking Medicine Administration Record (MAR) sheets, checking other records relating to the storage and auditing of medicines and speaking with a nurse responsible for administration.

We saw that medicines were stored in a dedicated locked trolley which was kept in a lockable treatment room. Facilities were in place for the storage and administration of controlled drugs. These are drugs with additional controls in place because of their potential for misuse. None of the people currently living at Riverslie was prescribed controlled drugs, but records indicated that they had been stored correctly when they had been in use. However, we saw that on more than one occasion a member of staff had failed to secure a second signature when administering controlled drugs as required. We also saw that a small number of signatures for the administration of other medicines had been missed. We checked the stock levels of the medicines affected where this was possible and found that they were accurately recorded. We spoke with the nurse and registered manager about the missed signatures and were assured that the people concerned would be spoken with to establish why the signatures had been missed and to agree measures to improve their practice.

We recommend that the service reviews its procedures in relation to the safe administration of medicines to ensure that they are compliant with best-practice guidance for care homes.

The service had PRN (as required) protocols in place for pain relief for people that described the circumstances under which pain relief should be administered. Covert medicines (medicines disguised in food or drink and administered in a person's best-interests) were not being administered at the time of the inspection, but staff explained how this should be done in accordance with best-practice guidance for care homes.

The service monitored the temperature of the treatment room where the medicines' trolley was stored and the refrigerator used to store some medicines. Each was maintained within a safe range.

Other incidents and accidents were recorded and managed appropriately and showed evidence of being analysed to look for patterns or trends. We saw that the information had been used to improve people's safety. For example, following one fall a recommendation had been made to secure a specialised bed. We saw that that this had been done. In a recent example, a person's slippers had been identified as a possible cause of a fall. Staff subsequently confirmed that the person had been referred for an assessment of their gait and a review of their walking aids.

We spoke with people living at Riverslie and their relatives and asked if they felt the service was safe. Everybody commented positively about how safe it was. Comments included; "The care is safe. [Family member] refused to get out of bed, but there are plenty of people [staff] in and out", "Safe, definitely. They [staff] are there during the night. We're safe in bed because we've got bed rails and the alarm. They check that I can reach it every night", "There's plenty of staff. They do my medication because it's a lot. I always get them [medicines] on time."

Staff explained some of the things they did to keep people safe. They said, "We've a few people who aren't as mobile as they used to be. We tell the nurses and they re-assess them", "We give medication out correctly, complete assessments and monitor weights." We were also told that staff and managers were vigilant in monitoring risk in other ways. The registered manager commented, "We look for trip hazards, review risks and assess people every day."

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. Each of the four staff records that we saw contained an application form, two references and a Disclosure and Barring Service (DBS) check. A DBS check is used to help establish if a person is suited to working with vulnerable adults.

We asked about staffing levels and were told that Riverslie deployed a nurse and three carers throughout the day and early evening. This reduced to a nurse and two carers after 7:45 pm. These numbers were supplemented at various points during the day by the registered manager, an activity coordinator and domestic staff. Each of the people that we spoke with said they felt the staffing numbers were safe. We were told that staffing numbers varied depending on the number of people living at the service and their needs.

Individual risk was appropriately assessed and recorded in care files. The care records that we saw demonstrated that risk was reviewed monthly in accordance with the relevant plan of care. Where risk had changed or concerns had been identified, we saw that referrals had been made. For example, one person had been referred for a consultation regarding soreness of their skin. This had led to the diagnosis of a serious health condition at a relatively early stage.

We were provided with evidence that regular checks were completed on aspects of the service with regards to their safety. For example, electrical condition, gas safety, hoists, water temperatures and fire safety equipment. Each check had been conducted by an external professional and was supported by an appropriate certificate.

People were protected from the risks associated with the outbreak of fire because the service operated and maintained a range of safety equipment including; fire alarms, smoke alarms and extinguishers. Each person had a personal emergency evacuation plan (PEEP) in their care record and details of their needs in the event of a fire were summarised for use in an emergency. Detailed plans of the building were held in the fire safety file.

Is the service effective?

Our findings

The people living at Riverslie and their relatives that we spoke with said that they staff had the right skills to meet their needs. Staff spoke positively about the provision of training. One member of staff said, "We get yearly training in first aid, safeguarding, DoLS (Deprivation of Liberty Safeguards) and fire safety. It was face to face." While another member of staff told us, "We get regular supervisions and appraisals."

The records that we saw indicated that all training had been completed as required by the provider. Staff were trained in subjects which were appropriate to their roles including; adult safeguarding, moving and handling and infection control. Staff told us that they could request additional training as required. New staff were given an induction into the service which aligned with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training and be assessed as competent by a senior colleague. We saw records that staff were given formal supervision on a regular basis. They were also given an annual appraisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was operating in accordance with the principles of the MCA and that applications to deprive people of their liberty had been made to the local authority. Capacity assessments indicated that some people living at Riverslie were not able to provide meaningful consent, but we saw evidence that families and professionals had been involved in best-interest decisions regarding various aspects of people's care. For example, to consider the risks and benefits of using bed rails.

