

Mr Peter Fenton Warwick

Riverside Rest Home

Inspection report

17 West Beach
Lytham St Annes
Lancashire
FY8 5QH

Tel: 01253737317

Date of inspection visit:
20 October 2016

Date of publication:
02 December 2016

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

The inspection visit at Riverside Rest Home was undertaken on 20 October 2016 and was unannounced.

Riverside provides care and support for a maximum of 26 older people who may live with dementia or a learning disability. At the time of our inspection there were 23 people living at the home, as well as one individual who received respite care. Riverside is situated opposite Lytham seafront. There are three floors, as well as the basement where the dining room is situated. Riverside has 23 single rooms, three of which were double bedrooms for couples or friends who wished to share. There is an external yard, where people can smoke if they wish. Riverside offered two lounge areas for the use of people who live at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 08 June 2013, we found the provider was meeting the requirements of the regulations.

During this inspection, we found people were supported with a safe approach. A relative told us, "I would not leave [my relative] here if it was not safe." Care records contained risk assessments intended to protect individuals from unsafe support. The registered manager provided safeguarding training for staff to assist them to protect people from abuse and poor practice.

People and their representatives said staffing levels were sufficient to meet their requirements. One relative told us, "They are calm and patient, which tells me there's enough staff on duty." We found staff files contained required documents to protect people from the recruitment of unsuitable staff. The management team provided a range of staff training to assist them in their roles. On discussing training with a staff member, they said, "I've had lots, which gives me more confidence."

We observed medicines were administered to people with a discrete and safe approach. Associated recordkeeping was of a good standard. The registered manager had systems to protect people from unsafe management of their medicines, such as regular audits.

All staff who prepared food had completed nutritional support training to enhance their skills and knowledge. We found they assisted individuals discretely, gave appropriate encouragement and offered alternatives if they did not like the main meal.

The registered manager ensured staff had training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. We observed people were not deprived of their liberty during our inspection. They or their relatives had signed consent to care.

We found individuals who lived at Riverside were respected and involved in their care planning. A relative told us, "I have come at various times of each day and have always found the staff caring and respectful." The registered manager ensured staff had equality and diversity training and worked in ways that respected people's culture, diversity and human rights.

The management team completed an assessment of people's needs and they updated care planning to guide staff to their ongoing requirements. Their preferences and backgrounds were recorded to tailor care planning to each individual who lived at the home.

Staff, people and visitors told us the home was well organised and had good leadership. The registered manager had suitable arrangements to obtain feedback from people and their relatives about the quality of their care. They had systems to monitor people's safety and staff told us the management team was 'hands on' in their approach.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives said they felt safe at Riverside. When we discussed safeguarding principles with staff, we found they had a good understanding.

People said there were enough staff to maintain their safety. The provider followed their procedures when they recruited personnel

We observed a staff member administered people's medicines with a discrete and safe approach.

Is the service effective?

Good ●

The service was effective.

The provider's training matrix evidenced staff received a range of guidance to support them in their roles. People told us they felt staff were experienced and well trained.

Staff had received MCA and DoLS training. Care files contained people's signed, decision-specific consent to their care.

We observed staff supported people to eat their meals wherever they chose and had training in nutritional support.

Is the service caring?

Good ●

The service was caring.

Staff treated people in ways that demonstrated they were valued and a significant member of the community. Those we spoke with and their relatives said staff at Riverside were caring.

We observed staff worked in ways that respected people's culture, diversity and human rights. They were supported to maintain their important relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People and relatives said their care was personalised and met their individualised needs. Care files contained guidance and prompts for staff about good quality care planning.

A varied activity programme was in place to provide stimulation and enhance people's social skills. We observed staff spent a large part of their shift sitting and chatting with people.

The provider had suitable arrangements to help people to make a complaint, including how they would respond to them.

Is the service well-led?

Good ●

The service was well-led.

We found the management team had a 'hands on' approach to care. Staff and those who lived at the home said there was good leadership and they felt supported.

