

Riverbank Care Limited

Golden Sands

Inspection report

10 Nelson Road
Westward Ho
Bideford
Devon
EX39 1LF

Tel: 01237477730

Website: www.riverbankcare.co.uk

Date of inspection visit:
25 April 2016
29 April 2016

Date of publication:
26 May 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

This inspection was unannounced and took place over two days; 25 and 29 April 2016. The service was previously inspected in October 2013, they were meeting all of the requirements in the areas we looked at.

There is a registered manager in place who has worked at the service for several years. 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.'

People, their families and visitors were extremely positive about the care and support provided by staff at Golden Sands. Comments included "Staff are all very helpful and very caring." One relative said "We couldn't believe how caring the staff are here. It's like a family."

There were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff said they felt valued and were encouraged to contribute to how the service was run and how care and support was being delivered. Staff understood people's needs and knew what their preferred routines and wishes were. This helped them to plan care in a person centred way.

Staff understood how to ensure people's human rights were protected and people were continually offered choice throughout their day. They worked within the principles of the Mental Capacity Act to ensure people's capacity was assessed and monitored. Where people lacked capacity, any decisions were considered with people who were important to the person as part of a best interest decision. Staff were able to describe how they gained people's consent and how they worked in a way to ensure people were offered choice in their everyday lives.

The home was cleaned and decorated to a high standard and homely features made it welcoming. Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment.

There was an activities person who strived hard to ensure people were engaged in meaningful activities throughout the weekdays. This included sing-alongs, quizzes, flower arranging, visits from various animals including Exmoor Zoo as well as regular paid entertainers and visits from community groups such as local school children and local choirs.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.

Care and support was planned to ensure that risks were assessed and monitored. People's choices and preferences were included within care plans to ensure staff understood how to assist people in way they preferred and wishes met. People were protected from harm because staff were only recruited once they had all the checks in place to ensure they were suitable to work with vulnerable people. Staff understood what may constitute abuse and how and to whom they should report any concerns.

People were offered a variety of meals and snacks to ensure good health. Where people were at risk of losing weight due to their health condition, staff monitored what people ate closely. Some people were on supplementary drinks prescribed by the GP. Additional snacks and higher calorie foods were also offered.

People, visitors and staff were all able to voice any concerns or suggestions to help improve the quality of the service provide at Golden Sands. The registered provider worked hands on within the home and spent time talking with people, their visitors and with staff to ensure their views were heard. Quality assurance systems included audits on the environment and documentation relating to people's daily care and support.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were enough staff with the right skills to meet people's needs.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good ●

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly identified and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good ●

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

Golden Sands

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 25 and 29 April 2016 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). 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.

During our visit we met most people using the service, and spoke with five people to gain their views about the care and support they received. We also met with six care staff, the registered manager and provider. We spoke with three relatives during the inspection and two healthcare professionals. Following the inspection we also had feedback from one healthcare professional.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

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 with us due to their dementia.

Is the service safe?

Our findings

People were kept safe because staff understood what risks related to each individual and worked in a way to minimise those risks. For example, where people had been assessed as being at risk of falling, staff knew what equipment people needed to help them move around safely. Staff reminded people to use equipment and if needed provided guidance and support to ensure people transferred safely from chair to standing and from chair to wheelchairs.

Where people had been assessed as being at risk of developing pressure areas, risk assessments identified what equipment and support people needed to minimise this risk. This included the use of pressure relieving equipment and where people were less mobile, instructions for staff to ensure people were assisted to change position on a regular basis. This helped to reduce the risk of developing pressure areas. A visiting community nurse said staff referred people who were at risk of pressure damage at the first signs of any reddening of skin areas, which could be an indicator of them developing pressure damage. Where people's needs changed the provider acted swiftly to ensure the right equipment such as airwave mattresses were available without delay.

People said they felt safe living at Golden Sands. Comments included "I came here because I had so many falls at home. Staff are lovely and I feel safe." "It is lovely here...yes I feel safe and staff look after us well." People confirmed there were enough staff available throughout the day and night. One person said "I have my bell if I need anything and staff are pretty good, you don't have to wait too long if you need them." Relatives said there were enough staff with the right skills to meet people's needs. One said "This is the best home around here. They are very good."