We saw examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made and we could see that people and their relatives had been involved in the decision. The DNACPR forms we saw were signed by the GP.

We sampled the food at lunchtime and spoke with people as they ate their meals. The serving of lunch was relaxed. The dining room was well presented, had ample room to move around and was brightly lit. Meals were served by staff who confirmed people's preferences before plating their food. Each member of staff wore personal protective equipment (PPE) to support good food hygiene practice.

The menu showed a range of meals and alternatives. However, the lack of fresh vegetables was noted on both the menu and in the food stores. The majority of food available at lunchtime was deep-fried. Access to

a varied and nutritionally balanced diet is important in maintaining people's physical health. We spoke with the registered manager about this and were assured that people usually had access to fresh fruit and vegetables as part of their choice of meals.

People told us that they enjoyed the food at Riverslie and had a good choice. One person said, "There's a nice variety. I like chicken. We had chicken today." Another person told us, "The food is good. There's plenty of it if you want more. The choice is good." People also told us that they got plenty to drink throughout the day and could ask for more if they wanted. Where people required a specific diet in relation to a healthcare need or had a particular preference we saw that this was detailed in a care plan and reviewed. For example, one person had a nutritional risk assessment and care plan due to a health concern. Their food preferences and dislikes were recorded to encourage them to eat and ensure that they maintained a healthy weight.

The people that we spoke with had a clear understanding of their healthcare needs and were able to contribute to care planning in this area. We asked if people could see healthcare professionals when necessary. People and their relatives told us that they could access healthcare services whenever they were required and that this was often done in consultation with families who provided support with appointments. We saw from records that people had regular access to a range of healthcare services and professionals including; chiropodists, dentists and GP's. One person living at Riverslie said, "Staff are very good if people are poorly. They get the Doctor out." While another person confirmed, "Care staff will get a Doctor if you need one."

Is the service caring?

Our findings

The people that we spoke with were extremely positive about the caring approach of the staff. Comments included, "[Family member] can be fussy, but staff are patient and kind. They care for the residents and families", "Staff couldn't be any better. They're very caring. It's the staff that makes this home", "They speak to me nicely. They come around and ask me if I'm happy. Staff are very friendly. You get attention" and "It's lovely here. We sit with staff and talk. They listen to you." A visiting relative also said, "I would just like to say how happy we are. People [staff and managers] here never make me feel that it's a job. They genuinely care."

We saw that staff generally had time to speak with people as well as completing their care tasks. It was clear from some conversations that staff knew people well and were able to discuss events that were relevant to the person. For example, family birthdays and events. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests.

People told us, and we saw, that staff respected people's views and they were free to decline care at any point. One note in a communication record stated, 'Initially agreed to get up, but then chose not to.' While another stated, 'Refused consent to have photo taken because [person] is not planning on staying.' This demonstrated that staff respected people's choices and wishes regarding their care.

Staff demonstrated that they knew people and accommodated their needs and preferences in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would be most comfortable and how their understanding of our questions might be limited by a disability or health condition. Staff were also able to tell us about people's personal histories. We saw that this information was recorded in people's care plans.

We saw that people living at the service were encouraged and supported to be as independent as possible. Throughout the inspection we saw people using the facilities within the service independently. We also heard staff providing encouragement and guidance to people rather than completing tasks for them. This was particularly evident in the lounge where people were engaged in a range of activities including crafts. Each person was encouraged to complete their activity with minimal support, but the activities coordinator observed them and offered support when required. In another example, one person had been supported to continue accessing the community because staff had completed a series of risk assessments to help keep them safe.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's needs. For example, one person had their legs covered with a blanket as they sat in the lounge with a visitor. The person was seated with their legs raised which created a risk that their clothing might be disturbed. Staff had noted and responded to the risk which helped protect the person's dignity. Staff also provided practical examples of how they respected people's privacy and dignity when delivering personal care. They said, "We make sure that people's doors are shut. We always knock before going into a room and

we cover people up."

We spoke with visiting relatives at various points throughout the inspection. They told us that they were free to visit at any time and were always made to feel welcome. One relative told us, "I can go home and feel happy that [relative] is well cared for." We saw relatives meeting with people in the main lounge, but were told that they could use their bedrooms or the dining room if they preferred. People's bedrooms were decorated in a homely style and there was clear evidence of personal belongings and photographs to personalise the space.

Information about advocacy services was prominently displayed and we were given an example of one person who was making use of an advocate to support their decision to return to their home in the community. The majority of people were in a position to advocate for themselves. Some chose to do this with the support of a relative. Individual arrangements were documented in care records.

Is the service responsive?

Our findings

We asked people and their relatives if they had been involved in their care planning and reviewing care needs and looked in detail at care records. People confirmed that they had been involved and this was clear from the level of detail in the records that we saw. For example, one care record contained personal details including; an 'All About me' document with basic information about their personal history and other important information and details of preferences for specific foods and the gender of care staff. Information had been collected before the person moved to Riverslie and reviewed regularly afterwards with the involvement of the person and their family. One relative told us, "I was involved in the care planning. They always ask and talk to me." While a person living at the service said, "I get a chance to have my say." We saw plans for areas of care which included; mobility, nutrition, personal care, moving and handling and medicines.

