Care UK Community Partnerships Ltd

Riverside

Inspection report

Broomstairs Bridge
Manchester Road
Hyde
Cheshire
SK14 2DE

Tel: 01613660600
Website: www.careuk.com/care-homes/riverside-hyde

Date of inspection visit:
19 March 2018
20 March 2018
21 March 2018

Date of publication:
06 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out over three days between 19 and 21 March 2018. Our visit on 19 March was unannounced.

We last inspected Riverside in January 2017. At that inspection we rated the service as 'Good' in caring and responsive domains and 'Requires Improvement' in the safe, effective and well-led domains. At that inspection we found four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. These previous breaches were around a failure to notify CQC of all incidents that affect the health, safety and welfare of people who use the service, the registered provider had not protected people against the risks associated with the safe administration and management of medicines and appropriate risk assessments were not in place for oral hygiene. The registered provider had failed to ensure people were not deprived of their liberty without the legal safeguards in place and systems to monitor the safety and quality of the service required improvements to ensure compliance with the regulations were not robust and had not identified the breaches found at that inspection. As a result of these breaches we issued requirement notices to the registered provider and they supplied us with action plans on how they were now compliant with the regulations. At this inspection we reviewed the information in the action plans that had been sent to us.

Riverside is a care home that provides accommodation, nursing and residential care. The home is registered to provide care for up to 90 people, who may be living with dementia, physical disability or require nursing care. Riverside is owned by Care UK.

The home is located in a residential area of Tameside and caters for young people over the age of 18 as well as older adults.

The home is split into four units over two floors and there is a passenger lift serving both floors. On the ground floor there is the Shelley unit which is a 20 bedded unit providing care to younger adults and Bronte unit which is an 18 bedded unit providing residential dementia care. On the first floor there is the Nightingale unit, which is a 22 bedded nursing care unit and the Lowry unit which is a 27 bedded unit providing dementia nursing care. All rooms are single.

At the time of our inspection 73 people were living at Riverside. At this inspection we were unable to visit the Nightingale unit due to a suspected outbreak of illness.

The service had a registered manager in place. 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.
This was a scheduled comprehensive inspection; however, this had been prioritised as we had received

information of concern around safeguarding people from the risk of harm. These concerns were regarding the provider ensuring people were protected from potential abuse. We found the registered manager was managing these allegations and taking appropriate action.

We identified continued breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were around medication errors and management oversight. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the safe management and administration of medicines and found medication was not always managed safely. We found regular checks and balances were carried out by senior staff; however, we found medication errors during our audit of safe medication management. We were unable to ascertain if people had received the right medicines in the right amounts at the right time. As a result, we sent an alert to the local safeguarding authority. We checked with the registered manager who took immediate action and found no-one had come to harm as a result of the errors. This is a repeated breach from the previous inspection in January 2017.

There were systems and checks in place to monitor the quality of the service to ensure people received safe and effective care. However, these checks had failed to address the concerns we found during our inspection. This is a repeated breach from the previous inspection in January 2017.

People, their relatives, visiting professionals and staff spoke highly of the service; one person told us, "Staff have kindly been allowing me to come here many times. I think it's better than a 5-star hotel." Another person told us, "All care staff are brilliant; they are very caring."

During this inspection we found that there were enough staff available to meet people's needs and they were being cared for by people who knew them well. Staff we spoke with were aware of each person's individual care needs.

Mealtimes were sociable and food was of high quality. People and their relatives told us they were happy with the menu and food choices provided at the home. Kitchen and care staff were aware of peoples specific dietary needs; the chef paid particular attention to people who required modified diets.

Care records at the home showed us that people received input from other health care professionals, such as opticians and podiatrists. We found people had received the necessary care and support when they needed it. For example, we found the home worked with the community dentistry service to ensure people had dental check-ups. Alongside these dental checks, the home ran a 'Resident of the day' scheme where people's oral health was checked. The need for increased oral care checks had been identified as a requirement during the last inspection.

Activities at the home were varied and a comprehensive programme of scheduled and ad-hoc activities took place, both inside and outside the home. People benefitted from both group and personalised activities.

During our initial tour of Riverside on the first morning of our inspection, we saw that the home was clean and some attention had been paid to the décor and lay out to make the home dementia friendly on the dementia units.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered

and protected. This had been identified as a requirement during the last inspection.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. There was an equalities policy in place and people were supported with their individual communication needs.

Individual care records contained risk assessments and care plans that were person-centred, detailed and regularly reviewed. Although, not all risks had been addressed.

