

Riverside Care Home Limited

# Riverside Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 10 July 2017 and was unannounced. Riverside Care Home provides residential and nursing care for up to 42 older people, some of whom may be living with dementia. There were 41 people resident at the time of our inspection. On our previous inspection on 3 February 2017 we rated the service as Requires Improvements

There was a registered manager in the service. 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.

On our previous inspection we saw that medicine management systems were not always safe; we found that the way staff were deployed meant that staff were busy and were not always able to meet people's needs in a timely manner. The care records did not always have the information needed for staff to provide effective care for people and where some people may lack capacity, assessments had not always been completed to ensure decisions were only made by others when they lacked capacity to make decisions themselves. Applications to authorise restrictions to keep people safe were not always appropriate where people had capacity. On this inspection we saw improvements had been made but further improvements were still required.

Where people lacked capacity to make certain decisions, some capacity assessments still needed to evidence how these decisions were being made in people's best interests. When people moved into the home, sufficient information had not always been obtained in a dignified way to ensure staff could provide the care people wanted. Staff felt further training would benefit them in how they could provide support to some people who used the service.

There were now enough staff on duty to meet people's health care and social needs. People's medicines were now managed, stored and administered safely.

People were supported to eat and drink and staff understood the importance of helping people to maintain a balanced diet. People were cared for by kind and compassionate staff who understood them. Staff knew about people's individual preferences for care and their likes and dislikes. Activities were organised to reflect people's interests and people were encouraged to take responsibility for arranging these activities.

People felt able to raise concerns. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed. The registered manager checked staff's suitability to work in social care during the recruitment process.

The provider's quality monitoring systems included consulting with people, their relatives and other health

professionals to ensure planned improvements were focussed on people's experience. There were quality checks of people's care and health, medicines management, meals and suitability and management of the premises.

## 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.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified as part of the support and care planning process. There was sufficient staff available and they were available when people needed support or assistance. Recruitment systems were in place to ensure new staff were suitable to work with people. People's medicines were stored safely and they received them as prescribed.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Where people did not have capacity, it was not always evident how this had been assessed and all decisions had been made in their best interests. People's needs were met by staff who understood how to provide effective care and supported them properly, although staff felt further training would help them to meet people's specific needs. People received a varied and balanced diet and had access to health care services.

### Is the service caring?

Good 

The service was caring.

Staff were kind and caring and understood people's needs. People's privacy and dignity was respected. People were involved in decisions relating to their care.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

When people moved into the home, information was not always available to show how the staff could meet their needs. Information was not always obtained respectfully. People took part in social activities and were supported to follow their interests. People and their relatives contributed to assessments and reviews of their care. People knew how to make a complaint

and these were investigated and responded to.

**Is the service well-led?**

**Good** ●

The service was well led.

Audits were completed to monitor the safety and quality of people's care. People who used the service, relatives and staff members were asked to comment on the quality of care and support through meetings, questionnaires and interactions with the registered manager and staff. The staff felt supported and valued by the manager.

# Riverside Care Home Limited

## **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 10 July 2017 and was unannounced. Our inspection team consisted of two inspectors.

We spoke with eleven people who used the service, seven relatives and visitors, eight members of care staff, two members of the nursing team, the registered manager and a health care professional. We observed care in the communal areas of the home so that we could understand people's experience of living in the home. We also consulted with commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

The provider completed a Provider Information Return (PIR) prior to our previous inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

On our previous inspection we identified that people's medicines were not always managed, stored or recorded safely. This meant there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection we found improvements had been made.

People received their medicines as prescribed and we observed the nurse administer medicines to people. They treated people with respect and kindness and explained the medicines they gave to them. One person told us, "The nurse comes round every day to give me my tablets. It's one thing I don't have to worry about." People told us they had their medicines when they needed them and they were supported to take them independently if they wished. Where people needed medicines 'as prescribed', for example if they had any pain, information was available to describe when these would be needed. The medicines were ordered and delivered on time to meet people's needs. They were stored securely and disposed of safely. Temperature checks of the storage areas were undertaken daily to ensure medicines were stored at the correct temperatures to maintain their effectiveness. Medicine administration records were accurately completed and there were systems to check that staff had recorded medicines administered correctly.

On our last inspection there were mixed views about whether there were suitable numbers of staff to support people. This was because people felt the staff were sometimes too busy and they needed to wait a long time for their meals or to receive some care. On this inspection we found improvements had been made.

