Indigo Care Services Limited

Riverside Residential Home

Inspection report

Camborne Way
Barnsley
South Yorkshire
S71 2NR

Tel: 01226296416

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 23 May 2017. This was our first inspection at this location since a change in its registration in August 2016.

Riverside residential Home specialises in care for elderly residents with a wide range of needs, including people living with dementia. The care provider, Indigo Care Services is registered to provide accommodation for up to 50 people at this location.

At the time of our inspection the service had a manager registered with the Care Quality Commission, although they were no longer in post. Since March 2017, two relief managers had been put in place to manage this service. 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.

The registered provider used a dependency tool to determine staffing levels. Staff told us there weren't sufficient staffing levels to meet people's needs. Rotas we looked at showed there were occasions where shifts were not staffed as stated. Day shifts did not always have adequate senior staff cover.

Recruitment checks were not found to be robust as the registered provider had not taken references from last employers. The identity of staff had been verified and background checks had taken place with the Disclosure and Barring Service.

Medicines were mostly well managed. However, we looked at the administration and recording of topical creams and found this needed strengthening. We recommended the registered provider review these arrangements.

A system of audits was in place which covered a range of topics. We saw evidence of appropriate action being taken in response to the relief management team's service action plan. However, some concerns identified during our inspection regarding staffing levels, topical creams and recruitment had not been appropriately managed.

Risks to people had been identified, assessed and reviewed on an ongoing basis. Fire safety checks had been carried out on a regular basis. All maintenance certificates were found to be up-to-date.

Notifications had been submitted by the registered provider to the CQC. Evidence of staff, 'resident' and relative meetings as well as surveys was seen during the inspection.

Although staff had commented on low morale and feeling under-valued, at our inspection they spoke more positively about the support they received from the relief management team.

Mental capacity assessments which were decision specific had been completed and applications had been made to the local authority for Deprivation of Liberty Safeguards. Staff were aware of the importance of offering people choice.

People had a positive mealtime experience and were well supported by the staff team. People's nutritional needs were being met and evidence showed staff supported people to access healthcare services. People spoke positively about the care they received from the staff team. We saw warm interactions between people and staff. Some concerns had been raised by relatives about accessing the service on a weekend.

Care plans were in the process of being updated by the relief management team as these required improvement. We saw audits of care plans had identified the same issues we found.

Complaints were managed appropriately as concerns had been recorded, investigated and responded to. The complaints procedure was on display.

The service did not have an activities coordinator at the time of our inspection. Staff were expected to provide stimulation until the new activities coordinator started in June 2017.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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.

Staffing levels were not found to consistently meet the needs of people. Recruitment practices were not found to be robust.

Risks to people had been identified and responded to appropriately. Fire safety was well managed.

Medicines were mostly well managed, although we had concerns about the recording of topical creams.

Is the service effective?

Requires Improvement

The service was not always effective.

People's capacity had been assessed and applications for DoLS had been made where needed.

Supervision and appraisals had been completed, although recording required strengthening. Training was found to be up-to-date.

People had a positive mealtime experience. Nutritional needs were being met and evidence of people accessing healthcare was seen.

Is the service caring?

Good

The service was caring.

Staff were found to have appropriate attitudes and values and demonstrated a kind and caring approach to people.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans required improvement, although progress had been made in this area. Reviews were taking place.

Activities were taking place, although an activities coordinator was not in post.

People were unsure who to complain to. Complaints were appropriately managed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality management systems were in place, although we found not all issues highlighted during the inspection had been identified. The service had an overall action plan in addition to regular auditing.

Surveys and meeting with people, relatives and staff had taken place.

Staff felt more positive about the support they received from the management team and felt more included in the running of the service.

Riverside Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 May 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

At the time of our inspection there were 38 people living in the home. Some people who lived at the home were unable to tell us about their experience of living at Riverside Residential Home due to difficulties with communication. However, we spoke with a total of four people and three relatives. We also spoke with the two relief managers, a deputy manager and five members of staff. We observed care interactions in the communal lounge through the day. We observed the lunch time service in the dining rooms in both the residential and dementia sides of the home. We spent some time looking at the documents and records related to people's care and the management of the service. We looked at four people's care plans.

