Westgate Healthcare (Braintree) Limited

Riverdale Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Riverdale is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

People's experience of using this service and what we found
Risks to people's health and safety were not always effectively managed. Incidents were not always appropriately documented or reviewed and people's care plans and risk assessments did not always contain sufficient detail about how people would like to be supported and how to keep them safe.

The provider's processes for monitoring the quality and safety of the service had not always been used effectively to highlight concerns in the completion of people's records or incident reports. Staff had not always been supported to develop the appropriate skills and understanding of how to support people who may be feeling distressed or upset, in a dignified and respectful way.

The service had undergone a number of changes in management since the last inspection and during this period of change there had been an increase in safeguarding concerns relating to staffing and the care people received. The provider continued to liaise with the local authority, documenting lessons learnt and implementing improvements.

There was now a new registered manager in post and people, relatives and staff spoke enthusiastically about their approach and the positive impact they had made in the service. Staff told us they felt able to raise concerns and the culture and morale in the service had improved.

There were enough staff available to meet people's needs. The provider had recruited more permanent staff and there was greater consistency in people's support. Staff were safely recruited with the relevant checks completed prior to them starting work.

People and relatives spoke positively about the care provided. 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.

People received their medicines as prescribed and the provider ensured staff were trained and competent to administer medicines prior to supporting people. The provider liaised other healthcare professionals in order to support people's changing needs, making referrals and seeking support when appropriate.

The provider had implemented safe infection prevention and control processes and ensured relatives and staff were kept up to date with changes in government guidelines throughout the COVID-19 pandemic. The provider sought regular feedback from people, relatives and staff and used this feedback to identify what

had been achieved and where improvements were still needed in the service.

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

Rating at last inspection
The last rating for this service was Good (published 18 September 2019).

Why we inspected
We received information of concern in relation to the management of risks to people's health and safety and the provider's processes for managing safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverdale care Home on our website at www.cqc.org.uk.

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

We have identified breaches in relation to people's safety and the oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Riverdale Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Riverdale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Riverdale is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

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

During the inspection
We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, registered manager, nurses and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always managed effectively. People who required support when they were feeling upset or distressed did not have detailed risk assessments in place explaining to staff what they should do to minimise the risks the person may pose to themselves or others.
- The provider had not always ensured staff had adequate training and knowledge to support people who may be feeling distressed. The language used in documentation completed by staff was not always appropriate and did not demonstrate an understanding of why the person may be upset or what had led to the incident taking place.
- Staff had not always documented incidents appropriately. For example, there were no records of some incidents which had taken place and for others the incident reports contained incomplete or inaccurate information. This meant it was not always clear what actions had been taken to reassure the person or reduce the risk of a reoccurrence.
- Risks to people's health were not always effectively communicated within the team. One person's daily records evidenced they had told staff they were in pain for several days before the provider sought medical attention. This meant there was a delay in the person receiving appropriate healthcare. The provider told us this incident took place during a period of management and staffing changes, with many shifts covered by different agency workers and this had led to information not always being shared promptly.

The provider had not effectively assessed and managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider confirmed they were reviewing people's care plans and risk assessments to ensure they contained more detailed information and were arranging more specialised training for staff. The provider was continuing to liaise with the local authority to investigate incidents and had implemented changes in the handover process to improve communication.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

● Prior to the inspection, there had been an increase in the number of safeguarding concerns at the service relating to staffing and the care people received. The provider was able to demonstrate what actions had been taken to address many underlying issues, including recruiting more permanent staff and ensuring a more robust analysis of falls. However, the safeguarding records demonstrated information had not always being shared effectively and there had been delays in notifying and updating the local authority.

● The provider told us some delays had been caused by communication issues during the period of management change before the new registered manager came into post. The provider was continuing to work closely with the local authority at the time of the inspection and the new registered manager was able to demonstrate they had clear oversight of the safeguarding processes going forward.

Staffing and recruitment

● The provider had struggled to recruit staff during the pandemic but this had now improved and more permanent staff had been employed. This had enabled the provider to reduce the number of agency workers in the service and ensured people were supported by a more consistent staff team.

● The provider had a process in place to review the number of staff people needed to support them to ensure safe staffing levels were maintained across the service.

●The provider had completed the appropriate recruitment checks for new staff prior to them starting work.

Using medicines safely

● People received their medicines as prescribed. Staff had completed medicines training and understood how to support people safely. People's care plans contained information about what medicines they were prescribed and how they liked to be supported.

● The provider used an electronic system for recording the administration of people's medicines. The system alerted staff promptly to any administration errors enabling them to respond quickly.

● Staff completed regular stock checks and the registered manager undertook medicines audits to ensure records were accurately completed.

Preventing and controlling infection

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

Visiting in care homes

● The provider had supported visits to the service in line with government guidance. People received regular

visits from friends and relatives.

Learning lessons when things go wrong

● The provider had processes in place for reviewing accidents and incidents and lessons learnt records had been completed and shared with staff. However, not all incidents had been accurately documented and this meant we could not be assured the provider had analysed these to minimise the risk of a reoccurrence.

● The provider had used their lessons learnt reviews to drive improvements. For example, where there had been an increase in the number of falls within the service, the provider had analysed when these had taken place and adapted the staffing at certain times of the day.

Requires Improvement

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's processes for monitoring the safety and quality of the service had not always been used effectively.
- The provider's audits had not highlighted the concerns we found with staff's knowledge of how to support people in distress with dignity or with the lack of detail in people's risk assessment documentation.
- The provider was not able to demonstrate clear oversight of the recording and management of incidents. Management checks had not always identified inaccurate or incomplete reports and a lack of oversight of daily care records and communication meant prompt action had not always been taken where there were concerns about a person's health.

The provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider responded promptly confirming they had adapted their analysis of accidents and incidents, including increasing how often documentation was reviewed.
- The provider understood their regulatory responsibility to submit the relevant notifications to CQC and their duty to apologise to people when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans did not always demonstrate how the provider was ensuring care was personalised. There was a lack of detail in relation to people's preferences for support and people's daily notes did not always document how they had been consulted and involved in making decisions about their care. Following our feedback, the registered manager confirmed people's care plans were in the process of being reviewed to ensure people's personalised preferences were clearly recorded.
- People and relatives spoke positively about the care provided and the improvements the new registered manager had made. One relative told us, "Before [registered manager] came, there had been a period of change and there were areas which could have been improved. Now communication is better, it is a happy environment and I'm confident [person] is well cared for." Another relative told us, "[Person] is always very

positive about all the staff, they've been fabulous and [registered manager] is like a breath of fresh air and always smiling. It's like a big hug for the whole family."

● The provider sought regular feedback from people, relatives and staff in a number of different ways, including regular meetings, suggestion boxes and satisfaction surveys. The provider used the information received to create 'What you told us and what we did' documents to demonstrate the actions they were taking in response to feedback.

● Staff told us the management of the service were open and approachable and they felt able to raise any concerns. A member of staff said, "The manager is wonderful, always asking if we are ok, or if we need any support." Another member of staff told us, "I would feel comfortable raising any concerns, the management team are all very approachable."

Continuous learning and improving care; Working in partnership with others

● The provider worked in partnership with a number of different healthcare professionals to support people's needs. People's care plans evidenced appropriate referrals had been made and there was regular input from the relevant professionals involved such as the GP and the dementia care specialist team.

● The provider had used their internal reviews and the feedback received from professionals, people, relatives and staff in order to create an action plan for the service, highlighting areas for development. This was regularly updated to ensure it remained accurate and reflected what actions had been taken to drive improvements in the care provided.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not effectively assessed and managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.