There was a complaints policy in place and we saw that complaints were acted upon. The registered manager also regularly sought the views of people living at the home and their relatives. They were able to demonstrate action taken at the home as a result of this feedback.

The service had completed statutory notifications to CQC of any accidents, DoLS, serious incidents, and safeguarding allegations as they are required to do. This had been identified as a requirement during the last inspection.

The required safety checks and maintenance for the building and equipment were in place and regularly monitored.

Team meetings were held and all levels and staff received a programme of induction, supervision, appraisal and training.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been completed by management to satisfy themselves that suitable staff were employed to care for vulnerable people.

Staff we spoke with were aware of how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

People and relatives we spoke with were complimentary regarding the management team and all staff working at Riverside.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Errors were identified regarding the proper and safe management and administration of medicines.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take help protect people from the risk of abuse.

Risk assessments were in place; however, they were not always specific enough to manage people's identified needs.

Is the service effective?

Good

The service was effective.

People were supported to have their health care needs met by health care practitioners and received prompt medical attention.

People received their nutritional and hydration support as per their individual assessed need.

The registered manager was aware of people living at the home who required authorisation to deprive people of their liberty and had ensured the legal safeguards were in place and up-to-date.

Staff received a programme of training and support to carry out their role effectively.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were well cared for at Riverside.
People received support by caring staff; they were treated with dignity and had their privacy respected.

We observed established, positive relationships between people and those who cared for them.

Is the service responsive?

Good

The service was responsive

Activities at Riverside were comprehensive and person-centred to promote people's health and well-being.

Care plans were comprehensive and reflected people's needs and care choices.

People and their relatives were encouraged to feedback and complaints were acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management team were visible around the home and well thought of by people and their relatives.

The registered manager was experienced and familiar with the current regulations that govern CQC registered services.

Comprehensive systems of audit and control were in place and regularly implemented by the registered manager and provider. However, these checks had not always identified and actioned the concerns found during this inspection and outlined in the safe domain of this report.

Riverside

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.

The inspection was prompted in part by notification of three instances of allegations of abuse against individual people living at the home. Two of these allegations are subject to investigation by the provider, police and local authority. During the inspection these two investigations were on-going. We used the issues raised in these notifications to inform our planning of this inspection.

This inspection took place on 19, 20 and 21 March 2018 and day one was unannounced. The inspection was carried out by three adult social care inspectors, a specialist advisor nurse and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of services for older people and dementia care. Day two was carried out by one adult social care inspector and day three was carried out by two adult social care inspectors.

Before we visited the home, we checked information we held about the service including information received from clinical commissioning nurses and Healthwatch Tameside. Health Watch is an independent consumer champion for health and social care. We also looked at notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the three days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included six

people's individual care records, a sample of fifteen people's administration of medication records and five staff personnel files to check for information to demonstrate safe recruitment practices. We also looked at files for staff training and checked that regular supervision had taken place.

We attended one staff handover meeting and one manager daily briefing meeting.

As some people living at Riverside were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We walked around the home and looked in all communal areas, bathrooms, the kitchen area, store rooms, hairdressing room, the medication and treatment rooms and the laundry room. We also looked in several people's bedrooms.

As part of the inspection process we observed how staff interacted and supported people at mealtimes and throughout the three days of our visit in various areas of the home. We spoke with fourteen people who use the service and four relatives. We also spoke with the registered manager, the two deputy managers, three activities staff, the chef and assistant cook, one maintenance man, three care staff members and one visiting professional.

Requires Improvement

Is the service safe?

Our findings

People we spoke with, who lived at Riverside, told us they felt safe, one person told us, "I usually come here for a short time and each time it has been safe enough for me." Another person told us, "If I need staff and don't fancy going out of my room, I reach out to my bell and ring them; they respond reasonably quickly."

Relatives we spoke with also told us they felt their family member was safe at the home. One visiting relative told us, "[Name] is happy and safe here." Another family member told us, "The place is under lock and key, there are call bells within reach and motion safety mats."

People living at the home were positive regarding their medicines. One person told us, "Anytime you are ill, staff get the doctor to see you or give you some tablets to make you feel better." Another person told us, "I am diabetic and staff make sure I don't get ill."

At the previous inspection of January 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was in relation to the safe administration and management of medicines. We found continuing concerns during this inspection when we looked at how medicines were managed and administered at Riverside.

