

Bedford Borough Council

Rivermead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rivermead is a residential care home providing personal care to 33 people aged 65 and over who are living with dementia at the time of the inspection.

Rivermead accommodates 33 people in one adapted building. The service can support up to 33 people. The home has 33 bedrooms with shared communal bathrooms and three communal living areas and a family room

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

Although people's daily care needs were met by a staff team who knew people well, we found there was a lack of personalisation in people's care and missed opportunities for staff to engage and interact with people in a meaningful way. This meant there were often periods where people were left in communal areas with minimal staff interaction and engagement.

There was a lack of meaningful activities within the home. The provider had put into place an additional staff member on shift to facilitate activities for people. However, we found these activities were sometimes limited and not always suited for people. This meant that people did not always have opportunity to take part in stimulating and meaningful activities which could lead to people becoming bored and anxious. We discussed this with the provider who told us they would review the activities on offer to people.

Areas of the home were not always well maintained. During inspection we found lifted flooring on the entrance to a person's bedroom who had a risk of falls. This had not been identified in the maintenance records and there was no system in place for regular checks of the environment. We told the provider about our concerns and when we returned for the second day of inspection this had been rectified.

Some of the premises had been adapted to support the needs of people. Signage and decoration supported people living with dementia to orientate themselves and understand the facilities at the service. This included a new bus stop area in the home which people appeared to enjoy. However, some areas of the home were tired and needed re-decoration. The provider had acknowledged that areas of the home needed decoration. However, there were no clear timescales to when this work would be completed to improve standards of the environment people.

People were positive about the food at the service. However, during the inspection we found some people were seated at the dining tables waiting long periods of times for meals to be brought out. During this time, we observed people became bored and started to move around cutlery on the tables. People were supported to visit or be visited by health professionals when this support was needed.

People were supported with kindness, respect and compassion. Staff had taken the time to get to know people and knew how to communicate with people in their preferred communication methods and

encouraged people's independence. People were supported to make choices about their care and how they would be supported by staff members.

People were protected from harm and abuse by systems and checks in place at the service including areas such as food safety and medication. There were enough staff to support people safely.

People were supported by a knowledgeable staff team who received training and supervision which supported them to be effective in their job roles.

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 had access to a complaints policy and complaints had been responded to and actioned in a timely manner. People had been supported to discuss plans for the end of their life if they chose to do so.

The registered manager was very visible at the service and promoted a positive culture for people and the staff team.

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 27 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rivermead

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 Care Act 2014.

Inspection team

One inspector and one expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers and the chef. We also spoke to two professionals who visit the service regularly. We used the Short Observational Framework for Inspection (SOFI). 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 three people's care records and multiple medication records. We looked at three 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 activity logs and policy and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person told us, "I feel safe here, it is like a home." Relatives we spoke with also felt that the service was safe for people. One relative told us, "I can leave here knowing [relative] is safe and cared for which is the main thing."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Staff had a handover system to pass important information about people when changing shifts.
- Systems and processes were in place to monitor accidents and incidents.

Assessing risk, safety monitoring and management

- People had risk assessments in place for emergencies such as a fire or staff shortages at the service.
- Staff members completed fire safety checks to ensure that the service was safe.
- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. Staff we spoke with were confident that risks were managed safely.
- People we spoke with were happy that risks were monitored. One relative of a person said, "The staff are great at ensuring people are safe and they act quickly when they need to if [relative] needs change."

Preventing and controlling infection

- Areas of the home were tired and worn and in need of re-decoration. In one of the communal living rooms the carpet was stained and worn. We discussed this with the provider who told us this was a part of their improvement plans for the upcoming year.
- Staff were trained in infection control and had personal protective equipment available as required.

Staffing and recruitment

- People and their relatives told us that there were enough staff to support them. A relative told us, "There are enough staff to help us."
- Staff members told us that there were enough staff on shift to support people safely.
- Staff answered people's call bells in a timely manner. During the inspection call bells were answered promptly when people needed support.
- The registered manager had robust recruitment procedures and checks in place to ensure that staff were suitable to work at the service.
- Our observations during inspection were there was enough staff on shift to support people safely and

respond to people promptly.

Using medicines safely

- People felt well supported with their medicines. People told us, "I don't have any problems with medicines. The staff know my medicines well."
- Allocated staff administered all medicines at the service. The registered manager told us that staff receive medication training and a competency check prior to any staff member administering medicines.
- We observed medicines being administered and this was completed in line with best practice.
- Staff had a good knowledge of what was important to remember when supporting people with their medicines.
- People who required as and when (PRN) medicines had protocols in place which told staff when these were needed.