There were enough staff for the number and needs of people living at the service. There were usually three or four care staff each shift, plus an activities coordinator from 10-4pm weekdays, and a cook and kitchen assistant. There were also cleaning staff and a maintenance person. The registered provider said she visited almost daily and helped out wherever needed. The registered manager said they had a stable staff team. They did not need to use agency staff to fill in for sickness or annual leave as regular staff were usually willing to fill any gaps in the rota. Staff confirmed they worked well as a team and were able to meet everyone's needs in a timely way. Staff spent time not only attending to people's personal care, but also sat chatting to people.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. The registered manager had identified within their provider information return (PIR) that they would be ensuring safeguarding training occurred on an annual basis. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There has been one recent alert raised by the service within the last 12 months. This related to an unwitnessed incident of one person saying another had hit them. The alert highlighted how the service had taken steps to ensure both people were closely monitored and where possible not sat together. This showed the registered manager had considered all the risks and taken actions to protect people from any harm.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. One new staff member confirmed they were only employed and able to work on shifts once all their checks had been completed.

Medicines were well managed and people received their medicines at the time they were prescribed to be given. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medicine totals in the home and where appropriate staff had double signed entries to help prevent possible errors. When staff were administering medicines they wore a red tabard which alerted people to not disturb them whilst they were doing this task. Medicines were given to people either on a spoon or onto the palm of their hand. The staff member did not leave until they had witnessed them swallowing their medicines in accordance with the home's medicines policy. Staff confirmed they received training in safe handling, storage and administration of medicines and their competencies were reviewed as part of their ongoing learning. The registered manager said she would also include this as part of supervision with staff who administered medicines. One of the areas for development was to ensure where people had been prescribed an as needed medicine for calming for example, that a written protocol be included with the medicine records. The registered manager and a senior care worker were working on this as part of a project for their learning a qualification in care.

The environment was safe and well maintained. The PIR stated "To ensure that the premises are safe we have a maintenance staff member on site to assist with, yearly testing of all electrical appliances, repairs as required. We ensure water tanks are disinfected yearly, boilers are tested yearly and equipment is well maintained and tested yearly such as bath chairs, stair lifts and so on. Hoisting equipment is tested every six months and the lift is regularly maintained and the fire systems are tested both weekly and quarterly by an alarm company. A qualified fire officer attends annually to inspect the premises and produce a report. A monthly general risk assessment is completed to highlight any areas needing improvement." We checked a selection of maintenance records and found they were accurate and well documented as to what audits and checks had been completed. Where faults or issues had been found, solutions had been made and this was also recorded.

Is the service effective?

Our findings

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. People said staff knew how to support them. One person said "Staff help me with things I can no longer do for myself, but leave me to do what I can. My independence is important to me." Another person talked about how staff had supported them to go out to the local community to do shopping because they enjoyed this and found this an important aspect of their emotional well-being. Relatives confirmed their family member's needs were usually well met. One family was less positive about this aspect, but were working with the service to gain a better understanding of how the service was working to achieve the right outcomes for their relative.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes, pressure care, bowel care and hydration. One visiting family member told us they had been invited to join the dementia awareness course and had learnt a great deal from this. Staff said they had regular opportunities to meet with the registered manager to discuss their role and any training needs they had. One staff member said "I hadn't worked in care before coming here so I was very nervous about making sure I did it right. The training has been really good and helped me gain confidence in working as a carer. The provider and manager are brilliant, you can go to them about anything and they are always willing to offer training to us."

New staff were required to complete an induction programme which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they had completed the care certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so they had an opportunity to get to know people's needs and the operational ways of working in the service.

The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act (2005). The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were current deprivation of liberty safeguards applications (DoLS) had been submitted to the authorising body.. Care staff confirmed they had completed training in this area. Staff did understand the principles of ensuring people were given choices and where possible consent gained. They were able to give examples of how they ensured people consented to their care. Where people

lacked capacity, relatives had been consulted as part of a best interest decision for use of equipment which may be restricting people. This included the use of bedrails to keep people safe from falling out of their bed. The registered manager said they had similar discussions with people's GP's and district nurses and where possible recorded this to show how a best interest decision had been made.