People felt there were enough staff to provide the care and support they needed. There was a member of staff present in communal areas to ensure people's safety and we saw staff had time to speak with people as well as carry out their care and nursing duties. People were positive about the staff support they received. One person told us, "The staff are very considerate. If I am in my bedroom, there's a call bell in my room if I need anything. Before they leave they always attach it to my pillow slip so I can reach it if I need them. Someone comes practically straight away if I use it." There was limited use of agency staff, and when they were used, the registered manager tried to use the same agency workers to ensure people received continuity in the care provided.

People felt safe and told us that the staff made them feel comfortable. One person told us, "The staff are darlings. If you want anything or want to do anything, they are always there and very helpful." Everybody we spoke with said that they had no concern around safety for either themselves or their relative. Risks associated with the safety of the environment and equipment were identified and managed appropriately. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. One person told us, "I have a sensor mat at the side of my bed in case I fall out. This makes me feel much safer as I know the staff will come and check I'm alright if I fell or if I try and get out and walk. Sometimes at night I try and do too much for myself really."

Staff knew people well and described how they may recognise possible abuse or neglect. The staff

understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately by senior staff. The provider had informed us of incidents that had taken place and liaised with the local authority where appropriate. One member of staff told us, "I'd report something if I saw it. I'm sure we would all say something. We work well as a team and recognise if someone is out of sorts. This could mean something so we have to make sure it's looked into." Another member of staff told us, "We have all had safeguarding training so if we thought someone was being abused, we'd report it to the manager first so it could be reported by them."

Accidents and incidents were recorded and support was provided for people. The registered manager checked for trends or patterns in incidents which took place to ensure any risks to people were identified and acted upon. Each person had a personal emergency evacuation plan (PEEP) to inform staff how to evacuate the person safely. The staff knew about the procedure to follow to ensure people's safety in the event of an emergency such as a fire.

Recruitment and selection processes were in place to ensure that new staff were suitable to provide support for people who used the service. For example, employment histories had been checked, suitable references obtained and checks undertaken to ensure that potential staff were safe to work with people who used the service. Files contained evidence to show where necessary that staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.



## Is the service effective?

### Our findings

On our previous inspection we identified that decisions had been made by others without assessing people's capacity and applications had been made to place restrictions on people without considering whether they were needed. This meant there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection we saw improvements had been made although further improvements were required.

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. On this inspection we saw that some people now had capacity assessments completed where there were concerns that they needed support to make specific decisions. The assessments recorded how this decision had been reached and how a decision had been made in their best interests. On the ground floor, however, the capacity assessment was the same for each person and it was not clear how the decision about capacity had been reached. The assessment recorded the reason people could not make a decision was due to having dementia but had not considered how each person may need support or not. The registered manager agreed that further work was still needed with some of these assessments.

We saw applications to deprive people of their liberty had been made where there were concerns about people's safety. These people had been assessed as not having the capacity to make a decision about how safe they were when they were out of the home alone and to agree to any restrictions in the home. Staff had received training in this area and knew that some people had applications made but had not understood why. One member of staff told us, "People have a DoLS if they want to go out alone." This meant people may be at risk of having further restrictions placed upon them.

We saw staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff would never assume anything. They are very polite and I hear them asking everyone what they want or whether they are alright."

On our last inspection we identified that some of the staff had not received all the training necessary to support people effectively. This meant there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection we saw improvements had been made although further

improvements were still required.

New staff shadowed experienced staff when they started working and received an induction into the service. One member of staff told us, "For the first week I shadowed a member of staff but I didn't feel comfortable so I asked if I could do this for another week and this was arranged. I was really pleased as this gave me more time, so I felt confident with what I was doing." Some new staff had not received training to safely help people to move. One member of staff told us, "I've done the training before where I used to work but not here yet." Another member of staff told us, "We can't help people with moving and handling until we have done the training but this makes some shifts difficult as we have to keep swapping around to make sure the trained staff are where we need them." The registered manager informed us that competency assessments were completed to ensure safety in using the equipment prior to the booked training being received. Training was generally completed electronically and some staff told us they felt this was not as effective and would like further training. One member of staff told us, "We have a lot of training here but a lot is done on the computer which I don't think is always the best way to learn." Another member of staff told us, "We did some training for dementia on the computer but I'd really like some more. There's so many ways this can affect people and I think I could support people better if I understood it more."

