

Marton Care Ltd

Riverside View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Riverside View Care Home is a residential care home providing personal care to up to 59 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 34 people using the service.

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

Medicines were not always managed safely and effectively. We could not be sure that people received their topical medicines or patches as prescribed, guidance for staff on how to administer 'when required' medicines lacked detail, and records relating to the administration of 'when required' medicines and prescribed thickeners for drinks were not always complete.

The provider did not have a consistently robust governance system in place. Medicines audits had not identified the areas for improvement we found during this inspection. The management team were responsive to our feedback during the inspection and took immediate action to address issues raised.

A registered manager was not in post. The deputy manager had been managing the home recently, with support from the provider's regional manager and a consultant appointed by the provider. Since the inspection, the provider advised us that a new manager had been appointed and they would be applying to the Care Quality Commission to become the registered manager in due course.

People told us they felt safe living at Riverside View Care Home and they were happy with the care they received. The home was clean and tidy. There were mostly appropriate infection control practices in place, although we saw a small minority of care staff were not 'bare below the elbow' (which is good practice for effective infection prevention and control).

Staff were aware of safeguarding arrangements and knew what action to take to keep people safe. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely. Health and safety checks were up to date. There were enough staff to meet people's needs. Staff were recruited safely and appropriate checks were carried out.

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.

Staff worked effectively alongside other health and social care professionals to ensure people's needs were met and their health was promoted and maintained. There was a positive atmosphere at the home.

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 15 March 2023).

Why we inspected

We received concerns in relation to safeguarding, falls management and medicines administration. 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 good to requires improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the full report.

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

Enforcement

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management during this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe 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 ●

Riverside View 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

This inspection was carried out by 2 inspectors (one of whom is a pharmacist) and an Expert by Experience. 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

Riverside View is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Riverside View 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 not 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 deputy manager, regional manager, a consultant appointed by the provider, 2 senior care assistants, 4 care assistants, the wellbeing lead, 2 domestic staff, the maintenance officer, 1 administrator and 1 cook. We also spoke with the nominated individual via telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a social care professional and a health care professional during our inspection.

We spoke with 12 people and 6 relatives. We also requested feedback from relatives via email and received 4 responses. We reviewed records relating to people's care including medicine records for 22 people and care plans for 4 people. We also reviewed records relating to staff recruitment and the management of the service.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely and effectively. Guidance and accurate records were not always in place to support the safe administration of topical medicines. Some people had their prescribed medicine in patch form, and whilst there was a system in place to support this, it had not been followed to demonstrate rotation in line with manufacturers guidance to prevent side effects. We could not be sure that people received their topical medicines or patches as prescribed.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome of taking this was not always recorded to review effectiveness.
- Records relating to people's prescribed thickeners (to be added to a drink to reduce the risk of choking) lacked clear guidance for staff and had not been completed accurately.
- A medicines audit system was in place, but this had not picked up the issues we found during this inspection.

We were not assured that medicines were managed safely and effectively, which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People and relatives felt the service was safe and spoke positively about the care provided. One person said, "I'm quite happy. The staff are helpful and happy and will do anything for you. I couldn't ask for better care." A relative told us, "I do feel my family member is safe as the home has very good safety and security." Another relative commented, "I think the staff look after [family member] very well. Staff are very kind and I'm very happy with them being here as they're being cared for. Staff keep in touch with me. I feel they couldn't be anywhere better."
- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The management team understood their responsibilities and any concerns were acted on appropriately.
- The provider had a system in place to monitor safeguarding issues, accidents and incidents. The management team analysed these and used them as learning opportunities to minimise recurrence.

Assessing risk, safety monitoring and management

- Some records relating to people's personal care had not been completed accurately, for example where a person chose not to have personal care at that specific time. The provider took immediate action to address this.
- Risks to people's safety and welfare were identified and managed. Staff knew people well and were aware of people's risks and how to keep them safe. People's care plans included risk assessments about individual care needs and guidance on how to reduce such risks.
- Fire drills and checks on fire safety equipment were undertaken regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs in the event of an emergency.
- Regular planned and preventative maintenance checks were up to date. When issues were identified these were rectified quickly.

Preventing and controlling infection

- People were protected from the risk of infection as most staff were following safe infection prevention and control practices. We saw a small minority of staff who were not 'bare below the elbow,' which is best practice for enabling thorough hand washing and preventing infection. The management team gave us assurances this would be addressed.
- The home was clean, and PPE was readily available, which staff used appropriately. One person told us, "The laundry is done very well, the floors are cleaned every day and maintenance repairs are done quickly."

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.

Staffing and recruitment

- Safe recruitment procedures were followed, but records relating to staff's previous employment were not always clear. The management team gave us assurances this would be addressed.
- Appropriate pre-employment checks were carried out which included a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs promptly. Staff supported people in a calm, kind and professional way.

Visiting in care homes

- There were no visiting restrictions, which was 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 good. At this inspection the rating has changed 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.

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

- The provider did not have a consistently robust governance system in place. Whilst some audits were effective in terms of identifying and generating improvements, for example in people's care records, medicines audits had not identified the areas for improvement we found during this inspection. The provider took immediate action to address the issues we found regarding medicines.
- A registered manager was not in post. The deputy manager had been managing the home recently, with support from the provider's regional manager and a consultant appointed by the provider. Since the inspection, the provider advised us that a new manager had been appointed and they would be applying to the Care Quality Commission to become the registered manager in due course.

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

- People said the home was well managed and the management team were approachable, listened to people, and issues were dealt with in a timely fashion. There was a positive atmosphere at the home and people told us they were happy with the care and support they received.
- Staff told us they felt supported by the deputy manager, but they felt more stability was needed, as they weren't sure what the management arrangements were going to be in the future. Staff said things had improved recently, and they were confident things would continue to improve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the need to comply with duty of candour regulations.

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

- Feedback was sought from people, staff and relatives. This was analysed and acted upon, but some relatives said communication around this could be improved. The management team gave us assurances this would be addressed.

Working in partnership with others

- Staff worked effectively with a range of other services and professionals to support people's needs.
- A health care professional we spoke with during the inspection told us, "I love coming into this home as

the staff really care for people and are professional. Staff have a good understanding of people's needs and if they have any concerns, they contact health professionals straight away."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)