

Akari Care Limited

Riverside House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Riverside House is a residential care home which provides accommodation and personal care for up to 46 people, some of whom are living with dementia. It is situated close to the centre of Morpeth, Northumberland.

The inspection took place on 29 September 2016 and was unannounced. We last inspected this service on 24 February and 27 May 2016 where two breaches of legal requirements were found. After the comprehensive inspection, the provider told us what they would do to meet legal requirements in relation to safe care and treatment and good governance. We undertook this focused inspection to check that they had followed their plan and to establish if they were now meeting legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverside House on our website at www.cqc.org.uk

There was no registered manager in post at this inspection, but a new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

At the last inspection, there were a number of safeguarding issues which were being investigated by the local authority. We received feedback from the local authority safeguarding and contracts teams prior to this inspection, and both departments reported that significant improvements had been made in respect of the service delivered.

We checked the management of medicines and found that these were being managed safely. We looked at medicine records and found that these were complete and legible. A pharmacist who provided support to the service following our last inspection, told us that the provider had made the necessary changes to systems and auditing processes to ensure medicines were administered safely.

During the last inspection we found high levels of agency staff were used and we recommended that this was kept under review. At this inspection we found that a number of new staff had been recruited and the use of agency staff had significantly reduced.

We checked the premises and found that new flooring had been provided and the odour issue evident at the previous inspection was significantly improved. There remained some mild malodour in one room but this was being addressed by the manager. A number of improvements to the environment were noted during this inspection. A room in the centre of the first floor had been refurbished to make a welcoming seating area with a television and comfortable chairs.

At the last inspection we found that suitable checks on the safety of the premises were carried out and that

emergency contingency plans were in place. We did not look at all of these checks again during this inspection. All of the showers and the bath which had been out of order, had now been fixed, although the bath was temporarily out of use again as it was awaiting a new part and it was fixed the following day.

During this inspection we found that individual risks to people had been identified and plans were in place to address these. Risk assessments had been evaluated regularly. The sensor mats we saw which were in place to help to prevent falls, were plugged in and placed appropriately. Moving and handling assessments had been carried out and appropriate care plans were in place. Staff had received training in the safe moving and handling of people, as this had been a concern which was raised following our findings at our last inspection.

We found shortfalls in the recording of food and fluid intake at the last inspection, which meant it was difficult for staff to identify, and take steps to reduce the risk of malnutrition and dehydration. At this inspection we found assessments of the risks of inadequate dietary and fluid intake had been carried out, and care plans were in place. Food and fluid charts were completed, and there was a clear protocol to follow in the event that a person did not reach their target intake. Weights were recorded and monitored.

We checked people's care records and found that people had been seen by a variety of health professionals. Bespoke training took place on the day of the inspection which was designed to assist staff in how to identify the causes of behavioural disturbance and distress, and support people at these times.

We saw an improvement in the standard of care planning documentation during this inspection, although this was work in progress. Detailed audits of care plans had taken place and managers were aware of areas that required further development and plans were in place to address these. There was also improvement in care plan evaluation dates which we found were up to date.

A complaints procedure was in place, and there had been no formal complaints since the last inspection. A new manager was in post who was in the process of registering with CQC. They had previously worked in the service as a deputy manager and visitors and staff told us that they felt the appointment of the new manager, and input from regional managers, had resulted in improvements to the service. Staff also told us they thought that morale in the service was improving amongst staff due to consistent staffing and a period of stability in the management team.

We checked systems in place to monitor the quality and safety of the service. We found that governance arrangements had improved. The manager told us, and we observed, they had carried out regular checks, and daily management reports were submitted to the senior management team.

We have not changed the rating of the home at this inspection. This was because we wanted to be reassured that improvements made would be sustained over a longer period of time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve safety.

Procedures were being followed for the safe management of medicines and regular audits were carried out.

Staffing levels had improved and the use of agency staff had reduced.

Staff were observed to follow correct procedures in relation to manual handling and infection control. The service was clean and a number of improvements had been made to the environment.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement 

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Records related to food and fluid intake were fully completed and action was taken where fluid intake fell below target levels over an agreed period of time, and medical advice was sought.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement 

Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

Care plans had been audited and action taken to correct shortfalls in care records. Risk assessments and care plans were up to date and had been evaluated on a monthly basis.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement 

Is the service well-led?

We found action had been taken to improve the leadership of the service.

A new manager was in post who was in the process of registering with CQC. People staff and relatives were complimentary about the new manager. Relatives and staff felt that morale had improved in the home.

An improvement was found in record keeping and staff compliance with policies and procedures. Procedures were in place for the ongoing audit and monitoring of the quality and safety of the service.

Changes had been made in the way in which regional managers, who had responsibility for a number of services, were deployed. A peripatetic manager had been appointed to support homes where the registered manager was absent for a significant period of time, which enabled regional managers to maintain satisfactory and involvement with their other services.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive

Requires Improvement 

inspection.