Learning lessons when things go wrong

- Staff meetings were used to feedback on areas of the service that had been identified by management as requiring improvement. For example, we saw that minutes of meetings where staff had talked about improvements to daily note taking. Following audits showed that staff had improved their standards in daily record writing and this was followed up with staff members in supervisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We observed people being supported at lunch time. Food served looked and smelled appetising. However, we did notice that some people waited longer for their meals than others and some people would be left waiting for meals for long periods of times at the dining tables. During this period people were often left waiting at the dining tables without any interaction or stimulation and we observed people to become bored. Although this did not impact on the temperature or quality of food provided, we reported our findings to the registered manager.
- The registered manager told us that they would work with the staff team to improve the meal time experience for people based on this feedback.
- People's dietary needs and preferences were clearly recorded in people's care plans. One relative told us, "I can say the food is of good quality and variety and usually a choice."
- Where necessary, people's food and fluid levels were recorded and monitored to prevent the risk of malnutrition and dehydration.
- People had access to food and drink at all times of the day and night and were regularly prompted to eat and drink by staff members.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. However, assessments did not include people's preferences and wishes in regard to care they would be receiving. The assessments did not also ensure that people's activities and stimulation was regularly assessed to ensure people were able to participate in activities which were meaningful to them. We discussed this with the registered manager who immediately reviewed their assessment template to ensure that any assessments have clear records of peoples wishes and preferences.
- Detailed pre-assessments of people's needs were carried out before using the service, to ensure their needs could be met.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- All the staff had received the training they required to effectively do their jobs. Staff told us this included extensive training during their induction period, and ongoing refresher training. Specialist training was

included, such as training in dementia care.

- Staff that did not already hold a care qualification, were able to complete the Care Certificate when they started work. The Care Certificate covers that basic skills required to work in care.
- Staff we spoke with were happy with the quality of the training and were confident in their roles.

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

- Throughout the inspection we observed staff responding to people's needs in a timely way. Staff attended handover meetings to share relevant information and keep up to date with people's needs.
- Staff were working alongside other agencies, such as the local GP surgery who had arranged a weekly day visit to the home to ensure people's health needs could be reviewed regularly.
- Records of visits from health professionals were recorded and used to update people's care plans and risk assessments. The registered manager showed us evidence that people were being supported by health professionals such as SALT's, nurses and chiropodists.

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

- Some of the premises had been adapted to support the needs of people. Signage and decoration supported people living with dementia to orientate themselves and understand the facilities at the service. This included a new bus stop area in the home which people appeared to enjoy and photos on people's bedroom doors. However, some areas of the home were tired and needed re-decoration, the provider has included this on their action plan which was scheduled for this year.

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).

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.

- People were asked for consent before staff supported them. One relative said, "The staff are amazing, they always ask [relative] before providing any care. People were being supported in areas such as meal times and activities. Staff clearly asked people if they could support them and informed people of the reasons for the support.
- The registered manager completed assessments of people's capacity where this was necessary. Decisions were made in people's best interests if they lacked capacity.
- Some people using the service had a DoLS in place. These had been put in place using the correct legal procedures.
- Staff received training in the MCA and had a good understanding of how to apply this in their job roles.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People were treated with respect, care and dignity. One relative told us, "The carers are beautiful here. I have never heard staff raise their voice. The atmosphere here is gorgeous." Another relative told us, "The staff are very good and go over and beyond what's necessary."
- Staff we spoke with had a caring manner and approach towards people." One staff member told us, "I love my job and helping these people have a good quality of life. Another staff member told us, "You must treat people as you would like yourself or a family member to be treated and remember they are all different, therefore you need to spend time getting to know them."
- Our observations during the day of inspection, were of staff interacting and communicating with people in a warm and friendly manner. One person told us, "Staff are very polite and there's funny people to make us laugh."

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

- People and their families were involved in care planning and their views and wishes respected. People's care plans expressed their views. There was evidence of best interest decisions in care plans where people needed help to make their choices, and family members we spoke with confirmed they felt involved with people's care.
- Care plans were regularly reviewed, and changes were made when required. Relatives were involved in the care pan reviews. One relative told us, "The staff always go through [relative's name] care plan and ask me what to change."

Respecting and promoting people's privacy, dignity and independence

- Staff members had a good understanding and knew how to promote people's privacy, dignity and independence. One staff member told us, "We must always treat people as individuals that is key in ensuring their dignity."
- People's privacy and dignity was respected. One person said, "Yes staff always knock on my door and ask me what I would like." Staff knocked on people's bedroom doors before supporting them throughout our inspection.
- People's independence was promoted. One relative told us, " [relative's name] has a little independence still but gets the help that they need." We saw one person being supported to drink independently following minimal staff support. Another person was supported to mobilise independently with staff offering only

verbal prompts.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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 not always offered activities which were meaningful to them. Since the last inspection the registered manager had implemented an additional staff member to work six days per week to facilitate activities for people and had introduced new activities for people as the provider has been unable to recruit an activity co-ordinator.
- However, we found that these activities were sometimes limited, and many people did not participate in these. For example, during the inspection an art and craft activity was taking place in the communal living area where 10 people were seated but only three people engaged in this activity, two of these people lost interest after a few minutes and left only one person engaging with the activity. This activity lasted for around 15 minutes. For the rest of the day there was no further activities offered to people in this communal area.
- People were not always supported to take part in activities which followed their interests. For example, a person's care plan stated they enjoyed gardening and going for walks outside. However, when we reviewed this person records there were few occasions when this person had been supported or offered to access the community for walks or the garden area.