We observed that care was not provided routinely or according to a strict timetable. There were sufficient staff to respond to people's needs and provide care as it was required. We asked people living at the home if they had a choice about who provided their care. However, none of the people that we spoke with expressed concern about any of the staff and some were able to identify a favourite carer.

There was limited detail throughout the care records in relation to people's preferences for individual activities, but staff did inform us that there were a range of different activities taking place throughout the week which people enjoyed. We saw a timetable of activities and posters to promote events which included; pamper days, chair based exercises, puzzles, crafts and knitting. The service made regular use of visiting singers and entertainers. People also had access to television and radio or could sit quietly if they preferred.

We saw people engaging in activities with the activities coordinator throughout the inspection. There were group activities and individual ones. It was clear that the activities coordinator knew people's interests and preferences well and that people were fully engaged in the activities for the majority of the day. One person living at Riverslie said, "We just enjoy ourselves. We get our nails done every Thursday." Other people chose to access activities in the community. For example, one person told us how they enjoyed visiting a particular pub. The pub in question was their local when they lived in their own home. They told us that they met their friends there on a regular basis.

The service held regular resident's meetings. There had been two meetings in 2017 where staffing, menus, laundry and activities had been discussed. The notes from the meeting indicated that people were satisfied with the activities currently available and did not raise any concerns in relation to the other agenda items.

A copy of the complaints procedure was made available and people told us that they knew who to complain to if they had any issues. However, records indicated that the service had only received one formal complaint recently. We saw evidence that this had been addressed quickly in accordance with the provider's policy.

Each of the relatives that we spoke with said that they could approach the registered manager with any concerns and had not felt the need to lodge any formal complaints. One relative said, "I would comment

rather than complain. I feel happy they'd understand." The registered manager told us, "I have an open-door policy for families and staff."

Is the service well-led?

Our findings

At the inspection in April 2016 we identified concerns relating to the effectiveness of audit processes. We issued a warning notice in relation to this and inspected the service again in September 2016 to ensure that practice had improved and the breaches of regulation had been met. We found that the service had made sufficient improvement and was meeting legal requirements. However, we did not change the rating at that inspection because it was too soon to demonstrate that the improvements were sustainable.

A registered manager was in post. The registered manager supported senior staff with the day to day management of Riverslie. They were in turn supported by an operations manager. The registered manager told us that they understood their responsibilities in relation to their registration with the Care Quality Commission. However, they had not submitted notifications as required. For example, a DoLS authorisation had been received from the local authority, but CQC had not been notified. We spoke with the registered manager regarding this omission and the notification was submitted within 72 hours. The registered manager told us that other DoLS authorisations had not yet been authorised by the local authority.

During this inspection we looked at records of audits and saw that they had been completed regularly. The service completed a wide range of audits covering; care plans, health and safety and medicines. Audits were completed both weekly and monthly and were supplemented by a comprehensive quality and compliance audit which was completed by the operations manager. However, audit processes had failed to identify issues relating to; missed signatures on MAR sheets, the failure to notify the local authority and CQC of a potential safeguarding matter and a failure to notify CQC when a DoLS application had been authorised.

We recommend that the provider reviews its approach to quality and safety auditing to ensure that systems are sufficiently extensive and robust to identify all errors and omissions.

The registered manager told us that the service had a culture which aspired to be, "Professional, friendly, warm and homely." This view of Riverslie was endorsed by the staff team and our own observations of the delivery of care. The registered manager was aware of the day to day issues within the service and provided clear leadership as required.

The registered manager and staff dealt with the questions and issues arising out of the inspection process openly and honestly. They were able to provide information and evidence on request and provided additional information and evidence after the inspection.

People living at Riverslie, their relatives and staff spoke positively about the quality of communication. One member of staff said, "They let you know about any changes. We have staff meetings and the manager updates us." A relative said, "Communication is very, very good."

The service had an extensive set of policies and procedures to guide and inform staff practice. However, policies had not been consistently reviewed to ensure that the printed copies remained current. Policies included; adult safeguarding, MCA and whistleblowing. The policies available electronically were sufficiently

detailed and offered staff guidance regarding expectations, standards and important information. The staff that we spoke with understood how to access information through the relevant policy and other sources of information.

The service was in the process of updating its paperwork and associated systems. Consideration was being given to transferring some paper records to electronic systems. We spoke with the registered manager about this and the need to ensure that all records were subject to regular review and were presented in a way that made them easy for staff to access and understand.

Staff understood what was expected of them and told us that they had an open and professional relationship with senior staff and the registered manager. They told us that they enjoyed their jobs and were motivated to provide good quality care. One member of staff said, "You enjoy your job. It can be stressful, but it's a good team." Our observations clearly indicated that staff were positive, caring and respectful when dealing with people living at Riverslie.

The ratings from the previous inspection were displayed prominently as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding referrals to the local authority had not been made consistently following incidents.