People, visitors and staff told us they felt their opinions and suggestions mattered to the management team. Comments from the last survey were positive about the home.

The registered manager completed a range of audits to check environmental safety and the quality of people's care.

Riverside Rest 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 20 October 2016, we reviewed the information we held about Riverside. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We were only able to discuss care with one person who lived at Riverside. We case tracked this individual by reviewing their care records and checking their experiences of living at the home. During our inspection, we also used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of people about this service. They included one person who lived at Riverside, two relatives, one member of the management team and three staff members. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at Riverside and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

We discussed safety with people and relatives at Riverside. One person told us, "The place is secure and really well maintained so I feel safe." A relative added, "[My relative's] always calm. They know how to handle her in a safe, caring way."

We found the management team had suitable accident and incident arrangements to reduce the risk of an unsafe environment. They had outlined the incident, body-mapped any injuries and recorded follow-up actions to manage them. The registered manager had reduced the risk of incidents from reoccurring by analysing them and monitoring environmental safety. Additionally, staff received a range of related training, such as environmental safety and first aid.

The provider was redecorating several areas of Riverside and had attended to areas of damp caused by the nearby seafront. Keypads were in place on the external doors to protect people with limited capacity. However, those who had capacity and relatives were provided with the code so they were not restricted in any way. Sensor mats were in place to alert staff to people who were at risk from falls. Although we found these were not authorised and consented to by the individual or their representatives, we saw people's freedom was not restricted. We discussed this with the management team and following our inspection, they provided evidence they had gained the necessary consent.

The management team had completed regular assessments to minimise the risks of harm or injury to people. These covered, for example, medication, movement and handling, mobility, personal care, falls, fire safety, outings and pressure ulcer care. We saw the management team recorded detailed information, which they regularly updated, to guide staff about the management of risks. We saw the provider had limited risk assessment for people who received respite care. Although we noted the person was safe, we discussed this with the management team who assured us they would improve associated documentation.

The registered manager provided safeguarding training for staff to assist them to protect people from abuse and poor practice. When we discussed related principles with staff, we found they had a good understanding. One staff member told us, "I would report straight away. I would not hesitate to blow my whistle." We saw information was made available to staff about required reporting procedures. People and their relatives said they felt safe and secure. One relative confirmed, "My background enables me to have a very good understanding of safeguarding. It is clear to me the staff have a very good awareness."

During our inspection, we found there were eight staff on duty, including four staff who provided care for 23 people. We looked at rotas and noted staffing levels and skill mixes were sufficient to meet their complex needs. For example, the registered manager ensured a senior member of the care staff was on duty on every shift. People said there were enough staff to maintain their safety. One person told us, "The staff take their time and never rush me." We observed staff were patient and unhurried in their duties. They answered call bells in a timely way. We noted these were placed wherever people were positioned for ease of access. Additionally, staff pressed a grey button on the person's call bell on entering and leaving their bedroom. This evidenced regular checks on people's safety and welfare. A staff member confirmed, "Oh yeah, there's

enough staff on and we work well together."

The provider followed their procedures when they recruited personnel. Staff files contained required documents, such as references and criminal record checks from the Disclosure and Barring Service. The provider assessed gaps in employment history to review the potential employee's full work background. We noted this was not fully completed in one staff member's file and discussed this with the management team. They assured us they would enhance their systems to ensure the continued protection of people from unsuitable staff. A relative told us, "They seem to recruit those staff with a good attitude and a caring nature."

We observed a staff member administered people's medicines with a discrete and safe approach. For example, they explained what they were and provided a fresh drink to swallow their tablets. The staff member was patient and checked the person had taken their medicines. The home utilised a pre-potted system from the local pharmacy to reduce the risk of contamination and incorrect administration. We noted staff signed charts after administration and a sample of medication records we reviewed evidenced there were no gaps. People's care files contained risk assessments to manage potential risks of related processes, as well as medication administration agreement forms. These reviewed and agreed who would dispense medicines, such as the individual who lived at the home or staff.