Riverside House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Riverside House on 29 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 24 February 2016 and 27 May 2016 inspection had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive, and well led. This is because the service was not meeting some legal requirements."

Prior to the inspection, we reviewed all of the information we held about Riverside House including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their registration obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We spoke with the local authority safeguarding adults team and the contracts monitoring team who informed us of the outcome of their own monitoring visits and we used this information to inform our planning of the inspection.

We spoke with the manager, regional manager, seven people who used the service, six care staff, four relatives, a cook, a district nurse and a member of the challenging behaviour team.

Is the service safe?

Our findings

We checked the management of medicines. At the last inspection we found that systems for the management and administration of medicines were not being followed by all staff, and we found gaps in medicine records. Prior to this inspection, we received positive feedback from a community pharmacist who had been supporting the provider to make necessary improvements since the last inspection. They told us that there had been significant improvements in the management of medicines in the service.

We observed the administration of medicines. The staff member wore a tabard advising others not to disturb them while they were administering medicines and we saw signs on the medicine trolley reminding staff of the correct codes to use when recording whether medicines had been refused or were not required. At the last inspection, we found that there was inconsistent use of codes and gaps in medicine administration records (MARs). At this inspection we found that the correct codes were used and we did not find any gaps in the MARs we checked. There had been changes to the system for ordering medicines, which meant that there was more time for staff to check new MARs against old records to see if anything was missing. This meant that there were two days to report any anomalies and ensure the correct medicine was in stock for the beginning of the new medicine cycle. This was important to ensure that people received their prescribed medicines on time.

We found that there were appropriate procedures in place for the ordering, storage, administration, return and disposal of medicines. We checked the stock balance of a controlled drug (CD). CD's are medicines liable to misuse and are therefore subject to more stringent storage and controls. We found that appropriate systems were in place for the management of CD's and we found that the correct amount of medicine was in stock. Where people took medicines as required, such as medicine for pain or constipation for example, this was prescribed appropriately with detailed instructions about how and when they could be given. We found one hand written entry for an antibiotic which needed to be countersigned. We reported this to the manager who told us they would address this immediately.

We carried out a check of the premises. At the last inspection, we found that there were a number of areas in the home that were malodorous or unclean. This included bedding and mattresses. A large number of mattresses had been replaced and there were regular audits of the environment to ensure a high standard of cleanliness was being maintained. We found that the home was clean and tidy during this inspection, and that all showers that had been broken at the last inspection, had been repaired. The bath was out of order on the day of the inspection, but had been fixed prior to that. The new part it required arrived the next day, which meant that it was quickly back in working order.

There had been a number of improvements to the premises. New carpets had been laid throughout the home, which improved the odour and appearance of certain areas. There was mild malodour in one room which the manager was aware of, and was in the process of addressing. A sitting area had been developed in the first floor corridor. The room was previously used for activities and training, and had been refurbished to provide a comfortable lounge with a television. We observed that some people enjoyed sitting in this peaceful room. Handrails in corridors were being painted in a contrasting colour to aid recognition for people with visual or perceptual problems, allowing them to see them more clearly. A relative told us, "We

love the improvements, maintenance and the look of the place."

During the last inspection, we found that individual risks to some people had not been identified, including risks related to the moving and handling of people. We saw an improvement in risk assessments and evaluations of these, which had been carried out on a regular basis. Risks assessed included those associated with behavioural disturbance for example, or the risk of falls. The quality of the evaluations had also improved. Previously, evaluations recorded by staff stated simply "remains active" which meant that the risk assessment remained up to date and valid. More recent evaluations included a more detailed review of information gathered over the previous month which demonstrated an analysis of this had taken place.

We checked moving and handling care plans and found that these were in place. The provider had sought professional support with updating moving and handling care plans for those identified as being at risk following the last inspection, and new equipment was in place which met the needs of people in a safer way. Staff had received training in moving and handling of people and more was planned, to ensure new staff were aware of the safe use of equipment and handling techniques.

We made a recommendation following the last inspection, that staffing and the availability of suitably trained staff should remain under review. At this inspection, we found that robust recruitment procedures continued to be in place, and there were suitable numbers of staff on duty. One person had called in sick but a replacement staff member was on their way when we arrived at the service. The use of agency staff had much reduced and people, relatives and staff told us that the increase in use of consistent permanent staff had led to an improvement in the quality of care provided. One relative told us, "People need continuity. I think we are getting that back now, staff are picking up on things." Another relative told us, "Continuity has helped (relative) behaviour."

Safeguarding procedures remained in place, and staff had received training in the safeguarding of vulnerable adults. Following the last inspection, the provider worked closely with the local authority safeguarding and commissioning teams to address areas of concern and to improve systems to prevent future concerns arising where possible. They told us that they had noted improvements in the service. One person said they felt safe in the home and told us, "My buzzer is always close to my hand and the manager is a wonderful lady and the staff are lovely. They call in to check on me often, and give me chocolates!"

At the last inspection, we found that safety checks and risk assessments had been carried, including electrical, gas safety and legionella. Emergency contingency plans were also in place. We therefore did not look at these again in depth during this inspection.

