

Riviera Care Limited

Riviera Court

Inspection report

Riviera Court
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Date of inspection visit:
11 January 2017

Date of publication:
14 February 2017

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 inspection took place on 11 January 2016 and was unannounced.

Riviera Court supports adults with a range of complex mental health needs. It is registered to provide accommodation and personal care for up to 22 adults. At the time of the inspection there were 21 people living at the service.

The service had a 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.

People were well cared for at Riviera Court. One person told us; "I had thought of moving on, but you won't get better than the people here". Interactions we observed between people and staff were kind, compassionate and caring. People were treated with respect and their confidentiality was upheld. One external health professional told us; "Standards of care seem very high".

Relatives were made to feel important and were warmly welcomed at the service. Staff and managers were considerate towards them and ensured they felt looked after and valued. Relatives were kept informed of any changes and were able to have an open and honest dialogue with staff and managers.

The service was well led. Staff said they felt valued and supported by their colleagues and the managers. The registered manager had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service, relatives and other agencies. Learning from quality audits, incidents, concerns and complaints was used to help drive continuous improvement across the service.

Systems were in place to deal promptly and appropriately to any complaints or concerns. The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Feedback on the service was sought in creative ways to ensure everybody had their voices heard.

People were kept safe. People had their medicines as prescribed and on time; and were cared for by staff who had undergone checks to ensure they had the correct characteristics to work with vulnerable people. Staff understood their role in safeguarding people and in recognising and reporting signs of abuse.

People were supported by staff who were skilled to meet their needs. They had received training to carry out their roles which was regularly updated and refreshed. Staff were supported by an ongoing programme of supervision, competency checks and appraisals.

People's consent was sought prior to staff providing them with any assistance. Staff had a sound knowledge of the Mental Capacity Act (MCA) and understood how to apply this to the care and support they provided to people. Staff understood capacity could change over time and was decision specific. This was reflected in people's care records and observed in the way they interacted with people.

People's health and social care needs were addressed holistically through access to a range of health and social care professionals. People's care records were personalised, contained the correct guidance for staff and recognised the person as a whole, including their social history, choices, aspirations and goals.

The service was free from adverse odours, although some areas were not always clean. For example, we noticed dirt and debris on one stairwell and along one corridor. The environment was comfortable and people's bedrooms were spacious, bright and personalised to suit their preferences.

People enjoyed the meals and were offered choice. People had enough to eat and drink and feedback on the meals was extremely positive, from both people and their relatives.

There was a lack of planned activity at the service. We were told that many people living at Riviera Court lacked motivation, and therefore when activities had been arranged in the past, people had chosen not to participate. However, the registered manager recognised that some people would benefit from regular, scheduled activities and therefore plans were being made to re-introduce them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives told us they felt safe.

People were supported by staff who understood how to recognise and report signs of mistreatment or abuse.

People were supported by suitable staffing levels. There were sufficient numbers on duty to meet their needs.

People's medicines were stored, administered and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People had access to a range of health and social care professionals in order to meet their needs.

People's nutritional and hydration needs were met.

People were supported by staff who understood the Mental Capacity Act (MCA) and how it applied to their role.

People's bedrooms were appropriately decorated and personalised.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Interactions between staff and people were positive, warm and compassionate.

People's dignity was protected and their confidentiality was maintained.

People had access to advocacy services as required.

Is the service responsive?

Good ●

The service was responsive.

People had detailed social support plans in place which were written by the person and those close to them.

People's independence was promoted and they were encouraged to be active in the local community.

The service had a proactive approach to managing complaints. Any concerns raised were dealt with promptly.

There was a lack of planned activity in place, however this was being addressed.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff spoke highly of the registered manager and felt that were supportive and approachable.

Feedback on the service was sought using a variety of methods and was used to drive improvements.

There were a number of audits in place to monitor the quality of the service.

The registered manager promoted the ethos of openness, transparency and honesty.

Riviera Court

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 11 January 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with eight people who lived at the service. We observed care and support in the lounge and dining room, and watched how people were supported during lunch. During the inspection, we looked around the premises and spoke with seven members of the staff team. This included management and care staff as well as the cook. After the inspection we contacted five health and social care professionals who were employed externally.