We checked the treatment and medication room on Bronte unit and found it to be clean and tidy. Temperatures of this area were checked and recorded daily for safe storage. Medicines should be stored in areas with temperatures below 25 degrees and be monitored daily as high temperatures can compromise the quality of the medicines. When not conducting a medicine round, medication trolleys should be stored securely in the locked medication rooms; however, on the first morning of our inspection we found one trolley had been left mobile in the corridor on Bronte Unit. The medication administration records (MARs) for people living on the unit were also left on top of the trolley. This was noted by the deputy manager, who requested for them be returned to the medication room.

We observed a medication round on Lowry Unit and saw on several occasions where the medication trolley was left open and unattended. On one occasion, a resident placed his hand inside the unattended medication trolley; however, this was observed by a staff member who intervened and the trolley was then locked. We also observed a medication round on Shelley Unit and found no concerns.

We looked at whether anyone living at Riverside received covert medicines. Covert medicines are medicines that are given without the person's knowledge. Covert medicines should only be given when the person is deemed to lack capacity, and has been assessed as being the least restrictive option and in the person's best interests. The registered manager told us four people received covert medicines. We reviewed the care file of one person receiving covert medicines and found they did not have the required documentation in place to enable the home to administer the medication in this way. Staff we spoke with told us this person had been receiving covert medication when they were admitted; however, a risk assessment was not implemented as an interim measure until the best interests assessment had been

completed.

We conducted a medication audit on Shelley Unit and reviewed the MARs for eight people and found no concerns. However, we found that one person on Lowry Unit had not had their anti-psychotic medication for eight days due to the item being out of stock. We drew this to the attention of the registered manager, who told us the error had been identified and the person's GP contacted. The person had not come to harm as a result; however, we raised a safeguarding alert with the local authority. The registered manager arranged for all medicines to be stock checked on Lowry Unit during our inspection. As a result of this error the registered manager reviewed and introduced improved shift handover sheets to include checks on medication stock levels to minimise the risk of a repeat occurrence. As an additional measure, the registered manager made arrangements with their pharmacy supplier to move to weekly deliveries to reduce the risk of medicines being out of stock.

As a result of these findings, we conducted a second medication audit on Bronte Unit accompanied by the deputy manager and unit team leader. During this audit we found the management of sharps and controlled drugs to be in order. The home had the required safe cabinet and record system for storing controlled drugs (CDs); some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments) and there is a risk they could be abused. These medicines are called controlled medicines or controlled drugs. Examples include: morphine. Recordings for CDs were checked and were found to be accurate.

We checked the fridge and found two medicines that were out of date and required disposal and we found one antibiotic medicine in the medication trolley that required storage in the fridge. Medicines need to be stored as required to ensure they are safe and effective.

We looked at the MARs for a sample of seven people living on Bronte Unit and found each person's MAR had a front sheet which contained an up-to-date photograph, details of any allergies and how each person preferred to take their medicines. However, we found a number of concerns and errors during this review. We found some people had body maps for topical medicines and some people did not. Topical medicines were not always recorded when used, for example, one person regularly used a prescribed emollient; however, there was no record that this had been used. We found handwritten entries on two people's MARs that required two signatures for verification of accurate recording; however, there was only one. During our checks for medicine balances, we were aware that three people's medicine count did not correlate and indicated that people had not received all their medicines.

As a result of our findings during the medication audit we sought and received reassurances that no one had come to any harm as a result of these identified errors. However, medication errors had potentially placed people at the risk of harm.

We spoke with the registered manager about our findings of the medication audit on Bronte Unit and they told us a recent internal audit had identified that people living on the unit had not received their medicines one lunch time the previous week due to human error. This had already been identified and an investigation was underway to establish the cause and minimise future risks associated with medication errors.

We saw that weekly audits of medication had been consistently completed by senior staff. These audits included thorough checks and details of any action taken. We reviewed a number of these audits and found previous errors had been identified and action taken. We also found full annual audits were carried out by the pharmacy supplier to the home and these had not identified any significant concerns.

The above examples regarding medication demonstrate a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at staffing numbers at Riverside to ascertain if safe and appropriate levels of staff were on duty during the day and night. During the inspection we found day staff were visible around the home and we reviewed staff rotas for the previous six week period and this showed us consistent staffing levels were in place. Staff we spoke with told us they were happy that staffing levels were sufficient. They told us, "Staff are flexible. If we are over-staffed on one unit, the staff volunteer their time. We are like a huge family…staff come in on their days off if required." We received mixed feedback from people and their relatives around staffing; this was mainly around the use of agency workers. One person told us, "The ones who are here normally do their best to make sure we are looked after well." Another person told us, "I don't like agency staff; they don't know us as well." A third person told us, "Before, there used to be more agency at night and weekend, but now there are more regular staff who know everybody well and it is nicer."

