

# Bedford Borough Council







## Rivermead

### Inspection report

Halsey Road  
Kempston  
Bedford  
Bedfordshire  
MK42 8AU  
Tel: 01234 841812  
Website: [www.bedford.gov.uk](http://www.bedford.gov.uk)

Date of inspection visit: 10 July 2015  
Date of publication: 04/08/2015

#### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

#### Overall summary

Rivermead is a care home providing personal care and support for up to 33 older people, who may also be living with dementia. It is situated in Kempston, which is close to Bedford. On the day of our inspection there were 30 people living at the service.

The inspection took place 10 July 2015.

The service had a registered manager. 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 supported to see different health professionals to promote their health and well-being. However, there were not always records available from these visits to indicate what had been discussed, or what action would happen next.

# Summary of findings

People felt safe within the service and staff were knowledgeable about abuse and procedures for reporting it.

Risk assessments had been carried out to reduce the harm which people may be exposed to. These provided staff with guidance on how to manage risks.

There were enough members of staff on shift to support people and meet their needs. Robust and safe recruitment practices were followed.

People's medicines were stored and administered safely by trained staff who had their competency assessed.

Staff received regular training and support to develop their skills and to keep them up-to-date.

Consent for care was sought by staff on a daily basis and had been recorded in people's care plans.

People were provided with a health and balanced diet, as well as a comfortable environment to eat their meals. They were supported to eat and drink if necessary.

People were happy with the care they received. Staff were kind, caring and compassionate when supporting people.

Privacy and dignity were respected by staff at all times.

People's care was personalised to meet their needs and staff were knowledgeable about each individual and their specific needs.

Care plans were based upon these needs and contained detailed information, including their background and personal history.

People were aware of how to make complaints. Complaints that had been made had been investigated and dealt with appropriately.

There was good leadership in place and people and staff felt well supported by the registered manager.

The registered manager led by example and worked alongside the staff to ensure people's needs were met.

There were quality control systems in place to ensure the service was performing and identify areas for development.

# Summary of findings

## 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.

Staff understood abuse and worked to protect people from it. They were familiar with the reporting procedures for abuse.

Risks to people were assessed and managed effectively to help keep them safe.

There were sufficient staffing levels to meet people's needs. Staff had been recruited following robust procedures.

People's medicines were managed and administered appropriately.

Good



### Is the service effective?

The service was not always effective.

People were supported to see a range of healthcare professionals, however there were not always records to demonstrate the outcome of seeing these professionals.

Staff had the knowledge and skills they required to meet people's needs. They received training and support to help them develop in their roles.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people need help to make decisions.

People were supported to have a healthy and balanced diet.

Requires improvement



### Is the service caring?

The service was caring.

There were positive relationships between people, their visitors and members of staff.

Staff treated people with kindness and compassion and provided them with information about their care.

People's privacy and dignity were respected by the service.

Good



### Is the service responsive?

The service was responsive.

People received care which was personalised to meet their specific needs and had been involved in planning and reviewing their care.

Activities were provided for people in line with their wishes.

Good



# Summary of findings

People were able to provide feedback such as complaints and compliments, and these were used to develop the service.

## Is the service well-led?

The service was well-led.

People and their families knew who the registered manager was and felt they were available to them if they needed them.

The registered manager provided staff with support and had created a positive culture at the service.

There were systems in place to monitor the quality and safety of the care provided and actions were taken to improve these where necessary.

**Good**



# Rivermead

## 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 10 July 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how

people were supported during meal times and during individual tasks and activities. We also 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 spoke with eight people who used the service and two of their visitors. During our visit we spoke with the registered manager, operations manager and two team leaders. In addition, we spoke with three carers, the cook, the maintenance operative, an administrator and a member of the domestic team. We also spoke with a GP who was visiting the service.

We looked at seven people's care records to ensure they reflected their needs and were up-to-date. We also reviewed six staff recruitment files including supervision and training records. We looked at records for the maintenance of facilities and equipment that people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People said they felt safe within the service. One person told us, “Staff keep me safe.” Another said, “Yes I feel safe, they always protect me.” People’s visitors also told us that they felt their friends and relatives were kept safe by the service.

Staff had good knowledge and understanding of abuse and the procedures in place to protect people from it. They explained the action they would take if they suspected somebody was being abused, including reporting it. One member of staff said, “I wouldn’t hesitate to raise concerns.” Staff members also explained that they would usually report concerns to the registered manager. They were also aware of other agencies, such as the local authority safeguarding team or the Care Quality Commission (CQC). The registered manager told us that they worked with the local authority to look into and manage safeguarding concerns. We looked at records of safeguarding incidents and saw that the local authority had been involved and that follow-up action had been taken where necessary. Contact information for agencies, such as the local safeguarding team, was displayed within the service for people to access.