People were provided with a varied diet and there was a choice of food and drink. One person told us, "The staff always come and bring me a cup of tea in the morning and I can have a fried breakfast if I want one. I always look forward to the dinners." Another person told us, "The staff come and ask us every day what we want to eat. I look forward to the puddings. Today we have jam roly poly or plum crumble. If you don't like those you can have a mousse or cheese and biscuits. There's always something else." Staff understood that some people needed a particular diet to meet their needs or had their food blended. One person told us, "I have diabetes and the staff watch my blood sugar content and look at my diet with me. The nurse gives me my insulin and my diabetes is reviewed every six months. I'm really happy with the support I get." Where people needed a blended diet we saw the different foods were served separately so people could still enjoy the different food flavours. Where people had difficulty swallowing, they had been referred to the Speech and Language therapists who had advised on how food should be prepared and what cups or beakers to drink from. We saw their advice was followed.

People had their day to day health needs met and they had access to health care professionals as required. One person told us, "The staff are very good at making sure you see the opticians and the doctor comes to visit here every week." Another person said, "I've had a chest infection and I got plenty of care." Where people received advice from an occupational therapist or physiotherapist, people told us the staff helped them to carry out any exercise programme to help with their mobility. One relative told us, "The staff have encouraged [Person who used the service] to walk around and they are actually much better now. We are really pleased to see the progress." A health care professional told us, "They listen and take on board what I am saying."

# Is the service caring?

## Our findings

People and their relatives felt that the staff were kind and caring. One person told us, "The staff are very good at looking after us." Another person said, "I came to look around here before I moved in. I went everywhere and liked it and I haven't been disappointed. The staff are lovely and make this place wonderful." The staff were respectful, considerate and attentive to people's needs. For example, we saw staff noticed one person needed help whilst eating their meal and asked if they would like it cutting up. We also saw staff noticed when people looked uncomfortable and provided additional pillows for support. Staff introduced us to people throughout our visit and asked them if they wanted to be part of the inspection and speak with us.

The staff knew and understood people's needs. We saw that people had detailed information within their care records about their life history and work. This provided staff with information so they were able to talk to people and get to know them. One person said, "The staff are like my friends and you can't fault them. They know I like a drop of whiskey or brandy and they never forget to offer it." Another person said, "The staff are marvellous at entertaining us and know what I like to do. They are exceptional."

People's privacy and dignity was respected. People told us this included ensuring that their curtains were closed and that people were covered up as much as possible while assisting them with personal care. People could close their bedroom door and see visitors in private. There were areas in the home which allowed people to spend time on their own if they wished. We observed staff members knocking on people's doors and seeking their permission for them to go in prior to entering people's rooms.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were involved in decisions relating to their care and their choices were acted upon and staff listened to them. One person told us, "The staff look after you very well. I can have a shower whenever I want or need one, every day if I liked, you just need to ask." People were able to be as independent as they wanted to be. We saw that people were provided with aids such as plate guards at lunchtime to support them to be independent.

Relatives and friends were able to visit at any time. People were able to invite family members to join in celebrations with them. One person told us, "They organise events for the family to join in. On mother's day, my family came and had a meal with me. We've always done this so it was nice to carry on and do this." Another person told us, "When any of us have a birthday, they always remember and we have a cake to celebrate and we can invite people here." We saw from the signing in book that people had visitors at various time of the day.

## Is the service responsive?

### Our findings

On our last inspection we identified that people's care records did not always contain all the information needed to reflect the support people needed. This meant there was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) 2014. On this inspection we found improvements had been made however further improvements were required.

People had their needs assessed before they moved to the home and a decision was made whether the provider could meet people's support needs. One person moved into the home on the day of our inspection visit. We saw information was provided by family members and initial observations such as getting weighed, was completed in the lounge; this was not completed in private to ensure information was confidential and protected their privacy and dignity. A basic care plan was completed to give staff the information they would need to provide their support. However, we saw the plan did not include information about how they needed to move safely and associated risks. One member of staff told us, "We will usually get a handover and told about what support they need, but we haven't for [Person who used the service] so I'm not sure yet." We saw family members visited throughout the day but there were no further discussions to establish the actual support they needed. We spoke with the registered manager and nurse in charge to ensure this information was obtained to ensure their safety. After raising these concerns the nurse told us, "We have completed the care plan now and we have the information we need." A member of staff also spoke with the family to obtain further information and told us, "I've been speaking to the family and I'm confident we now know what we need so we can support them. We will keep speaking with them and any information we learn will be written down so the nurse can develop the support plan." The registered manager agreed that the process for supporting people to move into the home needed to be reviewed to ensure people had privacy and their dignity was maintained.