Is the service safe?

Our findings

People told us they felt safe living at Riviera Court. Comments included; "I feel safe here"; "It's a safe place, they monitor my needs and I have my medication on time" and "Everything is good and hunky dory! They keep me on an even keel". Feedback received by the service from relatives included; "[relative's name] gives us the impression of feeling secure in your care" and "[relative's name] is always positive about Riviera Court and treats it as his home now".

People had their medicines as prescribed and on time. Medicines were stored, administered and disposed of safely. There were systems in place to ensure medicines which required stricter controls were safely and effectively managed. When people were prescribed creams, the opening dates were recorded and body maps were completed. MAR (medication administration records) were completed to ensure medicines were correctly administered.

People were protected by staff who understood how to recognise and report signs of abuse or mistreatment, including which external agencies they should alert. Staff had undergone training on safeguarding adults and there was a policy in place to underpin their practice. One staff member told us; "If I suspected abuse I would call the safeguarding team. I would speak to a manager, unless they were involved, or even the police if it was immediate". Recruitment practices were safe. People were supported by staff who had undergone checks prior to commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

The service was free from adverse odours throughout, however we noticed some areas which were dirty. For example, the carpets on one stairwell were not clean and some corridors were dusty. This was discussed with the registered manager who confirmed that she was aware of the issue and was actively advertising for a domestic worker to undertake some additional cleaning duties. There were appropriate levels of PPE (personal protective equipment) throughout the service. We observed hand gel, aprons and gloves situated on all floors and witnessed staff using these as required.

People who were at risk of become unsettled or agitated had detailed care plans which contained guidance for staff on how to help them remain calm. One person could experience thoughts that people were against them. Their care plan detailed the approach staff needed to take to help them remain calm, such as reminding them that the thoughts were not real, engaging them in conversation to distract them and encouraging them to spend time with others and not to ruminate. One external health professional told us; "I have never heard any negative feedback on them and they work with some very challenging people in terms of motivation and diagnosis".

Accidents and incidents were recorded by staff and audited by the manager to look for themes and patterns and to reduce the likelihood of a reoccurrence. For example, one person had experienced increased incidences of agitation and this had triggered a medicines review.

Assessments had been completed in relation to risks associated with the environment. People had personal

evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. We noted these were stored in people's care records. This was highlighted to the registered manager as it may have been difficult to locate these documents quickly in the event of an emergency. The registered manager said she would immediately create a separate file. A fire risk assessment was in place, and regular checks were undertaken on fire safety equipment. A maintenance person was employed at the service, who undertook regular checks to help ensure the environment was safe and fit for purpose.

Is the service effective?

Our findings

The service was effective.

We observed the lunchtime experience. The atmosphere was pleasant and relaxed. There were sufficient staff on duty to assist people who required help with eating and drinking in a timely manner and at their own pace. The food looked plentiful and appetising. People could access drinks independently or with staff support throughout the day. People were offered choice around what they ate and there were alternative options available. One person told us; "The food here is very good. I had a mushroom omelette today as I don't like tuna pasta bake". Another person said; "The food is very good and the portions are great".

The cook had introduced some feedback forms for people to complete to rate the dishes on a scale of one to five. This feedback was used to inform the meal planner. People could also raise suggestions at the residents' meetings if they wanted something in particular to be added to the menu. Some people had special dietary needs and preferences, and these were respected. For example, one person was a vegan and there were recipes written up by the cook so that this person's dietary requirements were met. A number of people living at the service chose to eat healthier, lighter options, so this was also respected and healthy alternatives were always on offer for them, for example, fresh fruit salad instead of puddings.

People's bedrooms were bright, clean, spacious and personalised. People could move around the building independently. People had keys to their bedrooms and were able to secure them as they wished. There was an ongoing programme of refurbishment at the service and we were told rooms were being updated as they became empty. There was a pleasant and well maintained patio and seating area, which we were told was enjoyed by people, particularly in warm weather.