During the inspection we looked at five staff personnel files to check that safe recruitment practices had been undertaken. We reviewed these files to check they contained required information including, a full work history, photographic identification checks, health information, a minimum of two references from previous employers and checks from the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the home manager if any information is found that could mean a person may be unsuitable to work with vulnerable adults. We found that the personnel files contained all the required information. This meant that robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. These files did not include agency staff employed at the home. The registered manager told us they receive pen portraits from the agency prior to any agency staff coming to work at the home. We also checked nurses employed by the home were registered with the Nursing and Midwifery Council (NMC) and their registrations were found to be up to date.

During our tour of the home we checked to see that areas were clean and good infection control practices were employed. We found all areas of the home to be clean and tidy and we saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection. We looked in the laundry and found there was a system of clean and dirty flow to ensure clean laundry was not contaminated. The laundry was clean and organised with hand-washing facilities and PPE available.

We found the kitchen area was clean and had appropriate records and audits for ensuring cleanliness and food safety. The Food Standards Agency had conducted an inspection in July 2017 and the home was awarded the rating of 4 out of 5 stars.

Sluice rooms and store rooms were locked. This meant that harmful substances, such as chemical cleaners, and soiled items were not accessible to people who lived at the home, some of whom live with dementia and mental health conditions. However, we found the maintenance office to be unlocked and unattended during our initial tour. No-one had entered the room and the maintenance man arrived soon after to ensure the room was secured.

We looked at a sample of three people's individual care records on Shelley Unit and found that people had a comprehensive list of risk assessments in place. We also reviewed three people's care records for people living on Lowry Unit and found comprehensive risk assessments were mostly in place. However, we found the falls risk assessment for one person did not always reflect their experience of falls and action taken. We also found another person did not have an appropriate risk assessment in place for aggression despite the person being involved in two aggressive incidents. We fed back this information to the unit manager on Lowry during the inspection. They told us they would address this as a priority.

We found that people had personal emergency evacuation plans (PEEPs) in place. A PEEP provides additional information on accessibility and means of escape for people with limited mobility or understanding. This includes a plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a building fire. The registered manager also had in place an emergency box, containing emergency items, such as, name bands, PEEPs and blankets to use in the event of an emergency evacuation.

Riverside had fire safety records detailing essential, regular safety checks, such as fire drills, fire system weekly checks, emergency lighting and fire-fighting equipment. We saw that these checks had been carried out regularly. Other safety check systems for the home and equipment, such as, hoists, electricity systems, asbestos, legionella and gas boiler checks were in place and up to date.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding adult policy and procedure in place. We saw evidence that staff had received up to date safeguarding adults training. We reviewed the safeguarding investigation file and found appropriate action had been taken to investigate and action any safeguarding referrals. Notifications had been sent in informing us of safeguarding incidents at the home; however, we found safeguardings were not always submitted to CQC in a timely way. The registered manager agreed that there had been oversight on two occasions and had put measures in place to ensure their timely submission in the future. These notifications had been received by CQC prior to the inspection.

As part of our inspection we looked at how accidents and incidents are recorded, analysed and acted upon to minimise the risk of future accidents and incidents occurring. Reporting systems and processes were used and we found comprehensive monitoring systems were in place. We saw evidence of reports showing detailed analysis of accidents and incidents at the home. These were also reported to head office on a regular basis. The registered manager demonstrated how they had used the analysis to reduce the prevalence of falls within the home by making specific changes to the environment on the Lowry Unit.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to people not always having the necessary safeguards in place. At this inspection we found the service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been submitted to the local authority for relevant people living at the home and authorisations had been received or were awaiting approval. The deputy manager kept a tracker document that showed information on applications and approvals so that it could be seen at a glance; which people had a current DoLS in place and when a new application needed to be made. This meant the registered manager could be reassured that anyone at the home had been assessed and the legal safeguards were in place.

We saw that over 96% of staff had undergone training in MCA and DoLS and during our observations we saw that people were asked their consent before providing care and support. People told us they were given choices about their care; comments from people included, "Staff let me choose." And "They (staff) are good at letting you do something for yourself." One visitor told us their relative is given choices; they said, "[Name] is always offered a choice even though she can't do anything for herself."

We spoke with the registered manager about people living at the home who had legal documentation in place to allow another person to make decisions for them. They had records in place at the home indicating who had these legal safeguards in place. The registered manager demonstrated their knowledge around the different representations involving financial and health consent and decision making. Each person's care file included a section regarding their capacity to make decisions.