For other people we saw their support plans included personal information and recorded details about them and their life. The plans were reviewed and staff told us they knew people well and had a good understanding of their preferences and personal histories. However, for one person, we saw their faith was important to them and they had religious literature in their room which they used to read. The staff knew this, although had not considered how they could continue to support them to practice their faith as they were no longer able to read these. One member of staff said, "They listen to music but we hadn't thought about that."

People felt able to raise concerns or make a complaint. One person told us, "I've no grumbles, but if I did, I'd speak to the manager. She's very good and always comes to speak with us." We saw that where concerns and complaints had been raised they were recorded. Where people had raised verbal concerns, these were not always recorded to demonstrate how the provider had responded. The registered manager agreed to review this.

People were supported to engage with activities that interested them. There were specific staff who organised activities each day. One person told us, "We get activities every day. We had a lovely musician visit

recently and we sang with them." Another person told us, "We've been out gardening. I planted some seeds, everyone joins in and if they can't they supervise and help to tell us what we need to do." Another person told us, "We love going to the pub and play dominoes there. Lots of us like to play dominoes." We saw large dominoes had been provided and people sat together playing this game. One person said, "We like to play cards too." The staff showed them the new equipment that had been purchased so they could arrange and see their cards using a 'card holding deck'. They said, "These are really good. I can't hold my cards very well any more so using these will really help."

Some people went out alone or with family members. One person told us, "We are so lucky to be where we are with such beautiful gardens around us. I love going out there. It was lovely at the weekend as it was the regatta so we got to see all the boats and entertainment. It was a beautiful day." People enjoyed making and knitting gifts for others. One person told us, "A lot of us are knitting scarfs to send overseas."

Activities were arranged for people who remained in their rooms and may be at risk of social isolation. One member of staff told us, "We have group and individual activities. We look at what people like to do and organise this. For some people, this means reading the newspaper or poetry with them, for others we go for a walk into town in their wheelchair so they can go shopping. We try and organise what people want."

## Is the service well-led?

### Our findings

Quality monitoring systems were in place which included regular checks of people's care plans, medicines administration, the premises and equipment and whether the staffing was sufficient to meet people's dependency needs. The registered manager also carried out observations of people's experience at meal times to ensure choice was given, check the quality of the food and how care was delivered. They shared their observations individually within supervision sessions and at team meetings to make sure staff understood how they could improve the quality of the service.

Systems were in place to monitor and improve the quality of the service. Quality assurance surveys were sent out to people that used the service and their relatives during the year. We saw that when feedback had been received a survey response was prepared. This highlighted the main things that had been raised by people, the action the provider had taken immediately in response and any further actions they had planned. One person told us, "We have filled out a questionnaire recently about what we like about it here and what we're not happy with." Another person told us, "They listen to what we say. They've recently extended the patio area as there wasn't enough room for us to sit out. It's so much better now and we've really enjoyed planting and decorating it out there."

People were also consulted about the quality of the service provision through resident meetings. One person told us, "We had a residents meeting last week and it was really well attended. We can talk about anything that's on our mind, good or bad." We saw the last meeting had discussed how people wanted changes within the menu and the registered manager shared that they were recruiting new staff. People were able to help organise activities and events and one person wrote the newsletter for the home. The last newsletter included a personal profile of the author; local history of the home, information about clubs in the home and one person shared a brief personal account of their life and interests.

We saw people had recorded their thanks and complimented the staff. Comments included; 'The care and love you gave [Person who used the service] in the last month was lovely. They were so happy with you and they loved a laugh. You showed such gentleness and professionalism.' And 'All the staff have been so kind and caring and we would like to give our heartfelt thanks.'

Since our last inspection visit the manager had successfully completed the process to become the registered manager. They understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. Staff felt supported by the registered manager and nursing staff. One member of staff told us, "If you have any problems, you can always go and speak to the nurse in charge. You feel better knowing they are there."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.