We have recommended that the provider reviews their activity programme to ensure that people receive meaningful activities in line with their interests and preferences.

- The registered manager had ensured that there were dedicated areas of the service where people could meet with family members and friends in private.
- Relatives felt involved in their family members care and are made to feel welcome. One relative told us, "We had a beautiful Christmas dinner here together with all the others. I am always made most welcome."

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

- People's care was not always personalised. We found there was a lack of meaningful interactions within the home. During the inspection we observed in communal areas and found that people were often left for long periods of time with little or no staff interaction. For example, one person kept shouting out that they wanted to get up and was becoming anxious. Staff had asked this person to stay seated and someone will help them soon. However, this person had to wait another 8 minutes until staff arrived with a hoist to support the person to move. During this time there was no interaction or reassurance from staff to lower the

persons anxiety.

- People's care plans contained detailed information about their life history, family, likes, dislikes and preferences. Staff we spoke with were knowledgeable about people as individuals and understood their needs.
- Staff had a good understanding of each person's individual care needs, likes and preferences. For example, how a person liked to have their drink or how to talk to a person when they were unhappy or feeling anxious.
- People and their relatives told us that the registered manager and staff were responsive to their needs and requests. One relative told us, "I told the registered manager that my [relative] taps need changing as [relative] kept leaving the taps on, this was done quickly. The registered manager is good like that."
- Staff members had received training and had a good understanding of person-centred care. One staff member told us, "It is making sure the care is all about that specific person and treating them as an individual."

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.

- People were communicated with in their preferred communication methods. Staff supported people to make choices using short and clear sentences. Where people did not use verbal communication, staff had a good understanding of the signs and gestures that people used to communicate.
- The registered manager showed us that they were continuing to adapt to peoples changing communication needs. Menu choices were being produced using symbols and pictures to help people understand their choices more easily.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One relative said, "I do not have any complaints, but if I did I would speak straight to the registered manager."
- There was a complaints policy in place at the service. Complaints were responded to in a timely manner and that actions were put in place to ensure that the reason for the complaint did not re-occur.

End of life care and support

- When needed or chosen people were supported to put plans in place for the end of their life. The registered manager showed us that a detailed end of life plan that was in place for a person. It showed the choices and discussion taking place about how they wanted their care to be provided and time to be spent.
- The registered manager told us that they would be addressing end of life care plans with people and their families again when care plans are reviewed.
- Staff had training in supporting people at the end of their life and had a good understanding of this subject.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

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

- Systems in place were not effective in monitoring the environment of the home and identifying possible hazards within the home. After our inspection, the registered manager informed us that these checks and audits had been implemented, to ensure that lessons were learnt and areas of the environment which could cause risk to people were actioned immediately.
- The provider had not ensured that actions for improvements in relation to the environment had been made within a reasonable time. The provider told us that renovations were planned however; people's bedrooms and communal living spaces had been very tired and worn for a long period of time. People told us that bedrooms and communal areas were due for renovation, however there was no clear information when the provider would be completing this work to improve standards of living for people.
- Other comprehensive checks and audits were in place and covered all aspects of the service. The audits we checked were accurately completed and reflected the quality of the service. When required, actions were set for improvements.
- The provider understood the requirements of their registration with the Care Quality Commission (CQC) and was meeting the legal requirements. This included sending information to the CQC about certain events and incidents.

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

- The provider had not made effective improvements in relation to people's activities and stimulation. We found an overall lack of engagement and activities within the service which had not been fully addressed since last inspection. This meant that people's care was not always person-centred to their likes and preferences.
- The registered manager was very visible in the service throughout the inspection and it was clear that they knew people and the staff team well. One staff member told us, "The registered manager is very good, she encourages us to feedback, their door is always open."

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

- People were positive about the management of the service. One person said, "[Registered manager] is

very good and I have had plenty of management training (in my past) to verify that."

- Staff were equally positive about the management of the service. One staff member said, "[Registered Manager] promotes new ideas. I have freedom in my role and I am supported in my role."
- Meetings and regular surveys regarding the quality of care also took place with people and relatives of people using the service.

Continuous learning and improving care

- The registered manager was committed to improving the service. They had clear service improvement plans which was being implemented including improvements in care plan involvement and improvements in the environment. This would improve quality of care to people. The registered manager had displayed outcomes of the survey's along with action the service were planning to take to improve people's care.
- The registered manager kept clear records to show how the service had been improved based on audits and feedback from people and relatives.

Working in partnership with others

- The service worked positively with outside agencies including health and social care professionals.
- We spoke with two health professionals during inspection who visit the service regularly. Both professionals felt confident with the care being provided to people and were happy with the staff and management in place. One professional told us, "The manager is excellent, they communicate well with us and I have no concerns."
- We saw that health professionals regularly visited the service to provide support and care to people. This included the G.P, speech and language therapists, and podiatrists.