During this inspection we reviewed six people's personal care files to check if people were supported to maintain their health and well-being. We saw people were supported to access other health care professionals, such as the local dentist service and dieticians alongside other services, such as, an optician and podiatrist. One person was supported to attend regular medical appointments at a major hospital to ensure their specific health need was maintained. . We saw that referrals had been made where staff had

identified a specific need, for example, staff had reported that one person was coughing with food and this had resulted in an assessment from the speech and language therapy (SALT) team. Care files contained records around visits to and from health care professionals. We spoke with one visiting health care professional and they told us they felt the home ran smoothly and did not have any concerns about the people living at Riverside. They felt staff worked hard at the home, knew their own role and had always been very friendly during their visits.

Visitors we spoke with told us they were happy with the way staff kept them informed around how their relative was, they told us, "What I like about staff is that it doesn't matter what time it is, staff will call you. For instance, they rang me at 4am to let me know [Name] is being taken to A&E." Another relative told us, "Credit to staff; they never fail to give you updates about your family if they are unwell."

We observed the mealtime experience for people on Shelley Unit and Bronte Unit. We saw that people were served their meals from hot trolleys; tables were set with condiments and napkins in dining rooms that were decorated brightly. We observed staff assisting some people who required assistance to eat their meals, we saw they did this with dignity and respect; staff spoke to people throughout and gave them their full attention. Meal time was a social affair and people were asked if they were 'alright', given choices and encouragement was given where needed. Some people were shown photographs of meals to enable them to make a choice about what to eat and drink. It was clear that staff knew people well and what they liked and how they liked to dine. Each unit has a kitchenette area with a fresh juice machine and people are encouraged to make themselves a drink.

As part of our inspection, we looked at the menus and food choices available to people living within the home. People were given choices every day from the set menu and the menu for the current day was displayed on dining tables. The registered manager told us that part of the 'resident of the day' scheme where people were visited individually by the home's cook to discuss their thoughts on the quality of meals and their specific food preferences and this was then recorded. We spoke with the chef, who told us they were keen to ensure the menu was nutritionally balanced and suitable for everyone living at the home. They chose foods that were high calorie and able to be mashed or pureed. This was so that everyone could benefit from the same choices and people with specific dietary needs did not feel they had to have something different. We also spoke with the assistant cook who told us they ask people what they want for meals, they told us, "We love our residents; we do anything, cook anything, whatever they like. We know them well by now to know their preferences." People we spoke with were happy with the food and choices at Riverside, they told us, "If I change my mind or if I don't like what they are giving me, they give me something else I can eat." And "Someone comes around to ask what we would like to eat, the food is always tasty." Visiting relatives also told us, "The food is excellent; whenever we come here there are always lots of drinks and snacks."

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely. For example, some people need their food mashed or pureed due to swallowing difficulties. In addition, people who had been prescribed a fortified diet need to have their food enriched with high calorie additions, such as cream, at each meal time. We spoke with the chef and looked at information kept in the kitchen area to inform them of these specific dietary requirements. We found that the chef was knowledgeable and able to name all the people who required a special diet and describe their individual needs and how they were being met.

As part of the inspection we looked at whether staff received training and the necessary support from the provider, such as, supervision and personal development, to enable them to carry out their duties competently. The registered manager was able to produce an up-to-date training matrix that indicated staff

were sufficiently trained to carry out their duties. Necessary records were also in place for nurse registration validation checks and the deputy manager carried out annual competency checks for all staff who administered medication at the home. We saw evidence of regular staff supervision, appraisal and team meetings. Staff we spoke with told us they had three-monthly individual supervisions and sometimes group supervisions were held if an incident had occurred at the home.

Riverside is a purpose built care home for people who may have a disability and therefore, has a large lift, wide corridors and doorways to accommodate equipment and mobility aids that may be required by people living there. A nurse call system was in operation and we saw these were answered within reasonable timeframes. Toilets and bathrooms were equipped with aids to assist people alongside adapted baths and wet rooms for people who prefer a shower. Aids and adaptations were provided throughout the home to assist people with their independence and daily living.

