Four Seasons (FJBK) Limited

Riverside View Care Home

Inspection report

Hutton Avenue
Darlington
County Durham
DL1 1RW

Tel: 01325488584
Website: www.fshc.co.uk

Date of inspection visit:
05 December 2018

Date of publication:
04 January 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 December 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in June 2016. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Riverside View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can provide accommodation and personal care for up to 59 people across two floors. At the time of our inspection 50 people were living there.

There was 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. The registered manager was registered in March 2015.

People and their relatives said they felt safe living at the service. Steps were taken to reduce risks to people. Established and effective infection control processes were in place. Plans were in place to support people in emergency situations. People were safeguarded from abuse. People's medicines were managed safely. The provider and registered manager monitored staffing levels to ensure enough were deployed to provide safe support. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People's support needs were assessed before they moved into the service to ensure effective and appropriate support was available to them. The service worked with a range of external healthcare professionals to support people's health and wellbeing. Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to manage their food and nutrition. The premises were adapted for the comfort and convenience of people living there.

People and relatives told us staff were caring and kind and spoke positively about the support they received. People were treated with dignity and respect. We saw numerous examples of kind and caring support being delivered. People were supported to maintain relationships and social networks of importance to them. Policies and procedures were in place to support people to access advocacy services.

People received person-centred support based on their assessed needs and preferences. People were supported to access activities they enjoyed. Clear procedures were in place for investigating and responding to complaints. At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this where needed.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Staff spoke positively about the culture, values and leadership provided by the registered manager. The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people, relatives and external professionals. The service was closely integrated into the local community, with relationships that benefited people living there.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Riverside View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector and a specialist advisor nurse.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Riverside View Care Home.

We spoke with five people who used the service and one relative of people using the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four care plans, seven medicine administration records (MARs) and handover sheets. We spoke with 12 members of staff, including the registered manager, an area manager, two kitchen staff, the activities co-ordinator and care and housekeeping staff. We also spoke with two visiting external professionals. We looked at six staff files, which included recruitment records. We also looked at records

involved with the day to day running of the service.

Good

Is the service safe?

Our findings

People and their relatives said they felt safe living at the service. One person told us, "I feel safe and cared for here."

Steps were taken to reduce risks to people. Risks were assessed and plans put in place to address them. Recognised tools such as Waterlow were used to help reduce risk. Waterlow gives an estimated risk for the development of pressure sores. Assessments were regularly reviewed to ensure people were safe.

The safety of the premises and equipment was monitored. Regular maintenance checks were carried out, including of water temperatures and furniture safety. Required test and service certificates were in place, including for gas and electrical safety. Accidents and incidents were monitored to see if improvements could be made or lessons learned to help keep people safe.

Established and effective infection control processes were in place. The premises were clean and tidy, and throughout the inspection we saw staff appropriately using personal protective equipment such as aprons.

Plans were in place to support people in emergency situations. Regular fire drills took place and firefighting equipment and systems were monitored. People had personal emergency evacuation plans to give staff and emergency services an overview of people's support needs in emergency situations. The provider had a contingency plan to help ensure people received a continuity of care in situations that disrupted the service.

People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. An external professional told us, "I have no concerns at all about this service. It is open, collaborative and honest." Records showed where concerns had been raised they were appropriately investigated and reported.

People's medicines were managed safely. Medicines were safely and securely stored, and records showed people received them when needed. Medicine administration records had been completed without errors or unexplained gaps.

The provider and registered manager monitored staffing levels to ensure enough were deployed to provide safe support. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. Some staff told us more staff would be useful on the first floor of the service. We told the registered manager about this, who said she would review this again. One person told us, "There seem to be enough of them. I just press this buzzer and they come quickly."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, written references sought and a Disclosure and Barring Service (DBS) check carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and

adults.

Good

Is the service effective?

Our findings

People's support needs were assessed before they moved into the service to ensure effective and appropriate support was available to them. Assessments involved people and their relatives, and other professionals involved in people's care.

The service worked with a range of external healthcare professionals to support people's health and wellbeing. Care records contained evidence of appointments and input from professionals such as GPs, nurses and opticians. One visiting external professional told us, "One of the best that we visit. Responds well to all needs of clients, shares all relevant information with us and provide all we need at this end to do our jobs."

Staff received a range of mandatory training to ensure they had the knowledge and skills to provide effective support. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in first aid, moving and handling and infection control. Training was regularly refreshed to ensure it reflected current knowledge and best practice. One member of staff said, "We do get a lot of training." Some staff told us they thought the provider's dementia training could be improved. We spoke with the registered manager about this, who said they would review it immediately.

Newly recruited staff were required to complete the provider's induction programme before they could work without supervision. This included learning about the home's policies and procedures, completing mandatory training and shadowing more experienced members of staff.

Staff were supported with supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss staff knowledge, performance and any support needs they had. Staff told us they found these meetings useful.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through the Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA. People's care records contained information on capacity to make decisions and consent to their care. Where people could not consent best interest decisions were made on their behalf and recorded. At the time of our inspection 41 people were subject to DoLS authorisations. These were clearly recorded in people's care records.

