

Cumbria County Council

Riverside House

Inspection report

Watsfield Road
Kendal
Cumbria
LA9 5JL

Tel: 01539630115

Date of inspection visit:
16 October 2018

Date of publication:
26 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 16 October 2018.

At our last inspection in April 2016 the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Riverside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered for up to 34 older people and for people who may be living with dementia. At the time of this inspection there were 22 people living at Riverside House. Accommodation is provided over two floors with several communal areas where people can choose to dine or spend time in the lounges.

There was registered manager 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.

There were sufficient numbers of staff to meet people's needs. Staff training was ongoing and staff had received sufficient training to safely support and care for people. Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People living in the home were supported to access activities that were made available to them and pass times of their choice.

When employing fit and proper persons the recruitment process had included all of the required checks of suitability.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Riverside House

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 16 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before we carried out our inspection we looked at information we held about the service. We also looked at any information from the local commissioners. We also looked at statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the acting operations manager, three care workers, two relatives and three people who used the service. We observed how staff supported people who used the service and looked at the care records and medication records for four people living at the home.

We looked at the staff files for four staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We also looked at records of maintenance and repair, the fire safety records and quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Riverside House. One person told us, "I feel safe here, if anything goes wrong I know they will look after me" and "I have no worries." A relative told us, "[relative] is safe here, although there used to be more staff." We noted that the occupancy of the home had declined since our last inspection.

During our inspection we saw that there were sufficient numbers of suitable staff to meet people's needs in a timely manner and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient. One person living at Riverside House said, "I get help when I ask for it but they cannot spare staff to go with me on hospital visits, I have to ask my family to go with me."

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so.

During the inspection staff we spoke with confirmed they had received training in safeguarding vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can decide about employing or not employing the individual.

The home was clean, well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and were acted upon. Staff received training about infection prevention and control, together with food hygiene.

Is the service effective?

Our findings

People had been asked about meal preferences and we saw that meals prepared catered for a variety of preferences and dietary needs. People we spoke with told us the food served was good. One person said, "The food is very good." People could choose where to eat their meals and received the right level of assistance. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. A staff member told us, "We do a lot of training and it is much better than where I used to work."

We saw staff attended regular meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that where people were being deprived of their liberty the appropriate authorisations were in place or had been applied for.

Where necessary best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

Is the service caring?

Our findings

Interactions we saw between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern. A relative told us, "All the staff are very friendly." A person living at Riverside House said, "I get on well with all the staff, they are all very helpful especially my keyworker."

We observed staff took appropriate actions to maintain people's privacy and dignity. Staff were polite and well mannered when aiding people. People were spoken to by staff in a pleasant and unrushed manner. One person told us, "I've not been the easiest person to look after but the staff always treat me with respect."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Training records we looked at confirmed staff had undertaken equality and diversity training that would support their knowledge and skills to protect people's rights. Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of promoting everyone's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships.

Is the service responsive?

Our findings

We saw people could engage independently in activities of their choice. People were supported in doing their own social activities in the local community or with visiting friends and relatives. We noted that a few people also preferred to spend time individually in their own rooms.

We looked at the care records for four people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person told us, "I have a regular review." A relative said, "[Registered Manager] keeps us to date about what's going on." We saw how the provider had consulted with people living at Riverside House and their relatives when looking to introduce extra security measures in the home by adding door locks with security codes.

We also saw that people who lived there had been asked for their views on the service through a 'satisfaction survey'. The survey results provided very positive comments and people were clearly satisfied with the service they received. In the survey results people said their privacy and dignity were always respected and that care workers always spent enough time with them.

People we spoke with said they knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person told us, "I have made a complaint and they dealt with it marvellously. It was investigated and all sorted out, very professionally."

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. Most records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. We discussed the consistency of these records with the registered and operations manager and about how they would further develop them.

Is the service well-led?

Our findings

People we spoke with were very complimentary about the registered manager. One person said, "The home is managed very well. I have great confidence in [Name of registered manager]."

Staff we spoke with were also happy with how the home was managed. We were told, "It's a great place to work. The registered manager is good and I can speak about anything with her." Another member staff said, "It's well managed, I'm well looked after by the manager."

There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Although we had been sent some notifications about these when they had occurred, during the inspection, we found four incidents that we had not been notified about. Failure to notify us about the incidents was explained by the registered manager as a genuine misunderstanding.

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and/or their representatives could make suggestions or comment about the service they received and environment they lived in. A relative told us that the registered manager was constantly making improvements to the environment.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. Where actions had been required to improve these had been noted and addressed by the registered manager. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.