Medicines were stored securely and staff followed a clear process of ordering, receipt, recording and disposal to ensure stock control was safely managed. The registered manager ensured staff had relevant training to underpin their skills and knowledge. The management team completed regular medication audits to check staff followed associated procedures carefully and in line with the service's policy. This showed the registered manager had systems in place to protect people from unsafe management of their medicines. A relative told us, "I watch them giving people their medication. They are very safe with that."

Is the service effective?

Our findings

People and their representatives told us they felt staff were knowledgeable and well trained. One relative confirmed, "I feel the staff are experienced." Another relative said, "The staff are really well trained, which gives me a lot of confidence and reassurance."

We looked at the provider's training matrix and found staff received a range of guidance to underpin their knowledge and skills. This included movement and handling, environmental safety, infection control, bereavement and end of life care, dementia awareness and challenging behaviour management. Additionally, staff had recognised training, such as National Vocational Qualifications (NVQs), appropriate to their roles. When we discussed this with them, they told us training helped them to be effective in their work. One staff member commented, "I've done all the courses. We get lots of training."

Staff said they received three monthly supervision sessions to support them in their roles. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Documents we looked at confirmed this was a two-way discussion to explore the staff member's personal and professional progress. Together with their annual appraisals, staff gained insight into their responsibilities and discussed any identified training needs. A staff member told us, "We have our supervisions and appraisals regularly. It's really helpful to express how we're doing and how we're feeling."

We saw evidence in people's care files where they signed consent to their care. This included their agreement to overall care as well as decision-specific consent. For example, care planning, medication administration responsibility, information sharing and weight monitoring was agreed and signed by the person or their representative. We found staff had a good awareness of the principles of consent. For example, they asked people if they agreed for the inspector to sit in the lounge and to look at their care records. A relative stated, "I hear them explaining what they need to do and then asking [my family member] if it's ok."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We found staff completed mental capacity assessments, as well as best interests and advanced decision-making. We observed people were supported to come and go as they pleased and were not restricted in any way. Staff we spoke with told us they received MCA and DoLS training and demonstrated a good awareness

of related principles. One staff member told us people's capacity was formally assessed and recorded. They added, "We also assess people every day because capacity changes. Otherwise, how can I help that person to make a decision?" This showed the management team and staff followed the MCA and associated code of practice to ensure people were not deprived of their liberty. A relative said, "I like the way they allow mum to be in her world and help her to have a meaningful life."

We found the kitchen was clean, tidy and well stocked. Staff completed hygiene and food safety records to confirm when required checks and tasks had been completed. Riverside was awarded a rating of five following their last inspection by the Food Standards Agency. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. All staff who prepared food had completed NVQs in cleaning and catering, as well as food hygiene and nutritional support guidance.

We observed staff supported people to eat their meals wherever they chose, including the dining and lounges areas or their own bedrooms. The dining room was bright and separated by a feature fireplace that offered individuals smaller, discrete spaces to have their meals. We noted people had three hot meals per day, along with options at each mealtime. Staff supplied suitable crockery and cutlery and provided drinks throughout. They supported individuals discretely and gave appropriate encouragement. People told us they enjoyed their meals and confirmed staff always offered alternatives. One person said, "Oh, the food is fantastic. If I don't like what's on the menu they give me what I want." Care files held nutritional risk assessments intended to protect people from the risk of malnutrition. Staff also regularly checked their weights to monitor any loss or gain and care plans included information about managing this.

Staff worked with other healthcare services to maintain their continuity of care. This included GPs, specialist hospital and community services, social workers and opticians. Staff had recorded the outcome of visits or appointments and noted required actions to manage the person's ongoing support. They also updated the individual's care plan to reflect any changes. One person at Riverside told us about a time when they became very ill. They added, "The staff were brilliant because they were so reassuring and got me to hospital really quickly."

Is the service caring?

