

Wellburn Care Homes Limited

Riverhead Hall Residential Care Home

Inspection report

Riverhead
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Riverhead Hall Residential Care Home is a residential care home providing accommodation and personal care to a maximum of 48 people. At the time of our inspection there were 39 people using the service.

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

People were happy and felt safe at the service. Staff understood their roles clearly and knew what was expected of them. Risks to people were assessed and reviewed on a regular basis. Staff were recruited safely and understood the principles of keeping people safe.

Medicines were appropriately managed and regular checks were completed to ensure that the management of medicines was safe. Staff promoted good infection control practices and the service was clean.

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.

The registered manager and staff had a strong ethos of person-centred care and placed people's wellbeing at the heart of their work. Systems in place to monitor the quality of the service supported the management team to make improvements when needed. Lessons learnt were used as learning opportunities to continuously develop the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 October 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to visiting at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverhead Hall Residential Care Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation regarding the systems in place for recording information at the service.

Following the last inspection, we recognised that the provider had failed to notify CQC of events. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverhead Hall Residential Care Home

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

The inspection was completed by one inspector.

Service and service type

Riverhead Hall Residential Care Home 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. Riverhead Hall Residential Care Home 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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, team leaders and care workers. We spoke with 6 people who used the service about their experience of the care provided and 5 relatives. We reviewed a range of records. This included 3 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. 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.

Following the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. The registered manager sent us further information which included a variety of records relating to the management of the service including staff training records, policies 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People's individual risk assessments were detailed and person-centred. These records were monitored, reviewed and updated when people's needs changed.
- Where people had risks that required monitoring, appropriate records were completed and reviewed. For example, records show where people were at risk of skin breakdown, they received positional changes in line with their care plan.
- Appropriate checks were carried out to ensure people lived in a safe environment.
- Accidents and incident were review and monitored. The registered manager ensured that any actions required were appropriately followed up.
- Lessons learnt were shared with staff. The registered manager used information of concern to drive improvement and develop staff's knowledge and understanding through supervisions and training.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored, recorded and administered safely.
- People received their medicines as prescribed. Records relating to the administration of medicines were completed and reviewed. Where recording concerns were identified, this was followed up with staff.
- Protocols for 'as and when' required medicines were in place to guide staff as to when certain medicines

needed to be given and under what circumstances.

- Records described the support people required with medicines, medicine administration records were regularly audited and staff were appropriately trained.

Preventing and controlling infection

At our last inspection the provider had failed to ensure good infection control practices (IPC) were followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Staffing and recruitment

At our last inspection we recommended the provider reviewed and audited their own dependency assessments and care hour allocations. The provider had made improvements.

- The service used a dependency assessment to calculate staffing levels. Staff were deployed effectively to support people in line with their needs and preferences.
- There were enough staff to care for people safely and feedback from relatives and people living at the service was that current staffing levels were sufficient. One person told us, "When I need them [staff] they are there, I don't have to wait a long time."
- The provider followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs

Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought the service was safe. Comments included, "I feel safe here, they [staff] check on me through the night. This makes me feel safe" and "[Name of relative] is really safe at the service, the staff are very good and look after them well."
- Systems and process were in place to ensure allegations of abuse were reported to the local authority for further investigation.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Capacity assessments and best interest meetings were completed with advocates and relatives to ensure decisions were made in people's best interests.

Visiting in care homes

- The service accommodated visiting in line with current government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems were in place to monitor and improve the quality and safety of the service, and the failed to maintain adequate records. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection, the provider's audits had not identified or addressed the issues we found relating to the management of risk and medicines. At this inspection, we found the management team carried out audits to monitor the quality of the service and acted to address shortfalls where they were identified. Further work was required to ensure that the current recording systems in place were streamlined to make information more accessible to staff.

We recommend the provider reviews their current recording systems to ensure that records are more easily accessible for staff to follow.

- The registered manager was passionate about promoting a person-centred service in line with the providers values.
- Quality assurance processes were followed and supported the service to make improvements where needed.
- The culture of the service was positive, open and honest. Where concerns were identified through internal systems, action was taken and communicated effectively internally and externally.
- We received positive feedback from everybody we spoke with about management and leadership at the service. Comments included, "[Registered manager name] is always available if we need anything" and "[Registered manager name] is great, they have really supported our family."

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

At the last inspection the provider had failed to ensure notifications were submitted to CQC this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 18 (Registration) Regulations 2009.

- Following the last inspection, the provider paid a fixed penalty notice for failing to ensure notifications were submitted to CQC.
- Appropriate systems were in place to ensure the provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.
- The registered manager and all staff understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings took place for people and staff to keep them up to date and fully involved in the running of the service.
- Relatives told us they were always kept up to date with things happening in the service.
- Health professionals gave positive feedback about partnership working with the service.