Staff told us that they were aware of the provider’s whistleblowing procedure. They were able to explain what this meant in terms of their role and that they were prepared to raise concerns if they felt people were mis-treated. Staff stated that this included going above the registered manager’s head if necessary. The registered manager told us that they would expect their staff to follow this policy if they had any concerns.

People had risk management plans in place to promote their independence, whilst maximising their safety. Where possible, people had been involved in carrying out risk assessments and the reasons for the process was explained to them clearly. One person told us, “I had a risk assessment done with me after my fall to make sure I am safe.” Staff told us that they used risk assessments to support people to do as much for themselves as possible. They explained that people’s safety was important to them and they worked hard to make people as safe as possible. During our visit we saw that people were supported to take risks, but that control measures were in place and were clearly understood by staff. For example, we observed one person sitting in a lounge with a walking frame in front of

them. A member of staff checked the frame and identified that the person had taken the wrong one, so they quickly swapped them so that the person had their own one available to them when they stood up.

We looked at people’s files and saw that they had up-to-date risk assessments in place. These had been regularly reviewed to ensure that changes to risks were quickly identified and existing control measures amended to minimise the risk of people coming to harm. Risk assessments regarding moving and handling, nutrition and falls were completed for people. In addition to this, people had regular assessments of the likelihood of them developing skin damage and actions put into place for people at high risk.

Staff had an understanding of emergency plans and the action they should take in the event of an emergency. There were clear records in place, including contingency plans and checks of emergency systems to guide staff in the event of an emergency, such as a major fire. During our visit the fire alarm had a routine test and we saw that all emergency equipment underwent regular checks and maintenance.

People told us that there were enough members of staff to meet their needs. They told us that they were well supported and weren’t left to wait when they needed something. Staff agreed that there were sufficient numbers of them on shift to support people. Members of staff and the registered manager told us that there were vacancies within the staff team, which meant there was a reliance on agency staff to cover all shifts. They told us that, where possible, they used regular agency staff members, to provide continuity of care. The registered manager also informed us that the service was actively recruiting new permanent staff members. We saw records to show that, despite the lack of permanent staff, the service covered all shifts and that regular agency staff were scheduled.

Members of staff were aware that they had been recruited safely. They told us that they had been interviewed and asked to supply references from previous employment before they started working at the service. In addition, staff had to have a Disclosure and Barring Service (DBS) check before they could start their induction. Records confirmed that references and DBS checks were obtained before staff commenced their employment.

## Is the service safe?

People told us that staff supported them to take their medicines safely and on time. One person said, “Staff give me my medicine, I am happy with the way it is done.” Another person told us, “They give me my tablets when I need them.” Staff told us that medication was taken very seriously and that all staff had basic training in this area. Staff responsible for medication administration had further training and assessment to ensure they were competent to do so. We observed staff giving people their medication

and saw that gave people plenty of time to take their medicine and were there to answer questions people may have. After giving people their medicine, staff completed the Medication Administration Record (MAR).

We looked at MAR charts and saw that they had been completed in full, using the correct codes when medication had not been administered, along with reasons for this. There were suitable systems in place for ordering, storing, administering and returning medication, in line with best practice guidelines.

# Is the service effective?

## Our findings

People were supported to access healthcare professionals when they needed to. People said that they saw their GP regularly, as well as other health professionals, including district nurses and chiropodists. The registered manager and staff told us that the service had a close working relationship with the local GP's, meaning people quickly saw them if needed. During our visit the GP was carrying out a visit and informed us that they came to the service at least weekly, and more often if necessary. We looked at people's records and saw that, despite regular visits from health professionals, there wasn't always a clear record of these visits or the advice given. This meant the service did not have the evidence to capture the most recent interventions people had received. Therefore staff may not be aware of the current guidance.

People told us they were supported by staff who were knowledgeable and had the skills they needed to perform their roles. One person told us, "Yes, I should think they have enough knowledge." Visitors to the service also told us that they were confident that members of staff had the skills they needed to care for people. One visitor said, "The care is absolutely excellent, staff know what they are doing." Our observations confirmed that staff had the right skills and knowledge to care for people appropriately.