Our findings

People and their relatives said staff at Riverside were caring. One person commented, "It's like I'm on holiday when I come here two or three times a year." A relative told us, "We chose here after looking at other homes because they were so welcoming. They really wanted us to come here" Another relative added, "The staff are stunning. They treat my [relative] like their [relative]."

The management team developed the environment and care planning to enhance the experiences of those who lived with dementia. For example, corridors were wide and carpets had no patterns, which was aimed at preventing falls risks to people who lived with dementia. Additionally, care planning followed evidence-based, best practice to guide staff in getting to know individuals who lived at Riverside. For example, an in-depth record reviewed the person's background, life history and preferences, which followed the Royal College of Nursing's Alzheimer's guidance.

We observed the management team and staff worked in ways that respected people's culture, diversity and human rights. For example, the statement of purpose (SOP) included reassurances about maintaining each person's right. This covered the right to vote, to access the NHS and contribute to the local community. Another objective in the service's SOP stressed Riverside would, 'celebrate diversity in our community' and had, 'respect for ethnic, cultural and religious practices.' The registered manager ensured staff had equality and diversity training. A staff member stated, "The diversity course was very good. For me it's about being confident and able to support people with diverse needs." We observed people were supported to maintain their rights. For example, an external, sheltered area was provided for individuals who chose to smoke. People and their relatives told us staff valued them as individuals. One family member said, "They treat [my relative] with great respect and dignity."

During our inspection, we completed a Short Observational Framework for Inspection (SOFI) to assess staff interactions with people unable to talk with us. We saw people were relaxed, comfortable and smiling. Staff engaged with them in a caring, kind and respectful manner, making use of eye contact and speaking in soft tones. We saw staff clearly enjoyed their jobs and developed strong bonds with people. Once staff supported individuals who lived at Riverside, they spent time talking with them. They treated them in ways that demonstrated they were valued and a significant member of the community. One person told us, "The staff are so loving and I feel like they're my friends."

We observed staff upheld people's privacy and dignity throughout our inspection. For example, they knocked on doors before entering and discussed care discretely in communal areas. We saw in one person's records, the registered manager noted, 'In order to respect your dignity, your decisions and promote your independence, our service is tailored to meet your needs and requests.' Care records we looked at contained documentation of people's preferences and wishes in relation to their support. We found the management team involved individuals and their representatives in their care. A relative told us, "They discuss [my relative's] care plan with me. At the beginning we agreed how best to support him." The registered manager also provided training in the principles of dignity in care to enhance staff awareness.

We noted staff supported people to maintain their important relationships with friends and relatives. For example, overnight accommodation was made available for those family members who lived far away. On arrival, relatives were made to feel welcomed and staff took the time to chat with them in a friendly and courteous manner. The management team had also documented when staff wished to be contacted if health changes or emergencies developed. This demonstrated good practice in helping people and families to retain their relationships.

Is the service responsive?

Our findings

People and relatives said their care was personalised and met their individualised needs. One person said, "The carers are great. They know me now and what I need." A relative added, "[My relative] has improved vastly since he's been here."

The management team completed an assessment of people's needs, including those attending for respite care, before their admission. This meant they were able to ensure they could meet the person's requirements to prevent an inappropriate admission. People's care files held a variety of assessments to measure support levels and implement care planning. These covered, for instance, nutrition and special diets, medication, continence management, sleep patterns, mental health and anxiety. We found staff transferred this information to the individual's care plan with a detailed and personalised approach. The management team provided in each person's file guidance and prompts for staff about good quality care planning. We noted people who received respite support had limited documentation, such as information about how staff should support them. When we discussed this with the management team they assured us they would improve associated records.