Before our inspections we usually ask the provider to send us 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. We did not ask the provider to complete a
PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We looked at the recruitment process for three staff members and found this was not robust. We saw staff had nominated referees on their application form who were not their last employer. In two of the staff files we looked at we found a reference from the staff member's most recent employer had not been taken. A third staff file contained a reference from an employer which included dates employed which did not match the dates on the candidates application form.
There were no records to demonstrate the reasons why these references were not taken and alternatives were used. We found appropriate checks had been carried out with the DBS. The DBS is a national agency that holds information about criminal records.

Relevant background checks had not been completed to ensure staff were of good character and fit to care for vulnerable people. We concluded this was a breach of regulation 19 (1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service action plan showed the relief manager had already identified the need to audit all staff files to identify gaps in recording.

We observed staff members in one lounge area waiting a few minutes for the support of another staff member to hoist people from their wheelchair into a comfy chair as this required two staff members. We also noted one person required support with an item of clothing and this needed to be done in private. A staff member asked the manager if they would sit in the lounge to support the staff compliment, as the person required the support of two staff members. At the same time we saw the district nurse arrived to see a person who needed to be supported to their bedroom. The senior staff member was disturbed from administering medicines at this point to find a staff member to support with the district nurses request.

We observed an agency staff member who was allocated to support one person on a one to one basis was also supporting another person with their lunchtime meal.

On the day of our inspection the manager told us a staff member had called in sick and they had to ask for an agency staff member to cover. We saw the manager showing this agency staff member around the home as it was the first time they had been there.

All the staff we spoke with told us there was not enough staff. One staff member said, "There is not enough staff on the residential side." They also went on to say they were responsible for changing and making people's bed and sometimes this task did not get completed as staff were too busy. Another staff member said, "We need another staff member at least." A third staff member said, "We could do with more staff, most people need two staff to support them." A fourth staff member said, "We have not got enough staff. Some people are on 15 or 30 minute observations. We are running on agency all the time and this impacts on personal care and activities." A fifth staff member commented, "People are well looked after, but we need more staff. Some people are turned late and I would record this in the charts." We also saw negative comments about staffing levels in the last staff survey.

One relative we spoke with told us, "There seems to be a heavy reliance on agency staff, I know they have to cover the numbers, but they can't possibly know what the residents need."

The registered provider used a dependency tool which was reviewed monthly. This calculated how many staff were required to meet people's care needs. We looked at staffing rotas over a four week period covering April and May 2017. We found out of 28 day shifts, there were five days when staffing was not at the levels and seven days when only one senior staff member was on shift. On night shifts we found there was always sufficient senior staff cover, although five shifts did not have the required numbers of staff.

We concluded this was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how medicines were managed in the home. One staff member told us, "We have improved a lot and we do well with the medicines." We looked in one of the rooms where medicines were stored and found this was clean and tidy. Daily records were kept for the medication room and fridge temperatures. We saw medicines were kept safely. The medication room was locked when not in use. There were arrangements in place for obtaining medicines and adequate stocks of medicines were maintained to allow continuity of treatment.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Appropriate arrangements were in place in relation to the recording of medicines. Medication administration records (MARs) were used to record the administration of medicines. The MARs showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and any allergy information. We observed a member of staff administering medication in the lounge. They spoke with people prior to administering the medication and took time to ensure the person had taken their medication.

Arrangements for the administration of 'as and when required' medicines, also known as PRN, protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given.

Controlled drugs (medicines liable to misuse) were locked securely in a cupboard. The MAR and controlled drugs records were completed and no gaps were noted.

We looked at how staff administered prescribed creams. Topical medication administration records (TMARs) were used to record the administration of creams and ointments. However, we were unable to locate a TMAR for one person's secura spray and the bottle did not contain a prescription label. One staff member told us they did not know why this spray was given. We did see a TMAR for the same person's Bepanthen cream, which started on 27 April 2017 and stated 'apply twice daily to bottom'. Although, we saw this had only been applied once on 27, 29, 30 April and 1, 5, 6, 7, 9, 10, 11 May 2017.