Staff informed us that they received regular and on-going support and training to provide them with the skills they needed to perform their roles. Staff also explained to us that on commencement of their employment they completed an induction to familiarise them with the service. This induction was adapted to meet the needs of the staff member. For example, one staff member told us that, as they were new to care, they started doing short shifts to gradually get them used to the role.

Staff told us that training was an on-going process where they attended regular refresher sessions to keep their skills up-to-date. They were positive about the training they were provided with, and told us that it was useful to update their knowledge. One staff member said, "Training is great. It's also an opportunity to talk to each other and pass on useful information." Role-specific training was also available to staff, as well as qualifications such as the level 2

Qualification Credit Framework (QCF). Training records confirmed that people carried out an induction period, as well as key training sessions, such as safeguarding, infection control and moving and handling.

Staff told us that they on-going support from the registered manager, including regular supervision sessions. They told us that these were useful as it gave an opportunity to receive feedback on their own performance, as well as sharing their own thoughts and opinions about the service. Staff also told us that they could seek support from the registered manager between supervision sessions if they were concerned or required advice. One staff member told us, "[Registered manager] is very flexible and listens to us, there are no problems sharing ideas." We checked staff records and saw that regular supervision sessions took place for each staff member.

People told us that staff asked for their consent, before providing them with support. One person told us, "They ask me if I want them to do something." During our visit we observed staff talking to people and gaining their consent before helping them. Records also showed that people's consent was sought on a regular basis.

Staff informed us that they had received training in the Mental Capacity Act 2005 (MCA) and were able to explain the principles it. They also told us that the MCA was used on a regular basis in the service to encourage people to make decisions for them. We found mental capacity assessments had been completed and recorded in people's care plans. Assessment forms were easily available for staff, enabling them to easily complete regular capacity assessments if necessary. We also saw that, where it was found that somebody lacked capacity, decisions were made in their best interests and included input from family members and relevant professionals, such as social workers.

The registered manager told us that they were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and that they had made applications where required. Records confirmed that applications had been made to deprive people of their liberty if necessary.

People had sufficient food and drink to maintain a healthy diet. People told us that they liked the food and that plenty of drinks and snacks were available to them throughout the day. One person told us, "I like the food, it's very nice." Visitors also told us that they felt the food was good and



## Is the service effective?

that people had plenty to eat and drink. We spoke with the cook who was enthusiastic about providing people with good and nutritious food. They were able to describe the specific needs of individual within the service and explained how food was adapted to meet those needs. We

observed breakfast and lunch and found that meals were served in a relaxed atmosphere which promoted socialisation between people whilst they ate. Throughout the day people were offered drinks and snacks and staff responded to people's requests for these as well.

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion by staff at the service and that they had developed strong relationships with members of staff. One person told us, “Staff are always friendly and happy. They get up to all sorts of things, they keep me young!” Another person said, “Staff are always friendly and polite.” People’s visitors also said that they felt staff were friendly and courteous.

We found a welcoming atmosphere within the service during our visit. We observed positive interactions between people and staff, with friendly and relaxed conversations taking place throughout the day. Staff also clearly knew regular visitors to the service well and chatted to them, making sure they felt welcome in the service. On our arrival at the service, staff members took the time to introduce us individually, to each of the people who were using the communal dining room and lounge area.

Staff told us that it was important to communicate clearly with people in a way which they understood. We observed staff talking to people patiently and explaining things clearly to them, using different styles of communication depending on the person’s needs. Staff spoke to people about what they were going to do and took the time to get down to people’s eye level before they spoke to them. Staff took time and effort to ensure people felt valued and well looked after. They also had clear knowledge and understanding of each individual, including their preferences and specific needs.

People told us that they had been involved in planning their care, as well as periodic reviews of their care plans. Visitors also told us that the service kept them up-to-date regarding people’s care, particularly if there were any significant developments or concerns. One visitor told us the service kept them updated by phone, despite the fact that they had regular visits.

We saw that Information was available throughout the service. For example, a guide to the service was available, including key information such as who the registered manager was and ways people could make a complaint. Advocacy services could be made available if somebody needed to independent support.

People told us that staff respected their privacy and dignity. They said that staff always spoke to them about what they were doing and made sure it was ok. If they were helping with personal care or discussing a sensitive issue, people told us that staff always made sure this was done in private and in a respectful manner. People’s visitors also told us that staff were discreet and worked hard to ensure people were treated in a dignified way. During our visit we observed people being treated with privacy, dignity and respect.