We looked if the physical environment at Riverside reflected best practice in dementia care. During the initial tour of the building we found that some attention had been paid to ensuring the home's environment was conducive to people living with dementia. We found the use of photographs on doors to aid people to orientate them around the home and there was evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom / bedroom doors. Some people also had memory boxes outside their bedroom doors reflecting their lives, such as, family photographs. However, these improvements were not evident in all areas of the home. Corridors were not always specifically decorated with regards to differentiation of colour. We spoke with the registered manager who told us they had plans to redecorate the areas of the home that were not currently dementia friendly and we saw decoration taking place during the inspection. We were also informed of plans in place to create areas within the home focussing on music and dancing. We signposted the registered manager to available toolkits to utilise in order to conduct an assessment of the home's environment to help people living with dementia move around the home more easily.

Good

Is the service caring?

Our findings

People we spoke with who lived at Riverside told us they felt well cared for at the home, one person told us, "This is the right place to be if you want kindness and caring." Other comments we received included, "If you want to rest and have nice ladies look after you then you need to be here."

Visitors we spoke with told us they felt their relative was well cared for at the home. One relative told us, "Staff are very insightful, work very hard, they always do." Another relative told us, "We are always here…we have no serious concerns with staff. They work very hard, very compassionate, some are better at it than others, but overall we are happy about [name] being here."

We observed throughout the visit that staff talked kindly to people and were encouraging when providing assistance. Staff were attentive and interacted with people in a sensitive, kind and caring manner. It was clear there were established, friendly relationships between staff, people living at Riverside and their relatives. For example, we saw that staff on Shelley unit knew everyone's preferences during the breakfast meal. Meals were unrushed and those people who needed support with eating their meals were well supported; staff kept asking if they needed any more. One visiting relative told us their relative had lived at the home for many years and said, "We get along well with staff…I have nothing bad to say about anyone."

We observed staff engaging with people in a calm and respectful manner. For example, we saw one staff member engaged in conversation whilst painting one person's fingernails.

Throughout this inspection we saw people were treated with dignity and respect. Staff made sure people were comfortable and supported them with care and attention. Staff ensured people had eaten, or supported when required, and had access to a drink. We also saw staff nurses attentive, caring and showing concerns around people's well-being, for example, when one person reported as feeling unwell the nurse immediately took their observations and organised a GP visit.

People appeared to look clean, well-groomed and dressed appropriately. The home had a hairdressing room and people regularly visited to have their hair styled.

We visited a small number of people's bedrooms and saw they were clean and tidy with rooms decorated in a personalised way. People were encouraged to bring in their own furniture and decorations. Staff had placed one lady's Mother's Day flowers in a vase next to her in the lounge; this lady told us she was very happy that staff had done this for her. They asked us, "Do you like my flowers? My children brought them for me…staff helped me put some water on them to stay fresh."

People were encouraged to be as independent as possible; for example, they were encouraged to make drinks for themselves. Staff told us that some people at the Riverside like to help out running the home, for example, one lady on Shelley unit liked to help make the beds and another lady on Lowry unit liked to wash up in the kitchenette and clean out the cupboards every day.

We spoke with the registered manager around equality and diversity and the individual rights of people living at Riverside. They had an understanding of equality and diversity and told us they would ensure the rights of people would be protected. The home had an equality and diversity policy in place to protect people living and working at the home. They told us they were not aware of anyone living at the home who had specific needs around the protected characteristics; however, the home provided a prayer room for two members of staff to enable them to practise their religion.

Good

Is the service responsive?

Our findings

We looked at how people's current care needs were communicated between staff and found there were a number of communication exchanges that took place each day. Each of the four units held a handover meeting with the person in charge twice per day at shift changeover. This handover meeting included a handover form where information about each person was communicated to the next shift. We attended one handover meeting and reviewed all units' forms for the first day of our inspection and found inconsistencies in quality of completion and information between the four units. We discussed this with the registered manager who implemented a uniform handover sheet for all units during our inspection to help ensure a fully consistent approach.

Each day a 'flash meeting' would be held where the registered manager would gather together unit managers, deputy managers, the chef, the administrator, maintenance and domestic staff. Each staff member would exchange important information with the registered manager and each other. We observed one of these meetings and found items discussed were housekeeping, menu for the day, activities, maintenance, staffing, professional visits, the current suspected infection on Nightingale unit, which people needed a GP visit, any falls and any new admissions to the home. Each unit manager gave feedback on each of their units. The use of these flash meetings meant that staff and the registered manager were kept informed of any issues or concerns around the home and allowed them to respond in a timely manner.

In addition to the daily flash meetings, the deputy manager also conducted a daily walk around of each of the units. This walk around used a crib sheet for checking areas of care such as, resident care, infection control, the dining experience for people, cleanliness of people and the home. A number of audits were also completed during this exercise and any required actions recorded and signed off when completed by the registered manager.