We saw another person's TMAR and the container for Sudacrem stated 'use as directed'. We saw the cream had been applied once on 24, 25, 26, 29 April, 4 and 5 May and twice on 27, 29 April and 3 May 2017. When we asked a staff member what 'as directed' meant they agreed this was not clear.

One staff member told us, "Not all the staff sign the charts." We recommended the management team review the process and procedures for the administration of topical medicines across the home.

In reception the whistleblowing and safeguarding policies were displayed along with safeguarding telephone contact details. Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff were also aware of the provider's whistle-blowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We looked at records of safeguarding incidents and found separate investigations had been completed in response to each concern. Notifications were routinely submitted to the Care Quality Commission as required as a condition of the registered provider's registration.

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We looked at the May 2017 falls audit which showed the extent to which people were at risk of falling, mobility equipment used, whether people had assistive technology in place and whether there had been input from the falls management team. One member of staff said by having staff members in the lounge area at all times and garden doors being alarmed, had helped to reduce the number of falls.

We saw individual records of accidents and incidents which were sufficiently detailed. The relief managers produced a summary of these events at the end of each month. Where a person had been involved in two or more accidents or incidents in a month, the action taken in response was noted in the accident summary. We saw records which showed people were referred to the GP and subsequent support from the falls management team.

One staff member told us, "We have a fire plan and a plan with every resident on how they are to be moved. The fire alarms are tested every week." The fire alarm was tested from different points in the building on a weekly basis. A fire risk assessment was carried out in January 2017 and a fire alarm inspection took place in the same month. We saw records of individual personal emergency evacuation plans which had been updated in May 2017. These had been recorded on a central register which was a 'grab sheet' staff could use to identify people's moving and handling support and equipment needs to evacuate from the building in an emergency. Staff evacuation training had been carried out in April 2017.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

94% of staff had received MCA training and were able to demonstrate an understanding of how this affected their role and responsibilities. One staff member said, "It is about what people can make decisions about." We observed people were offered choices throughout the day of our inspection. Some staff were able to identify people who had an authorised DoLS and knew they were unable to leave the building unaccompanied. We looked at a DoLS tracker used by the relief managers and found this clearly identified who had DoLS authorisations in place, whether they had conditions as part of the authorisation and when they were due to expire. All DoLS authorisations were found to be in date.

We saw care plans contained checklists for a range of daily living activities which indicated where people were able to make their own decisions or needed support. MCA assessments in care plans were of a mixed quality, as one person's capacity was recorded differently, although it was not clearly stated whether this person's capacity fluctuated or had improved. However, we also saw examples of decision specific mental capacity assessments. One person's nutrition care plan evaluation dated February 2017 stated '[Name of person] has capacity to make all decisions based on foods and fluids and is offered daily choice'.

During 2016, staff were found to have received regular supervision support. Since the relief management team had started working in the service in March 2017, we saw staff had received a minimum of two supervisions. The recording of one to one supervision was instructional and task oriented, used to remind staff about their role and responsibilities and not always individualised as we saw repetition in recording. The registered provider's supervision policy dated June 2014 stated 'The sessions are designed to capture the thoughts of the supervisor and the member of staff on what can be done to improve the care residents are receiving. This will include the arrangement of training to improve the knowledge and skills of the staff member'.

We recommended the relief management team review the recording of supervision to ensure this is individualised and focused on staff development.

We looked at staff appraisals which had all been carried out between June and September 2016. Records of appraisals were found to be more specific to the individual and their development.

Training records we looked at showed staff were up-to-date with their training requirements. Staff received training in subjects such as; dementia awareness, diet and nutrition, health and safety, infection control and moving and positioning. One staff member said, "I had moving and handling last month. We do both e-learning and hands on training. It helps me do my job." Another staff member said, "The training is worth doing. It gives your mind a refresh."

We spoke with the chef who told us they had a set four weekly menus and they always had enough fresh fruit and vegetables. They said they were aware of people's dietary requirements as they had these records in the kitchen. They were also informed if people's need changed and they attended the daily 'flash' meetings. Staff comments included; "People eat the food and there are normally three choices at dinner time and two for tea" and "Food is a massive improvement and people get choice."