People, staff and their visitors told us that there were no restrictions on when visitors could come to the service. During our visit we saw visitors come and go and were warmly welcomed by people and members of staff. There were a number of different communal areas where people could carry out their visit, and people were able to go sit with their visitors throughout the service.

# Is the service responsive?

## Our findings

People received care which was personalised to meet their specific needs. People told us that they felt that staff provided them with the support they needed and that they were treated as individuals by the service. One person told us, “Yes they look after me well, they know me.” Another person described how they had been quite anxious when they first moved to the service and the staff had worked hard to make them feel comfortable and at ease in their new home. We saw that staff clearly knew each person’s individual needs and care plan and were able to tell us about each person.

People told us that they had been involved in planning and reviewing their care on a regular basis. Staff told us that people had an initial assessment of their specific needs and wishes. This included information regarding people’s background and history so that staff had an idea of what had happened in people’s lives. People’s records showed that this took place and that care plans were produced based on this knowledge and conversations with people. We saw that people’s care plans were specific to them and had been planned and reviewed with the person’s involvement. Care plans contained detailed information about people’s health and care needs and ensured that staff had the knowledge they required to provide care with continuity for each person.

People told us that they were listened to and that their opinions mattered. One person said, “I give them my opinions and they take notice.” Staff told us that they spoke

with people about the way they would like their care to be delivered. They ensured people had the opportunity to tell them what they wanted to do and how they wanted to do it.

People said that the service provided activities to keep them entertained. They told us that there were regular entertainers who came to the service and that group activities were also organised. One person told us that they liked to do basic gardening, so the service supported them to do so safely. Another person told us that they like to help out so staff encouraged them to help with tasks such as setting the tables for meals and clearing up afterwards. The registered manager told us that there was an activities co-ordinator who worked to provide a range of different activities for people to do. During our visit we did not see a group activity take place, however we observed people taking part in activities of their choice, as well as socialising together in communal areas of the home.

People and their visitors told us they were aware they could make complaints if they needed to, however had not had to when we spoke to them. They also told us that they would talk to staff or the registered manager about any small concerns and that they would be dealt with straight away. The registered manager told us that people were given a guide to the service and that one was also available in the main hallway for people to refer to. This provided them with key information relating to the service, including how to make complaints. We saw that the registered manager had kept records of all complaints made, as well as details of any investigations and outcomes relating to those complaints. They also kept a record of compliments received by the service and had a display in the hallway of a number of thank you cards received by people’s relatives.

# Is the service well-led?

## Our findings

People were positive about the leadership of the service. One person told us, “I know who the manager is, they are around here quite a lot.” Another person said, “The manager is usually here.” Visitors shared this positive viewpoint and expressed that the registered manager was available to them if they needed them.

Staff spoke highly of the registered manager. They told us that the registered manager was supportive and always available to them. They also said that the registered manager was prepared to get involved with day-to-day tasks within the service when it was required. One staff member said, “[Registered manager] is good, she mucks in.” Another said, “[Registered manager] is brilliant.” Staff said they could always go to talk to the registered manager at any time for support or advice. They also expressed that they felt the senior management from the provider supported the service and the registered manager well and regularly visited the service. During our inspection we observed the registered manager chatting to people and staff and demonstrated that they clearly knew everybody in the service well. The provider’s operations manager was also at the service, providing the registered manager and staff team with support.

Staff told us that they were also involved in the development of the service and that their views and opinions were sought. We saw that regular staff meetings took place, which gave staff the opportunity to raise any concerns they may have, as well as receiving important

information and updates from the registered manager. We saw that staff were motivated to perform their roles and were working in a positive environment, which promoted a strong team-working ethic.

Staff and visitors told us that regular meetings were held for people and their family members to attend. This provided people with a forum to provide the registered manager with feedback about their service on a regular basis. We saw records of these meetings which demonstrated that the registered manager was open to discussing the development of the service with people and their families. In addition, we saw records of a satisfaction survey which had been carried out by the registered manager. The results of this had been put on display in the hallway, along with statements regarding what the service intended to do about the issues which had been raised by the survey. The registered manager also told us that they were in the process of drafting a survey for the relatives of people, to gain further feedback about the service.

The registered manager told us that the service carried out a number of checks and audits to ensure the safety and quality of the service was maintained. The maintenance operative described a number of health and safety checks and audits which were completed. We looked at records and saw that there were a number of checks carried out on a variety of different timescales to ensure environment was safe for people to use. The registered manager also carried out a number of care quality audits to ensure people were cared for appropriately as well. We looked at records of these audits and saw that they were regularly carried out and that action plans were put in place when areas for development were identified.