People were supported to eat and drink to ensure they maintained good health. People were complimentary about the menu choices available. For example one person said "The food is lovely. You should try the homemade cakes- they are yummy!" Another said "There is always a choice of meals. The food is very good here." Mealtimes were a relaxed and sociable. Most people ate in the dining room but people were able to choose to eat in quieter areas or their bedroom if they wished. One person said that although they normally ate in the dining room, on that day they had felt unwell so had asked staff to bring their meal up to the room, which staff had done. Meals were attractively presented and the cook came out to see if people had enjoyed their food and to offer alternatives if people wanted something else. Where people needed support to eat their meals, this was done in a discrete way. One person had an extra light brought to the dining table to help them see their meal, as they had a sight impairment. Where needed people had plate guards to help them with eating independently.

Where people were at risk of losing weight, staff monitored their food intake and offered higher calorie meals and snacks. The PIR stated "As a service we constantly try to reduce the risk of anyone being malnourished. We provide a high calorie diet and if we feel someone has a reduced appetite we involve a GP if needed and keep a weekly diet chart to monitor what they are eating. We also speak to the district nurses and get people referred to a dietician if needed. At the same time, monthly or weekly weights are taken to monitor this so people whose health or mobility may benefit from a different diet can be consulted and it changed accordingly with their input. At the moment the cooks cater for underweight and overweight people as well as diabetic."

Care records showed how health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example where staff were concerned about people's skin being fragile and prone to pressure damage, community nurses were asked to monitor and advise whether additional measures may be needed to protect the person's skin from damage. Healthcare professionals confirmed staff referred people in a timely way, listened to advice and were supportive during their visits to ensure treatment was effective and the person remained comfortable.

Is the service caring?

Our findings

People and their relatives and friends were complimentary about the caring nature of staff who worked at Golden Sands. One person said "Staff are all very helpful and very caring." One relative said "We couldn't believe how caring the staff are here. It's like a family."

People's dignity and privacy was upheld. One community nurse said they always treated people in their rooms, but on this occasion the person could not be persuaded to move from the lounge area. She and the staff member respected the person's wish not to move as the dressing being changed was on their head and there were no other people sitting in the lounge at the time. Staff gave examples of how they supported people's privacy and dignity, making sure they knocked on people's bedroom doors, calling people by their preferred name. One staff member said "We take pride in ensuring people are well dressed and have their jewellery on if they like that; it is important to them and it is important to us to ensure they are happy." We saw numerous examples of staff offering to support people in a kind and gentle way. Staff spent time checking people were comfortable and chatting to them about things which were important to the individual. It was clear there were good relationships between staff and people who lived at the service. One person said "Staff become like family to you. You like to know what they have been doing."

Staff understood the importance of offering people choice and respecting people's wishes. For example one person was encouraged to come into the conservatory to join in activities, but they did not wish to do this and staff respected their decision and asked what else they wished to do. Later we saw staff taking this person out for a walk. Staff described how they got to know people and understood what their preferred daily routines were. One person for example, enjoyed spending time in their room. They said staff popped up to check they were ok and to offer them a cup of tea. The provider information return (PIR) gave an example of people always being offered a choice when visitors arrived as to whether they were happy to receive visitors. Staff checked with the person if they wish to have visitors as they are aware for some people, they do not always wish to see some visitors.

End of life care is discussed and offered where possible. People were given as much support at the end of their lives as possible. Staff had recently had training from the local hospice and hoped to soon set up the Gold Standards Framework. This is a national framework which covers best practice in end of life care. The PIR stated "When timing is right, staff members talk to people that use the service to try to ascertain what their more detailed preferences for the end of their lives may be. With this in mind, this is why much of the information recorded is different for each person. Only one person has a preferred priority for care completed---

but this is only because using an 'official document' isn't always preferable to the person involved. All people at Golden Sands have a Treatment Escalation Plan in place that all staff are aware of and how they are used. Staff members have had training from the local hospice in palliative care and some have taken distance learning courses also. When the time comes where a person's health is deteriorating, we work closely with the persons GP, district nurses, out of hours team and at times have a Macmillan carer in to sit with them if that was their wish."

We saw many compliment and thank you cards from families which highlighted the kindness and caring nature of staff, particularly at the end of a person's life. One said "I can't thank you enough for the kindness you showed to all of us at such a difficult time."

Is the service responsive?

