

Riverside Care (Kingswinford) Limited

Riverside Care Centre

Inspection report

Wolverhampton Road
Kingswinford
West Midlands
DY6 7DA

Tel: 01384404233

Date of inspection visit:
09 June 2022

Date of publication:
11 July 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Riverside Care Centre is a residential care home providing personal care to 24 people at the time of the inspection. The service can support up to 24 people with a learning disability and/or autism. The home was divided into three separate houses with eight people living in each home. There was also a separate office block on the grounds.

People's experience of using this service and what we found

The service had been operating for several years but had recently changed provider. Whilst Riverside Care Centre was a larger residential care home, the provider was taking into consideration the principles and values of 'Right support, right care, right culture.'

Right Support

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 were assessed so any potential risks were identified, and steps taken to keep them safe. Systems in place safeguarded people from abuse and staff were knowledgeable about how to support people safely. People were protected from harm, for example through infection control measures and safe management of medicines.

Right Care

Observations and records showed that people experienced choice and control over their support and care planning was person centred. The service promoted people's independence and people were engaged in activities that were meaningful to them.

People's health needs were well managed and the service worked in partnership with other agencies to promote people's health and wellbeing.

Right culture

Systems and processes in place promoted a positive culture at the home. Practices at the service were audited to monitor quality of the care people received and areas of improvement were identified.

People had established routines and good relationships with longstanding staff members. People were treated with dignity and respect and were involved in shaping their care. The management team worked closely with staff and had a clear vision for 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 the service under the previous provider was good, published on 25 October 2019.

Why we inspected

This was the first inspection for Riverside Care Centre since it began operation under a new provider. The inspection was prompted in part due to concerns received about the management of people's health needs, personal finances and activities. A decision was made for us to inspect and examine those risks. We also undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverside Care Centre

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

Two Inspectors carried out the inspection.

Service and service type

Riverside Care Centre 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. Riverside Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

The service had a new manager who was seeking to register with the Care Quality Commission at the time of the inspection. This means that, once registered, the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection, under the previous provider. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided.

We spoke with eight members of staff including the manager, deputy manager, senior support workers and support workers.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing support to people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were maintained at the assessed level to support people safely. However, some staff reported that maintaining staffing levels was sometimes difficult, particularly during the pandemic. The manager advised that recruitment processes were underway to ensure a full staff team was in place.
- We saw there were adequate staff available to meet people's needs during our inspection. A relative told us that staff were always prompt and attentive when supporting their loved one.
- Two staff files viewed showed the staff members had been recruited appropriately. The provider had completed past employment and police checks before the staff members started at Riverside Care Centre to make sure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and happy when spending time with staff members supporting them.
- People, staff and relatives told us that people at Riverside Care Centre were safe. One person said, "I love it!" Another told us, "I think it's a good home."
- Records showed staff had received safeguarding training. Staff members felt confident to report safeguarding concerns should they arise.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to guide staff and help monitor people's assessed risks. Staff were knowledgeable about people's individual needs and how to protect them from harm.
- Records were updated when a person's needs changed. For example, we saw one person's risk assessment and care plans were rewritten promptly following a change in their mobility.
- Staff knew what steps to take if a person displayed behaviour which could challenge. We observed staff redirecting a person away from a stimulus that their care plan identified may be distressing.

Using medicines safely

- People at Riverside Care Centre were receiving medications safely. Where people were prescribed 'as required' medications (PRN), there were protocols in place to advise staff about their use.
- Staff had received medication training and had the skills and knowledge to support people with their treatments. Competency assessments were in place to review staff practice when administering medicines. One staff member told us, "That [administering medicines] was something in the beginning I was really nervous about. I was supported until I felt comfortable to do medicines."
- Systems were in place to book people's medicines in and out of Riverside Care Centre for when people accessed the community. Audits were carried out to ensure medicines were being managed effectively.

- The deputy manager explained how they had worked closely with professionals to reduce medications prescribed for people who may display behaviours. This meant that people could enjoy a better quality of life without unnecessary medicines.