People we spoke with were happy with the quality of the food they were served. One person said, "I like bacon and I like toast, I've had a lovely breakfast today" and another person said, "I get drinks quite regular throughout the day." One relative commented, "Mum likes the food here."

In response to concerns about the meal time experience, we saw the relief management team had carried out meal time observations in March and April 2017.

There was a pictorial menu of food options in reception area of the home. We saw the breakfast trolley had a choice of cereal, brown or white bread for toast and jam or marmalade. We observed some people were also enjoying a cooked breakfast. When people had finished their breakfast, we heard staff asking if they would like more.

We observed a lunch time meal and noted the atmosphere was relaxed with people choosing to eat their meal in the dining room or have their meal served in their bedrooms. The dining room was quiet, with people chatting to each other and the staff. People were relaxed and happy and were left to eat their meal at their own pace. We noted that drinks and snacks were available throughout the day.

Staff provided support to people who were assessed as needing assistance with their meals and encouraged those people who were able to eat independently. Staff were attentive to people's needs and routinely made sure they were at eye level with people when speaking with them. They explained what they were going to do before they did it, and offered choice to people, for example, in what kind of drink they preferred.

We looked at how the service responded to people's healthcare needs and found this was suitably managed. One relative told us staff were aware of their family member's oral health needs and said they did their best to provide appropriate care with this. We saw the district nurse and GP visited on the day of our inspection and staff told us told they arranged for the optician to call in when required. There was a picture of the chiropodist displayed in the entrance of the home and the next time they were due to attend. Care plans we looked at showed people were supported by staff to access a range of professionals. A visiting health professional told us, "There's been a mind-set change with staff. Staff are more focused now."

We saw one person's malnutrition universal screening tool dated May 2017 showed they had been scored as at high risk. We saw a diet and weight care plan had been put in place and the manager confirmed staff had spoken with the GP on the day of our inspection. This meant people's healthcare needs were responded to by the staff and relief management team.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us staff were caring and demonstrated appropriate attitudes and values. Comments from people we spoke with included; "It's nice here, the people make it nice. If we need anything we go to the staff", "I think it's wonderful, the staff are very good, they seem to know what they are doing" and "The majority are very good, the girls here help us as much as they know how to."

One relative said, "There's a core of good, longstanding staff who know how to look after mum, and despite it all, she's happy here." Another relative said, "Over the years, the staff team have developed a way of working with her [family member]. They seem to think a lot about her." A third relative told us, "On the positive, there is a team of long-standing staff who know mum and care for her well."

At lunchtime we saw friendly natured interaction between two people and a staff member. One person was not eating their meal. In response, a member of staff offered a range of different options to encourage them to have something to eat, none of which the person wanted. As the member staff turned to leave, the person took a snack from the person next to them. The staff member saw this and made light of it. They showed initiative by asking whether they wanted the same option which the person next to them had. They responded positively and we saw they ate this alternative meal enthusiastically.

We looked at the physical environment in the home for people living with dementia. We saw this was dementia friendly as room doors were individually coloured which meant people were able to recognise their own room. Doors to people's rooms had been designed to look like front doors of a home address. Other decorations such as verandas and fencing attached to the wall meant people walking down the corridor felt they were going down a street to where they live.

We looked at one person's care plan for personal care and physical wellbeing dated April 2017. This stated the person preferred to take showers. Staff we spoke with provided information which was consistent with this recording.

Staff spoke about the importance of ensuring people's privacy and dignity were both respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity.

The minutes of the 'resident and relatives' meeting which took place in February 2017 recorded that relatives were encouraged to visit this service to see improvements for themselves. One relative explained to us they had experienced problems accessing the building at the weekend. Another relative said when they called the home at the weekend the phone went to voicemail. We recommended the relief management team review these weekend arrangements. They had tried to call the telephone number of the service which had gone to a messaging service. On the day of our inspection, we saw relatives and visitors were able to visit without restriction. One relative said, "Staff are always friendly. They welcome us and try to give my mum what she needs." Discussions had taken place at 'resident' and relatives meetings around having protected mealtimes to help ensure people were not distracted whilst having their meals.