Our findings

The service offered a comprehensive and responsive activities programme throughout the week. The activities coordinator was praised by people and their family members. Comments included "She has made such a difference to (name of relative). She is so good at getting people to join in." One person said "We have lots of things going on, sing-alongs, quizzes, games, it's all good." We observed how engaging the activities person was and included everyone to ensure they were enjoying the activity. There was lots of laughter and fun during a game of batting a balloon with sticks with plastic hands attached to the end of them. Staff joined in and it was clear this was a favourite activity enjoyed by all. They also had paid entertainers and visiting animals such as Exmoor zoo. In addition visits to places of interest and meals out were also organised on a regular basis which people said they really enjoyed.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Wherever possible a pre admission assessment of needs was completed prior to the person coming to the service. This is then used to develop a comprehensive care plan involving the person and their keyworker. This is done on a monthly or as required basis. The service completed an annual in-depth care plan review with the person and their family if they wished. Alongside this the provider said in their PIR "throughout the year, we meet with the people that use the service when they need to and have discussions with family members (with their relatives permission) when they need to speak to us. We encourage staff input daily and discuss the needs of the people using the service at every hand over so that any small changes are communicated and acted upon. Any changes are documented in the staff communication book, where appropriate, so that every staff member is up to date with what is happening. Yearly, there is a meeting with everyone that use the service and their family to discuss life in general at Golden Sands."

People said staff were responsive to their needs. For example one person said "If I need anything I only have to ask. Staff are always checking if we need anything. There is a constant stream of food and drink and staff are around if you need them."

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by key workers and senior staff. This meant staff knew how to respond to individual circumstances or situations. Care files included a pre admission assessment and what people's current assessed needs were in areas such as what they could do for themselves and what help was needed in aspects of daily living. This covered personal care, general physical health, mobility, toileting and communication. Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. Any small changes to people's needs were discussed with staff following each shift. This showed the service was responsive to people's needs and any changes to their needs.

The Alzheimer's Society produced a document called "This is me" to help those living with dementia record what is important to them. The PIR highlighted the need for these to be accurate and up to date if "They (people) were to go to another care setting, e.g. hospital. These were filled in for every person that uses the service so that even if they suffer from a sensory impairment, their care can be as consistent as possible and

their preferences are recognised."

There were regular opportunities for people, their families and friends to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager and provider. People were made aware of the complaints system. There were also regular meetings held to enable people and their relatives to discuss their views and suggestions.

Is the service well-led?

Our findings

The service was well led because the registered manager and provider worked closely with senior care staff and other members of the staff team to promote the ethos of providing a homely environment where people were safe. There were regular opportunities for staff to meet and discuss how care and support was being delivered to individuals and the running of the service more generally. One staff member said "Our manager and owner are very good. We work as a team and share ideas and what works well with our residents."

The registered manager worked some of her time as part of the staff team providing direct care. She said this helped her to model best practice and to provide ongoing support to staff on a daily basis. The provider said she also worked very hands on with people and considered herself part of the staff team. They said "I never ask my staff to do anything I wouldn't do. I get my sleeves rolled up and help out as and when it is needed. We have a really good team work approach."

Staff confirmed the management approach was open and inclusive. They considered their views and suggestions were listened to and actioned. For example one staff member said they had raised the fact one person "coped better if they had their personal care delivered earlier in the evening." This was then adopted as part of the team's way of working.

The registered manager had included as part of the PIR information how they kept up to date with best practice. They said they ensured they used websites from CQC and other leading healthcare and social care organisation to ensure they were up to date with best practice issues. They had also made good use of NHS nurse educators to provide further training in key areas of health issues. One healthcare professional said "The manager, was very responsive in engaging with training and the development of her staff." Care files and discussions with healthcare professionals showed the service worked in partnership with other stakeholders to achieve good outcomes for people.

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives we spoke with also confirmed their views were considered. One relative said "We are aware there are meetings for relatives but if we have an issue, we will raise it with the manager when we visit." One person said "They always ask our opinion about things. I said we would like to have more trips and we have been talking about where we will go when the weather is better."

The service used an annual survey to gain the views of people and their family. The results of these were collated and then a meeting was held to talk about this and what actions the service could take. In June last year people had identified they would like more outings and the subsequent meeting minutes showed this had been discussed and outings planned as a group and more locally for individuals.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place

and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. One person had been more prone to falls and the service asked their GP to review their medicines to check whether this may be causing dizziness.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Prompt actions were taken where audits identified issues. For example where audits in care plan records noted a need for changes in the care plan, the registered manager and senior staff made sure staff were aware of changes and updated records promptly.