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 was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly to examine any trends. This meant the provider could take any learning forward to reduce the risk of further incidences in the future.
- The manager demonstrated an open and transparent approach to learning lessons. They told us how they would respond, review and report an incident should it occur at Riverside Care Centre.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction and regular training and guidance to provide effective care for people. However, records identified not all staff had received relevant face to face training such as learning disability awareness. The manager advised that this had been difficult to source during the pandemic. As a result, core training had initially been prioritised and monthly sessions were now being conducted to support staff skills.
- Staff reported the training they had received left them well-equipped to carry out their duties. We were informed that specific training was put in place if a person developed an additional need such as a new health condition. One support worker said, "If a service user has a specific need they get training as soon as possible. Not just for that house, we will all have the training as we do support people across the houses."

Adapting service, design, decoration to meet people's needs

- Some areas of the environment required repair or redecoration; this did not impact on people's safety. These areas were identified in the manager's action plan and people were consulted about potential improvements to the home.
- People's rooms were individually decorated to suit their tastes. Some people's bedroom doors weren't personalised and some communal areas were more brightly decorated with pictures than others. The manager informed us, and records indicated, this was due to people's individual preferences.
- The buildings had been designed to support people's accessibility needs. For example, level entryways and wide doorways were in place to support people who used wheelchairs. In addition, signs supported people to orientate themselves through the communal areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed and care and support delivered in line with current legislation and guidance. For example, where people were assessed as being at risk of losing weight, regular monitoring was in place and referrals were made to professional as required.
- People's health action plans had separate care plans to consider the specific health needs of men and women. This meant consideration was given to particular needs that might arise as a result of each person's sex.
- Staff knew people well and could describe people's likes and dislikes.
- Care plans contained individual details about how routines could support people with their health needs. For example, medication care plans documented specific ways to encourage people to take their medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a choice of meals and drinks. Menus were displayed and people told us they enjoyed the food provided.
- Staff were knowledgeable about people's individual dietary needs and how best to support people who had difficulty in eating and drinking enough. We observed positive interactions between people and staff, with support tailored to each person's specific needs.
- People were referred to healthcare professionals when dietary guidance was required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's individual needs were considered in relation to accessing healthcare services. For example, one relative informed how staff had remained with their loved one during a hospital admission to help them feel safe and secure. They said, "It was wonderful from my point of view. I'm really glad (my family member) had that extra support."
- Healthcare professionals reported that staff at the home made referrals for people when required and were responsive to any recommendations and advice.
- People had health action plans in place. These records contained people's medical history, professionals involved in their care and details of any health appointments they had attended.
- People were supported to attend health appointments such as annual health checks and dental examinations.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People who were unable to consent to restrictions on their liberty had DoLS authorisations in place. Systems and processes ensured subsequent authorisations were sought when those in place were due to expire.
- Staff understood the principles of MCA and how to support people in their best interests and in the least restrictive way. For example, during the daytime people had free access to the grounds; we saw people enjoying walks when they wished.
- Records detailed how decisions for people's care and treatment had been made in their best interests. Care plans also included individualised information about how staff could support people to make their own decisions where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans explored people's identity, life history and cultural needs. However, the provider had not considered people's sexuality and how this important part of a person's life might feed into their wishes and choices. Following the inspection, the manager formulated a new care plan to explore this with people.
- People were relaxed around staff and throughout our inspection we observed positive interactions between people and staff members.
- People told us they were happy at Riverside Care Centre and they liked the staff.
- Relatives were satisfied with how their loved ones were treated. One relative said, "I have nothing but praise for the staff, [my loved one's] keyworker is wonderful. But admiration also goes to [two staff members] who style [my relative's] hair."

Supporting people to express their views and be involved in making decisions about their care