We found the registered manager updated care planning to guide staff to each person's ongoing requirements. They involved people in this to ensure staff continued to be responsive to their needs. One person told us, "Every time I come on respite they sit down and chat with me to see if anything's changed and what support I need." Each individual's preferences and backgrounds were recorded to guide staff to have a better understanding. This included choice around preferred name, religion, interests and hobbies, going to bed/rising times and mealtimes. This was a good approach to tailor care planning to each individual who lived at the home. When we discussed the principles of good care with staff, we found they had a sound level of awareness. One staff member told us, "It's about providing care I would want for my mum and dad, or even me."

The home offered two lounges for people as a part of their recreation. There was a larger room to watch television programmes as a group and a quieter area for individuals to relax. A relative told us, "[My relative's] relaxed and has made friends. There's enough opportunity to stimulate [my relative's] mind." Furthermore, a varied activity programme was in place to provide stimulation and enhance people's social skills. This included going out for walks, professional entertainers, trips out, bingo, other games and film events. We observed staff spent a large part of their shift sitting and chatting with people. They and their relatives confirmed there were ample activities at Riverside. One person said, "They have plenty to do here, which is so important to my social life." A relative added, "The staff provide [my relative] with far more than anything we could at home. She has friends and lots to do to occupy her."

We reviewed processes in place to assist people to comment about their care. We did this to assess the management team's responsiveness to complaints. At the time of our inspection, the registered manager told us they had not received any complaints in the previous 12 months. We found the service's complaints policy was up-to-date and informed people about how the manager would address their concerns. The procedures included information about the various stages of a complaint and timescales the management

team were required to meet. Consequently, they had suitable arrangements to support people and their relatives to make a complaint and showed how this would be addressed.

Is the service well-led?

Our findings

We saw Riverside had a welcoming atmosphere and people approached staff and the management team in a relaxed manner. They said the home was well organised and had good leadership. A relative told us, "All the managers are good. When they answer the door when I arrive, they take the time to walk with me to [my relative's] room for a chat." Another relative added, "The door to management is always open. They really care about my [relative]."

We observed the provider was 'hands on' in their approach to the management of Riverside. For example, the management team members took it in turn to cook for the residents on a daily basis. This enabled them to engage with people and ensure they were fully supported. A staff member said the registered manager frequently provided personal care and covered shifts when staff were on leave. They told us, "It's a good way for them to check on the residents and us to make sure everybody is ok and having their needs met."

Staff told us they felt the registered manager and provider were supportive to them in their work. They said the management team was open, approachable and lead the home well. One staff member said, "The manager's doors are always open." Another staff member stated, "The managers are so approachable. I'm really supported." We were also told they felt their opinions and suggestions mattered to the management team. One staff member told us the cooking facilities did not always enable them to complete their work in a timely way. They added, "I just said the other week it was impossible and a week later a whole new griddle was in place."

The registered manager had suitable arrangements to obtain feedback from people and their relatives about the quality of their care. One relative confirmed, "They check if everything is ok and I sense they value my opinion." We found the management team provided satisfaction questionnaires to people who lived at Riverside and their relatives. We reviewed a sample of comments from the last survey and found these provided positive feedback about the service. Remarks seen included, "I'll be back soon, I love it", "Staff 100%" and, "Excellent."

We found the management team had suitable arrangements to oversee quality assurance and maintain people's safety and welfare. The service's gas, electrical and legionella safety checks were up-to-date. We noted hot, running water was available throughout the home and window restrictors were in place to protect people from potential harm. The management team documented water temperature checks as part of their monitoring of Riverside and in line with national health and safety guidelines.

The registered manager completed a range of audits to check environmental safety and the quality of people's care. These included assessments of care records, training, supervision and appraisal auditing, fire safety, health and safety, premises security and infection control. Additionally, the call bell system was linked wirelessly to the management team's laptop. This connected to a programme whereby the registered manager could audit how long staff took to attend to people's needs. They were also able to monitor staff completed a regular safety check on each individual who lived at the home. Records we looked at included various risk assessments and information about action taken by the manager to address identified issues.

For example, new hand gel dispensers and hand washing posters were introduced to enhance infection control. This showed the registered manager had systems to monitor people's safety and welfare and took action where this was not in place.