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. At the time of the inspection, we were told that nobody living at the service lacked capacity in relation to their care and treatment. Some people had difficulties with managing finances, or with budgeting and there were legal orders in place to support their decision making around these issues, however people made their own decisions in relation to their care and were supported to do so by staff.

Some people were subject to orders under the Mental Health Act (MHA), such as Community Treatment Orders (CTO). These orders were in place in the interests of their own health and safety, or that of others. Where such orders were in place, staff were knowledgeable about how they applied to the person and aware of any conditions the person needed to comply with. Staff were also aware of when the orders needed to be renewed and how the person could appeal, if they wished. This was important in protecting the person's freedom and safeguarding others.

People had access to a range of professionals to ensure their health and social care needs were met.

Records evidenced that people were offered blood tests and medicine reviews. Prompt referrals were made as necessary to specialist services, for example, the physiotherapy team and community mental health team. At the time of the inspection, one person was being supported to attend an audiology appointment with staff.

People's health was effectively monitored at the service. For example, one person was underweight and was having their weight recorded on a monthly basis. There was a care plan and risk assessment around this, which guided staff on what action to take if the person's weight fell below an agreed level.

People were supported by staff who had undergone a variety of training in order to carry out their roles effectively. Staff had received training identified by the provider as mandatory such as infection control, manual handling and safeguarding adults and there was a system in place to prompt them that their training needed to be renewed or refreshed. Aside from mandatory subjects, staff also received additional training which was specific to their role, such as conflict resolution. One staff member said; "The training here is very good, I've done all sorts".

Staff felt well supported in their role. New staff underwent an induction which included reviewing key policies and procedures and shadowing more experienced staff. All staff were supported by a programme of supervision, appraisal and competency checks.

Is the service caring?

Our findings

People and their relatives told us the service was caring. Comments from people included; "The staff are very caring. I am happy here"; "Its fine. The staff are very good" and "Staff and managers are nice people". One external health care professional told us; "It's a nice environment and the people value it".

We observed positive, kind and caring interactions between people and staff. Staff clearly knew the people they cared for well and were aware of how best to approach them to help them feel at ease. Some people required a high level of reassurance and repeated explanations to help them feel calm. Staff provided this with patience and compassion. We noted staff spoke to people with respect and kindness and shared appropriate humour with them. Throughout the inspection, laughter and smiles were observed frequently between staff and the people they supported.

The atmosphere at the service was pleasant, calm and relaxed. People we observed appeared content and interacted with one another, and with staff in a natural manner. Staff stopped and talked with people throughout the day and people came to the office to speak with staff about anything that was worrying them.

During handover meetings, staff spoke about people with genuine concern. They noticed small changes in the way people were behaving which may have indicated they were feeling unwell. It was clear staff knew the people very well and were committed to ensuring their wellbeing was maintained.

People were made to feel at home. One person had brought their pet with them to live at the service. Staff were proactive in helping the person to care for the pet and were heard to chat with them about it, showing interest and listening as the person discussed it with enthusiasm.

People were made to feel valued and important. Staff comments included; "We try to give people some one to one time every day, to help put them at ease. Even if it's just having a chat or painting their nails. It helps". Another staff member said; "Some people like a fuss on their birthdays and others don't, so we respect that. If they want it, we make a cake and celebrate with them".

People living at the service were encouraged to make suggestions and to have their voices heard. They were asked for feedback and given the opportunity to make suggestions at residents' meetings. People had access to advocacy services as required to ensure they were appropriately supported and represented.

People were treated with respect and their dignity was upheld. For example, we observed staff knock on people's door, wait to be invited to enter and asked their permission before showing members of the inspection team around people's bedrooms. Confidential information was securely stored and offices were locked when not in use.

Is the service responsive?

Our findings

People's care records were personalised documents which were well organised and easy to navigate. People's care plans contained information about their diagnosis and likely prognosis. They provided guidance for staff on how the person's mental illness affected them and the way staff should support them. There were details describing triggers which might contribute towards a person becoming unwell and signs for staff to look out for which might indicate a deterioration in their mental health or a relapse in their illness. One person's record suggested when they were becoming mentally unwell, they would experience an increase in perceived physical health problems. This information helped staff to respond quickly should the person show signs of relapse.