- People were given choices and involved in decisions about their care during our inspection. For example, we observed one person discretely being asked whether they would like support to have a rest in their room after lunchtime. Another person was involved in a discussion about when best to go out to an activity that day.
- Many people had lived at Riverside Care Centre for many years and therefore had established routines and relationships with longstanding staff members. However, it was not always clear how people had been involved in reviewing their care. The manager and deputy manager assured us that people were always part of these processes but recording could be clearer.
- Relatives generally felt updated and informed about the care of their loved ones. One family member said, "Every little thing, they keep me updated and ring to talk through what is happening. Before COVID-19 we were invited to meetings and never made to feel that we weren't welcome."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. We saw staff being attentive to people's needs and engaging positively with people. One staff member told us, "If someone is in their room, I will knock and wait for them to respond before I go in."
- People were encouraged to access areas of Riverside Care Centre such as the grounds and the separate office building. Some people enjoyed spending part of the day supporting staff with office duties and this had become a valued part of their routine.
- Care plans considered people's abilities and how to promote their independence. For example, records explored people's living skills such as doing laundry and cooking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records reflected their preferences, what was important to them and how they wished to spend their time.
- People were supported by a staff team who knew them well. Each person had their own keyworker who knew what was important to them and spent time with them. One staff member told us, "I love it, I get to spend time with people and I'm not rushed."
- Relatives reported that staff understood people's preferences. For example, one relative told us how their family member was supported to match their outfit and accessories as this was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care records and staff were knowledgeable about individual needs. Some information was available in a pictorial format to assist people to make choices. For example, easy read publications were in files to support people with decisions such as having the COVID-19 vaccine.
- People were allocated a key worker who they were able to spend time with on a one to one basis. This meant staff had the opportunity to get to know people well and learn their individual communication style.
- The manager had plans in place to review how information was made available for people to ensure it was accessible. For example, there was an easy read complaints procedure but this was not yet available electronically.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities which appealed to their individual interests. Photographs and displays showed activities people had enjoyed at Riverside Care Centre.
- Care plans detailed people's particular interests and hobbies. We saw people were supported with their chosen activities both in a group setting and individually. For example, on the day of our inspection we saw that the home had recently had a jubilee party. Preparations were underway for some people to go on holiday the next day. We also saw people going out individually for outings.

- The manager explained how some people at Riverside Care Centre enjoyed participating in the running of the service and were encouraged to get involved. Some people enjoyed spending time in the office building and supporting tasks such as interviews. Other enjoyed helping to maintain the grounds.

Improving care quality in response to complaints or concerns

- The provider sought feedback from people, relatives and professionals. Any concerns raised were dealt with and those involved were updated. Compliments were not always recorded by staff; this was something the new manager would look at going forward.
- The provider had a system in place to record, respond to and review any complaints received.

End of life care and support

- People had care plans in place to consider their individual wishes, values and beliefs at the end of their lives. At the time of the inspection no one was being supported with end of life care.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and relatives felt able to approach the manager and deputy manager about any concerns they had. We were given examples of times the managers had been very supportive during times of personal difficulty.
- Staff spoke positively about their roles and how people's experience was at the forefront of what they did. One staff member said, "I can say it's all about the residents, which is the reason I enjoy coming to work."
- There were established processes and procedures in place to ensure people received good outcomes. One relative told us how their loved one had been supported with a new health need and this meant they had been able to remain at Riverside Care Centre.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not a registered manager in place at the time of inspection. However, the new manager had applied to register with CQC and was in post following the previous manager leaving. This meant the service had a manager in place throughout.
- There were a variety of audits in place to ensure the manager had oversight of the quality of the service. Where shortfalls were identified, actions were taken to address them.
- Staff were clear about their roles and felt Riverside Care Centre was a good place to work. One staff member said, "I do feel supported. We have flash meetings where [the manager] will bring up any concerns or issues. I am genuinely happy where I work."
- The provider was fulfilling the legal requirement to notify us of all incidents of concern, death and safeguarding incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff through a variety of ways. A recent newsletter had been sent to friends and family to introduce the new manager. Surveys and residents meetings were conducted to engage with people and gain their views about the service.
- In addition to daily flash meetings, the manager had also met with night staff to ensure they were given the opportunity to speak with management.
- People's equality characteristics were considered when involving them in the service. For example, people with specific communication needs were consulted on a one to one basis by their key worker.

Continuous learning and improving care; Working in partnership with others

- The manager had been in post for a number of weeks at the time of our inspection. Despite this, the manager had a clear vision for how they wanted to drive the service forward. They told us, "The plan for the future is simple; to enjoy work, have staff who enjoy coming to work and supply fabulous care. Residents continue living the life they would if they weren't at the service; that's the plan, that they continue to live the life they want to live."
- The manager had an action plan in place for improvements to the service, including updating and repairing the environment.
- Systems were in place to ensure people could access external services as needed. Professionals confirmed that appropriate referrals were made and the service was responsive to guidance given.

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 manager understood their responsibility in relation to duty of candour.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.