The relief manager told us one advocacy service was trying to provide an advocate for a person. There was also a poster on display in reception which gave information and contact details of advocacy services. Advocates are used to support people with significant decision making when a person has no family or friends available to support them.

One person told us they used to enjoy reading, but their eyesight prevented them from doing that. This person said, "I've been thinking about those books for the blind, they would be good for me." The relief manager told us they would produce literature in larger print for anyone who needed this. We saw a social and cultural survey had been carried out in February 2017. This showed people's religious needs had been considered.

Requires Improvement

Is the service responsive?

Our findings

One staff member said, "Care plans are improving and are more person-centred, they reflect the individual. We are not getting support with them."

We looked at one person's care plan for washing and changing into nightwear dated September 2016 which stated, '[Name of person] can choose what clothes he would like to wear'. The night routine evaluation for the same person dated May 2017 stated, 'Staff choose what clothes to put on [name of person], usually wears jogging bottoms and shirt and jumper. This meant the care plan had not been updated to reflect the May 2017 review.

A falls risk assessment dated April 2017 and risk of falls care plan dated May 2017 stated 'sensor mat in place on 15 minute obs'. A separate care evaluation for the same person dated May 2017 stated '30 minutes obs'. It was not clear whether this person was to be observed every 15 or 30 minutes. We discussed this with the relief manager who agreed this was not clear.

We also saw good examples of care planning relating to management of pressure areas. We saw a short term wound care plan for one person which showed involvement from district nurses and staff needing to be vigilant to ensure a dressing was intact.

Prior to our inspection, the relief manager had identified care plans as an area for improvement. For example, they had recognised gaps in the recording of life histories and action had been taken to record this information. They had already set in place a programme of updating care plans to ensure they accurately reflected people's care and support needs. We saw evidence of this during our inspection and also saw some examples where care plans which had not been updated needed attention. The relief manager had carried out audits of care plans which had already found the same issues we saw.

Care plans we looked at showed evidence of recent reviews. However, relatives we spoke with told us they had mixed views about their involvement in the care planning process. One relative told us they had not been involved in care planning, although they had signed to agree to the document. Another relative commented, "Last Friday they gave me a care plan to read and to sign." A third relative who we asked about reviews told us, "I don't know what one of those is." We saw the relief management team were addressing the involvement of relatives in reviews as part of their overall service action plan.

We looked at the provision of activities and found this required improvement. The activity daily planner in the dining room showed activities such as arts and crafts, exercise, gardening, dancing, film and TV and knitting and cross-stitch, however, the planner was dated 27 March.

One person told us, "There's not enough to engage your mind." The same person said they would really enjoy going to watch a football match, but noted, "I'd love to still go, but it seems impossible here." In response to a satisfaction survey, one person had asked for gardening opportunities. The service action plan showed this had been followed up and funds had been authorised for raised beds, plants and shrubs.

However, it was also seen that authorisation to replace broken garden furniture had not been received.

One staff member told us the relief manager was in the process of recruiting a new activity person. The relief manager told us this staff member was expected to start in June 2017. One staff member said, "The carers are trying to do activities, we try to do something every afternoon." On the day of our inspection, we observed a 'chair-obics' class which people sat in the lounge area were engaged with.

We saw information on how to make a complaint was on display in the home. We asked people if they knew how to complain if they were dissatisfied with the service they received. Most people said they would speak to a family member. One person said, "I'd go to my second wife's son." However, they also said they would approach staff in the home. They added. "I'd speak to almost anyone, it is quite good, I can talk to them all." Another person said, "I'd speak to just about anyone [amongst the staff team] they are really good." We found people were not always able to identify staff. One person commented, "You see, they don't all wear name badges."

One relative told us they had approached the relief management team with concerns and had expected a call or meeting. They said, "So far, I've heard nothing from [relief manager]. The same family had found an unsent letter in their relative's care plan. This was dated prior to the relief management team becoming responsible for this service. We recommended the relief management team contact the family to discuss any concerns.