People were supported to manage their food and nutrition. People's nutritional support needs and preferences, including any specialist diets they required, were assessed before they moved into the service. During lunchtime we saw people receiving the support they needed, and people spoke positively about food at the service. One person said, "The food is as good as you'll get it anywhere, really good."

The premises were adapted for the comfort and convenience of people living there. Appropriate furniture

and signage was in place to help people move safely and effectively around the building. People were supported to customise their rooms to their own tastes.

Good

Is the service caring?

Our findings

People told us staff were caring and kind and spoke positively about the support they received. One person told us, "The staff are absolutely wonderful and will help you with anything at all." Another person said, "The staff are really lovely" and, "Couldn't be better. I'm really happy here."

Relatives also spoke positively about the care people received. One relative we spoke with said, "I am happy with him here, he knows the staff and they know him." An external professional told us, "The staff are committed to care."

People were treated with dignity and respect. One person told us, "I love it here. They are so nice and kind and I feel homely all the time." We saw that staff had warm and friendly but professional relationships with people. Staff knocked on people's doors and waited for a response before entering, and addressed people by their preferred name. Staff protected people's confidentiality and dignity by discussing their support needs discreetly and ensuring they could not be overheard.

We saw numerous examples of kind and caring support being delivered. We saw one member of staff prompting a person who was living with a dementia to finish a snack. This led to a lengthy conversation between the person and staff member, which both clearly enjoyed. We saw another person watching a programme on TV that a staff member said they remembered and enjoyed. The member of staff sat down and they both talked about the programme and memories they both had of it. Throughout the inspection we saw people and staff enjoying jokes and laughing together, and clearly enjoying spending time in each other's company.

People were supported to maintain relationships and social networks of importance to them, which had a positive impact on their wellbeing. A relative told us how they had previously cared for a person before they moved into the service. They said staff had encouraged and supported them to continue to carry out some support tasks for the person, so that they both still felt involved in each other's lives.

At the time of our inspection two people were using advocates, and their involvement was recorded in people's care records. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

People received person-centred support based on their assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. One person told us, "If you've got problems they will sort it out for you."

Care plans were in place covering a variety of health and social needs, as well as any particular health conditions people had. Records showed that people and their relatives had been involved in drawing up care plans. Plans emphasised what they would like to do for themselves and what they would welcome help with. Staff said care plans gave them all of the information they needed to provide person-centred support.

Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. The registered manager had introduced monthly meetings between staff, GPs and community nurses to review people's care and ensure they received the support they needed. We attended a meeting that was taking place during the inspection, and saw that it was used to maintain and improve the effectiveness of the service.

People's communication support needs were assessed to ensure they received information in the most accessible way possible, in accordance with the Accessible Information Standard. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, people who were partially sighted were supported to access a library that send them audiobooks through the post.

People were supported to access activities they enjoyed. The service had two activity co-ordinators, who had recently joined the service and arranged activities seven days a week. Activities were based on people's hobbies and interests, which were recorded in care plans and which staff discussed with people. Activities that had taken place or were planned included parties, visiting entertainers and baking sessions. People with a religious faith were supported to maintain their beliefs as the service had links with three local places of worship. A programme of activities was planned for Christmas, including visiting a pantomime at the local theatre, Christmas concerts and visits by pupils from local schools. One person we spoke with said, "There are activities, and I do some of them. There are always things to try."

Clear procedures were in place for investigating and responding to complaints. The provider had a complaints policy that set out how issues could be raised and would be investigated, which was given to people and relatives when they started using the service. Records showed that when complaints were made they were investigated in line with this policy.

At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this where needed.

Good

Is the service well-led?

Our findings

There was 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. The registered manager was registered in March 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff spoke positively about the culture, values and leadership provided by the registered manager. One member of staff said, "She's approachable. I have no qualms about raising things with her, to talk things through with her." Staff meetings were held regularly, and staff said these were useful to share information and allow issues to be raised.

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits included care plans, medicines, health and safety and housekeeping. Where issues were identified action was taken to address them. For example, a health and safety audit had identified a shower that was not working properly and records showed this was being replaced.

Feedback was sought from people, relatives and external professionals. A tablet computer was located in the entrance hall, which was used to obtain feedback and send the results to the registered manager. Visiting relatives and external professionals were encouraged to complete this at every visit, and the registered manager regularly took it around the home to give to people to complete in their own time. The registered manager reviewed the responses and acted on any issues raised. We looked at some of the feedback and saw it was positive. One external professional had written, 'Riverside is a good home.'

The service was closely integrated into the local community, with relationships that benefited people living there. Volunteers completing the Duke of Edinburgh Award visited regularly to spend time and socialise with people. The service participated in a regional 'Table Cricket Tournament', which culminated in a final held at a local cricket ground and which was publicised in the local press. People were visited by parishioners from local churches, and the activity co-ordinators were working on developing projects with local schools.