The registered manager told us of a scheme they used at the home known as 'resident of the day' that was used for all people living on the four units. This full review of the person's care plan took place for the individual every few months where they had a discussion with the chef around meal choices and with care staff around their care, such as, their likes and dislikes about their care and support. People's relatives and/or representatives were invited to this meeting to ensure inclusion of all people involved in the care of each individual person living at the home. The registered manager told us if relatives cannot attend these meetings, they would ring them to discuss the person's care over the telephone. However, they told us they could not always ensure the involvement of the family or representative. This scheme meant that each person received a regular in-depth review of their needs and choices around their care. The visiting relatives we spoke with confirmed they had contributed their views to the home and been involved in meetings regarding their relatives care.

We reviewed six people's care documentation and found that they included detailed information on how to care for the person by the way of care plans and risk assessments. Each person had a personalised care record which gave information around their likes, dislikes and preferences, their life history and family

involvement. Files also had a care needs summary that included the person's capacity to make decisions and how to help them if they become upset or agitated. These care plans were reviewed monthly to ensure care records reflected current care and support needs. We found inconsistencies in the quality of nursing care plans between those we reviewed on Shelley unit and Lowry unit. The care plans we reviewed on Lowry were less detailed, for example, one person's catheter care plan was aimed more at carers and was less clinically focussed. We discussed this care plan with the deputy manager, who rewrote the care plan during the inspection. We fed these findings back to the registered manager during the inspection, who told us they would review this inconsistency in care plans.

We spoke with the registered manager around ensuring people with additional needs received information at the home. They told us each person had a communication care plan which detailed their individual needs and how they required additional support. Examples included, picture cards, a communication board, talking clocks and where they had brought in translator for one person who did not speak English. Each unit had menus for the day displayed on tables, which included photographs of the food to assist people understand the meal choices. In addition, staff were aware of people with sight problems and they would read the menu to those people.

As part of our inspection, we looked at how complaints were responded to and managed at the home. We saw documentary evidence that complaints were responded to and acted upon appropriately. The home had a corporate complaints policy in place outlining to the organisation's home managers how to respond to complaints. We found there was information displayed in the reception area informing people how they could complain about the service.

There was a box on display in reception with cards for people and their visitors to complete to nominate staff who they wanted to be recognised for good care. Staff were rewarded by the registered manager for receiving these compliments. We reviewed a number of these cards and saw that people and their relatives were very complimentary about a number of staff members and the care they had shown whilst providing care and support to people at the home.

During our inspection, we looked at the activities provided for people who live at Riverside. We found there were three activities co-ordinators employed by the home and a comprehensive programme of social and recreational activities were provided for people who wished to participate. We saw information clearly displayed on notice boards of upcoming events and a weekly activities planner was in place. On the day of our inspection, the three co-ordinators were providing social activities on different units, examples of these included, dominoes, skittles, craft, bingo and watching a classic movie. Activities at the home included group sessions, personalised activities and social outings; the home benefitted from their own minibus used for these social outings and they included trips for pub lunches and shopping. We could see photographs around the home depicting people enjoying the activities provided. People told us they were happy with the activities on offer at Riverside, they told us, "I like dance music; the girls are doing a good job making sure we are not bored." Another person told us, "There are games on offer. If I am not in my room watching my favourite channel on telly. I like going out twice a week shopping with staff." We received some mixed feedback from families we spoke with about activities; one relative told us, "I am very disappointed that I no longer see entertainers coming in; [name] used to like people coming in to sing and dance for them."

During the second day of our inspection we observed three people sitting in the lounge on Shelley Unit around a large table with two activity staff engaging people in making soup. Everyone was joining in peeling and chopping the vegetables ready to put in the slow cooker. Staff told us they would be serving the soup later to people who would like to try it. Staff talked extensively about how people living at the home were encouraged to help around the home and engage in meaningful activity, such as, setting tables for lunch.

The home also had their own 'tuck shop' on the first floor where people could go and buy confectionary and newspapers.

Each person had their own individual book detailing what activities they liked to do, including photographs and descriptions. We reviewed two of these books and saw that people, who do not always wish to participate in group activities, received personalised one to one sessions with the activities co-ordinators doing the things they liked. These personalised activities were illustrated in their own personal activity books. In addition, there were photographs around the home showing people involved in different activities or enjoying birthday parties. One person told us, "The home is really nice. This morning I played bingo and won a box of chocolates. After, I had my toenails done and just last week they did my hair; all of which boost me up. I can't think of what else I can ask for."