We looked at records of complaint and found these were managed appropriately. Where people had contacted the service, there was evidence their concerns had been listened to and there were records of a response.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager registered with the Care Quality Commission, although they were no longer in day-to-day control of the home. The service was temporarily managed by two relief managers. They told us they would stay in place at this service until sufficient improvements had been made. Although the relief management team had positively impacted on the service, there were concerns about the management of Riverside Residential Home prior to this. Some areas of concerns seen during this inspection had not been identified through the system of audits used by the relief management team or the previous management regime.

People we spoke with were unable to identify the relief management team. One relative told us, 'There's just no figure-head at the moment. The deputies good, she's amazing." We spoke with a visiting health professional who told us, "Generally we have seen improvements in the way things are managed." The same health professional commented about the support they received from the relief manager. They said, "She seems fairly efficient and proficient."

During our inspection we looked at records from the last staff survey and saw staff felt under-valued and morale was low. We asked staff about the relief management team and whether the service was well-led. Comments included; "The management are improving things", "Morale has improved. I like the new managers, they are spending money and the home is improving. I feel more included"; "I love it here. Staff and residents are lovely. It has got better in the last couple of weeks" and "Morale with staff has improved. Management and staff are now pulling together. I welcomed the uplifting meeting about what has improved. Managers are doing well at the moment." Another staff member who commented on team spirit said, "We are a family."

A weight analysis tracker completed in February 2017 showed each person's weight had been considered and whether any further input was needed. Since joining the service, the relief manager used a tracker referred to as the individual vulnerabilities audit tool. This provided an overview of people's health needs, which included; pressure care, malnutritional universal screening tool, people's weights, use of bedrails, medication and falls. Using a colour coded system; it was possible to immediately identify areas of people's care needs where they were at risk. This was updated on a weekly basis by the relief management team and showed people's health needs had improved during this period.

The infection control audit dated March 2017 rated the service as 67% compliant. In May 2017, this had improved to 79%. The service improvement plan contained actions to remedy this, including appointing an infection control 'champion' in the staff team. We saw infection monitoring audits had been carried out on a monthly basis.

We saw evidence of a number of regular audits, such as; people's weights, beds, mattresses, pillows, use of bed rails, pressure cushion, skin tear, care plans and pressure sores. We saw medication audits were used to identify discrepancies in stock levels, although our concerns about the recording of topical creams had not been identified through this process.

We saw evidence of night visit 'audits' which took place in December 2016 and April 2017. This meant checks had taken place to ensure the service provided at all times was safe and effective in meeting people's needs.

When people stayed at Riverside Residential Home for respite, they were asked to complete feedback from about their experience. We saw mixed feedback regarding people's experience of staying at this service for respite. Results from the last 'resident' and relative survey were found to be positive.

A 'resident and relative' meeting took place in February 2017. This covered issues raised at the previous meeting, laundry, refurbishment of the home, lighting,' protecting mealtimes are ongoing due to weight loss of some clients'. Following each meeting, an action plan was produced which showed the views of people and relatives were listened to and acted on.

In May 2017, a staff meeting was held which provided staff with news of current management arrangements, safeguarding, medication, staff morale, moving and handling and the need to identify and replace pressure cushions. The deputy manager confirmed all pressure cushions had been replaced and care plans had been updated to reflect which people needed this in place. Under any other business, staff were given the opportunity to raise any specific concerns. We saw evidence of 'department' meetings, such as the kitchen team and senior staff who held meetings in April 2017.

The relief management team held a 'flash' meeting each day which included the relief manager, senior care staff, chef and housekeeping. We attended the flash meeting on the day of our inspection. Discussions included; appointments that day, any concerns and a reminder about supporting people with fluid intake as it was a hot day.

We saw maintenance checks such as portable appliance testing and day to day repairs had been carried out. Certificates covering the supply of gas and electricity as well as the use of lifting equipment were all up-to-date. Hot water temperatures were regularly checked and found to be within a safe range. The relief manager told us there was a programme of maintenance which included redecorating and a deep clean of the floors.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not taken steps to ensure person employed were of good character by taking references from last employers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in the service.