Is the service effective?

Our findings

At our comprehensive inspection on 24 February and 27 May 2016 we found that records did not demonstrate that people received the support they needed with eating and drinking. Target fluid levels had been determined for people but records did not evidence the action taken when these target were not reached.

This was a breach of the Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

Food and fluid charts were completed and where target fluid levels were not reached for a set period of time, medical advice was sought. This meant that fluid and dietary intake was monitored, and appropriate action was taken in the event of concerns being identified. People's weights were measured and recorded on a regular basis and where weight loss was identified, appropriate action had been taken, such as referrals being made to a dietician or speech and language therapist for a swallowing assessment. The views of people were gathered on a daily basis regarding the quality of the meals. In most cases people provided positive feedback, and staff wrote verbatim, what people had told them about the meals, including where comments had not been positive. The quality of the mealtime experience was being monitored.

Is the service responsive?

Our findings

At our comprehensive inspection on 24 February and 27 May 2016 we found that care plans had not been evaluated consistently which meant that people's care had not been monitored effectively at times.

This was a breach of the Regulation 17. Good governance.

At this focused inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

We checked care records and found that care plans had been audited and action plans put in place by the manager to highlight areas for development and amendment. Records showed that where care plans had been re-audited, there had been an improvement in scores attained which meant care records were continuing to improve. We spoke with the manager who told us they had plans to improve the overall content and format of care records but said they were prioritising essential improvements first. We found that care plan evaluations and risk assessments had been completed and were up to date.

Is the service well-led?

Our findings

A newly appointed manager was in post, who was in the process of being registered with CQC. People, staff and relatives told us there had been an improvement in the management of the service. One relative told us, "Improvements can be felt as well as seen. The staff and the service users look a lot happier and the atmosphere feels lovely." Another told us that they felt they had been listened to when they had any concerns and said, "(Name of senior manager) came to meet me. I explained our issues (related to equipment) and this was ordered straight away and delivered promptly."

At the last inspection, we judged that the dignity of some people was compromised due to the malodorous conditions of their bedrooms. We also found that the dignity of another person was compromised by a failure in accessing appropriate care and treatment in a timely manner. During this inspection a relative told us they had seen an improvement in the standard of care and said, "Personal care wasn't being done properly. Now he's as smart as a carrot." Another relative told us, "All the staff need praised, they have been through a lot." A third said, "The staff come across as very genuine and caring. I am glad my relative is here."

We also found that systems to monitor the safety and quality of the service were not suitably robust and had not picked up a number of shortfalls we found during the last inspection. We also found that staff were also failing to consistently follow procedures related to the safe management of medicines, and infection control.

During this inspection, we found that the manager and regional manager had made improvements to record keeping and were continuing to audit and monitor the quality of the service.

During this inspection we observed that staff were following correct procedures in relation to the safe management of medicines, moving and handling and infection control. We saw that staff had received training in these areas since our last inspection. We spoke with a member of the challenging behaviour team who confirmed that staff were engaged with them in sessions designed to support them to meet the needs of people experiencing behavioural disturbance or distress. Bespoke training was provided by them on the day of the inspection which was well attended by staff.

Staff told us they were happy that a new manager was in post and told us they felt well supported. One staff member said, "(Name of manager) was good as a deputy and is good as a manager. If she says something is going to change, it's changed; it's actually happened." A relative told us that the new manager was a good role model and said, "She teaches them great values; dignity, respect etc. like bending down to talk to people face to face and not standing over them."

Regular meetings were held with staff, people and relatives. Minutes of meetings held with people and relatives also confirmed there was an overall impression that the service had improved. Comments included, "Family and residents all in agreement service has improved." And "Cleanliness has improved." Staff meeting minutes included thanking staff, noting the improvement in morale and passing on compliments from visitors regarding improvements. Staff were also praised for completing documentation

in a timely manner and it was noted that recording was much improved and that target fluid intake was being achieved by people on most days.

Meetings had also been held with the local authority safeguarding team and staff, to reiterate roles and responsibilities of everyone in relation to maintaining a safe service. We received feedback from the safeguarding representatives to say that the meetings had been a positive experience and that staff engaged well during meetings and were keen to continue to make improvements.

A system for monitoring the quality and safety of the service from an organisational perspective was in place. The manager completed and submitted a daily report to senior managers which included information about staffing issues, incidents related to people who used the service, audits and checks completed, infection control and cleanliness, care practice observation, medicines and care plans, including randomly selecting four records to check, checks on nutrition and the quality of mealtimes, and health safety and maintenance issues. The new manager told us they felt well supported by senior managers.

Changes had also been made to the way in which the service was supported in the absence of a registered manager. Previously, the regional manager, who had responsibility for a number of homes, would step in to support the service. We were told that it had been recognised that this could present a risk of them being unable to maintain adequate oversight of their other services. A peripatetic manager had therefore been employed to support services where a manager would be absent for a significant period of time. This demonstrated that the provider sought to strengthen the governance arrangements in place.