NICE quality standards on the mental wellbeing of older people state that older people in care homes should be encouraged to take an active role in choosing and defining activities that are meaningful to them. This promotes their mental health and well-being. Riverside had invested in providing three activities co-ordinators and a wide range of resources to ensure people received stimulation whilst living at the home.

As part of our inspection we looked at how people were supported and cared for at the end of their life. People who were at the end of their life at Riverside were cared for on the Nightingale unit. As this unit was closed during our inspection we were unable to meet and review the care files of people living there. However, we spoke with the registered manager around how people are supported to end their life with choice and dignity. All staff on Nightingale unit had undertaken training around end of life care and the registered manager and deputy manager were qualified in the 6-steps End of Life Care. The home had an End of Life Policy in place and people living at the home were given the choice to make an advanced care plan outlining their personal wishes. Some people living at the home had their wishes recorded in a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form and knew these forms were readily accessible to staff. This meant people's wishes around end of life could be respected in the event of an emergency. Where people who were nearing the end of their life and had not previously made choices about their end of life care, the registered manager told us they contacted the MacMillan nurse team to assist with ensuring people's wishes were met.

Requires Improvement

Is the service well-led?

Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since February 2017 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations. However, we found two continued breaches of the regulations during our inspection.

The home is part of a larger, corporate organisation and a specific system and process of auditing was in place. Support structures were in place so that the registered manager and provider had oversight of operations at the home. The registered manager was supported during the inspection by two of their senior managers. We found the registered manager to be knowledgeable around the provider's quality systems and files were organised and easily accessible. Audits were in place and regularly carried out for ensuring an overview of the home. Examples of these audits included, environmental, infection control, medication, care plans, wound logs and cleanliness. The provider also conducted an internal regulatory governance report, designed to emulate a CQC inspection in order to check if the home was meetings it's regulatory obligations. This meant that although the provider had policies, processes and checks in place, and regularly carried out and had identified some of our findings; they had not always taken appropriate action or resolved the concerns identified. This meant that people were placed at the risk of harm from medication errors and risk assessments that were not always specific to the person's needs.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Throughout the inspection we fed back to the registered manager, and area support manager, our findings that required attention. They acknowledged our findings and made any required amendments or improvements during the inspection.

We saw that regular team meetings took place; these were meetings held with different staff groups, such as, maintenance and the senior care team. These team meetings were in addition to the daily flash meetings; where current and up to date information was relayed to staff on duty at that time. Details of these meetings were minuted and actions recorded. The management team regularly carried out night reviews where they would work a night shift to gain an overview of the service provision at night and spend time with night staff. Although the registered manager may delegate some of these meetings to their deputies, they would sign that they had read the meeting minutes. This meant the registered manager was ensuring staff were fully up-to-date and that they had oversight of the operational management of the home.

Personal information around people who lived at the home was kept confidential and systems adhered to

the Data Protection Act 1998. Personal information, such as, care plans, were stored in locked cabinets and accessible only with a key held by senior staff. This meant that personal, private information was kept secure and not accessible to anyone living at or visiting Riverside.

We asked people for their opinions on the management and leadership of the home. One person told us, "I know the manager…she loves to come in during breakfast." And another person told us, "[Name] is very friendly." Feedback from visitors was mixed when we asked around management input at the home. Some visitors felt things did not always change when concerns were raised; however other visitors felt management were available and approachable.

The registered manager told us they actively encouraged the opinions of people and their relatives. These were gathered through surveys and meetings in order to ensure their satisfaction with the care provided at Riverside. Displayed in reception was information around what changes had been made as a result of service user and family feedback. Information was also displayed explaining 'resident of the day' scheme. People and visitors we spoke with told us they were aware of surveys and meetings that took place at the home. One person told us "I believe I answered some questions about the home not so long ago." One visitor told us, "I have seen meeting posters; I've never been to any but, I have answered the survey." And another visited commented, "My mum gets invited often to social meetings and we did complete the questionnaire." Another visitor told us, "A few things have changed and there are some improvements, especially when it relates to the use of agency staff."

We found the last CQC rating was displayed prominently in the foyer of the home to inform people and their visitors around the outcome of the previous inspection. The registered manager told us they had sent a copy of the summary report from the last inspection to all family members in addition to showing it to the people living at the home. The previous inspection rating was also present on the home's website as is their requirement.

During the inspection, the registered manager and management team were visible around the home and it was clear management and staff knew people well. The registered manager and all staff were co-operative and helpful throughout the inspection visits.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Risk assessments did not always reflect identified risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to audit the service were not robust enough to identify and action the concerns we found during the inspection.