People's care records contained information about their background and history which helped staff to see them as a whole person. They also contained small details about the person's preferences such as how they liked to be shaved and whether they liked to wear aftershave. A new admissions assessment had just been developed and was being used as new people came to live at Riviera Court. This was a detailed and comprehensive assessment which was being used to inform care planning and risk assessments for people.

People were encouraged to maintain their independence. Most people living at Riviera court could go out without staff support. One person living at the service commented; "They give me freedom here. I go off and do my shopping". Those living at the service managed their own personal care tasks. Staff told us their role was to support and offer encouragement. One person's care record contained the goal of maintaining a high level of independence. A staff member told us; "We try to help people to help themselves. For example, those that can self-medicate are encouraged to do so".

There was a system in place for receiving and investigating complaints underpinned by a complaints policy. Information on how to make a complaint was displayed in prominent places around the service. People we spoke with confirmed they knew how to make a complaint, and felt any concerns raised would be dealt with to their satisfaction. One person said; "If I wanted to raise a complaint, the manager is approachable". One staff member confirmed; "Complaints are dealt with. I once had an issue which I raised with the manager and it quickly dissipated".

There was a mini-bus at the service and there were day trips out. One staff member told us; "We have a mini-bus here, so we go to the sea front, go out for coffee, walks and shopping". At the time of the inspection, one person had just returned from a shopping trip with a staff member where they had bought some personal items such as nail polish and chocolate. They commented they had enjoyed the trip and were pleased with the items they had purchased. Most people were able to go out independently. One person enjoyed going to watch boxing matches and another person regularly went to a local museum. There had been a recent Christmas party with a buffet and karaoke which people told us they had really enjoyed. Staff said the buffet had been so popular that they were now going to be a regular occurrence.

Activities did take place at the service such as arts and crafts, biscuit making, board games and pamper sessions, however these were usually on an ad-hoc basis, and there was no planned programme of

activities. Staff told us that when there had been scheduled activities in the past, people had chosen not to participate in them and they had been unpopular. However, recent feedback from both a residents' meeting and comments from a relative in the quality assurance survey indicated there was an interest in them being re-introduced. We saw staff had discussed this at the most recent team meeting and were considering a programme of meaningful activity, planned in conjunction with the people living at the service.

Is the service well-led?

Our findings

People and staff told us the service was well led. Everybody we talked with spoke highly of the registered manager. Comments from staff included; "The registered manager is supportive, without a doubt"; "The registered manager is definitely approachable"; "The door is always open for support if you need it" and "The manager is supportive, flexible and accommodating". One external health professional said; "The registered manager is very good. Very switched on".

Feedback on the service was welcomed by the registered manager and a variety of forums were used to ensure people, staff and visitors had the opportunity to have their say. For example, there were regular residents' meetings and quality assurance surveys were sent out to people and relatives. Feedback from the most recent quality assurance survey was positive. Comments from relatives included; "I found the staff were very friendly and helpful"; "We are happy that we are able to engage with staff at Riviera Court in the informed and positive way that we do" and "I have no concerns. You are doing a great job. Keep up the good work".

There were regular staff meetings which were well attended and were an opportunity for staff to raise suggestions and share best practice. One staff member we spoke with commented; "We have just had a staff meeting. We aim to have them every three months, but more often if there are any pressing concerns".

There were clear lines of accountability within the home. Staff knew what was expected of them and were happy in their role. Morale amongst staff was high. Staff confirmed they felt valued and respected. Staff were committed to providing high quality care. Comments from staff included; "I love it here. Every day is different and I enjoy that" and "I love the challenge. Knowing you have helped solve a problem and put a person at ease".

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager undertook a number of regular audits to monitor the quality of the service and to drive improvements. Some of the audits being undertaken included; medicines, building risk assessments, staff meetings and kitchen safety. There were a range of policies and procedures in place which were accessible to staff. These were regularly reviewed and updated by the registered manager.