

Riviera Care Limited

Riviera Court

Inspection report

Riviera Court
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Riviera Court is a residential care home providing personal care to adults with complex mental health needs. 20 people lived in the service at the time of the inspection. The service can support up to 22 people.

The service is on three floors, with access to the upper floors via stairs. Bedrooms have en-suite facilities. There is an outside shared patio area.

People's experience of using this service and what we found

People who had lived in the service for many years mainly said they were happy.

Risks in relation to people's care and lifestyle were not assessed, understood and managed in a way that kept them safe. Some practices in relation to risk did not protect people's human rights. Medicines were not always managed safely. People told us they felt safe and appeared comfortable when staff were with them.

People did not live in an environment that was well-maintained. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People told us they enjoyed the food at the service.

Most people told us staff were kind and caring. One person said, "I am happy with the service, there has been nearly all the same staff over the years." Several people told us some staff were not as good as others.

People's care plans did not evidence how they were involved in the service or their care. Care plans contained limited information on how staff should meet people's individual needs, preferences, goals, and social activities. Staff knew people well and were able to tell us about their preferences. Complaints that had been made were not always recorded or accessible.

There were some monitoring checks in place, however these had not always been effective in identifying where improvements were needed. The registered manager spoke openly and honestly throughout the inspection process. They were aware improvements were needed within the service. They planned to contact the local authority quality assurance team for support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person centred care, need for consent, safe care and treatment, and governance at this inspection. We also made recommendations in relation to the refurbishment of the environment and complaints management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Riviera Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Riviera Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback from one professional. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, team leader and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested information relating to training and quality assurance records but did not receive these.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's records identified their risk but there were not always clear plans in place to identify how these risks would be managed, reduced or mitigated. For example, where people were at risk from alcohol use there were no clear guidelines in place describing how staff should keep them safe. However, staff knew the risks and told us how they would respond.
- Some people could at times display behaviours that could put themselves or others at risk. These risks were not detailed as part of a risk assessment or plan of care. This meant staff may not be supporting people consistently or in a way that safeguarded and protected them or others.
- People who had known risks associated with health conditions did not always have their needs identified, assessed and acted on to keep them safe. For example, one person had a known history of epilepsy. Although they had not had any recent seizures, there was no robust care plan in place in the event they did. Staff told us if the person had a seizure they would call the emergency services.
- Some people at the service smoked. Although people were encouraged to do this outside of the service, some people did not follow this rule. There were no individual smoking risk assessments in place to check people were safe with their lighters and were extinguishing cigarettes safely.

Preventing and controlling infection

- At our previous inspection in February 2017, we found some areas of the service were dusty and dirty. At this inspection, the service was dusty and smelt of cigarette smoke in some areas. Some furnishings were ripped and stained.
- We asked the registered manager to send us their most recent infection control audit, but we did not receive this.
- One person's mobility equipment was rusty. The registered manager told us they would contact a professional to arrange for it to be replaced.
- Staff told us they were aware the environment needed to improve.

Using medicines safely

- Medicines were not always managed safely. Records were not always fully completed to show people had received their medicines as they should. However, when we checked the medicines, the amounts indicated people had received their medicines.
- Medicines were not stored at a safe temperature and in accordance with best practice guidance to ensure they remained effective. The temperature of the medicine's storage area was not monitored.
- Where people were prescribed medicines on an 'as required' basis, there was no guidance for staff to know

when and why to use them.

- Some people had skin creams but there were no risk assessments in place to assess their safety. There were no records to show staff where skin creams should be applied. Some people had paraffin based skin creams and were smokers but there were no risk assessment in place.
- One person was encouraged to take their own medicines. There was no risk assessment in place or care plan to describe how this was safely managed. Their medicine record was not an accurate reflection of the medicine they had been given. Staff were aware of this and were taking action.

We found no evidence that people had been harmed however, risks associated with people's care were known, but not always documented. Medicines were not managed safely. People were not protected from the risk of spread of infection. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medicines training and had their competency checked.
- Some people were on mental health medicines that required special monitoring and had potential risks. Staff were able to describe side effects and told us they would alert people's doctors if they were concerned.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and appeared comfortable when staff were with them.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- The registered manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm. However, safety concerns had not always been reported to the local authority safeguarding team or CQC.

Staffing and recruitment

- People told us there were enough staff to meet their needs. Staff responded to people's requests during the inspection.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Learning lessons when things go wrong

- The provider had systems in place to record incidents and accidents. However, we saw no evidence of a system to analyse this information or to recognise and respond to patterns and triggers.
- The registered manager told us they had recognised the importance of people getting on with each other. They had reviewed their assessment process and told us this had resulted in less incidents taking place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were completed and used to develop a care plan for the service. However, one person had recently moved into the service. The service had received a care plan from healthcare professionals which detailed the person's needs. This, along with a full assessment with input from the person would normally be used to develop a care plan. This had not happened and there was no detailed person-centred care plan or risk assessment in place. It was therefore unclear how staff knew what the person's needs were or if they were being met.
- We found risks associated with people's care that demonstrated the service was not always ensuring people's needs and choices were met.
- We found concerns throughout the inspection that reflected care was not always being given in line with standards, guidance and regulations.

Assessments of people's needs and preferences had not been carried out. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained some information following people's GP review but there was limited information in relation to other professional's input.
- Care plan documents describing the support people need to maintain their health and wellbeing were not always easily accessible. For example, one person was susceptible to urinary infections. Three different care plan documents referred to this but it had not been incorporated into the main care plan document.
- Several people told us they were supported to access external healthcare support as necessary.
- A health professional who had completed a survey said, "The staff are cooperative and very knowledgeable."

Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The Mental Capacity Act provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. (DoLS).

- Staff told us most people living at Riviera Court were able to consent to their care and treatment. However, records did not show how people's capacity had been assessed or how staff recognised that capacity changed.
- One person was described as being confused and unable to retain information. There were no mental capacity assessments in place.
- Decisions were made about people's care. These were not clearly evidenced as being in their best interests. For example, staff managed some people's money and cigarettes. We were told some people had capacity, however, their cigarettes were held and given out to them. It was not evident how or why this decision about the person's cigarettes had been made.

People's mental capacity had not been assessed and best interest decisions were not recorded in accordance with the Mental Capacity Act 2005. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The provider had made some improvements to the environment to meet people's needs. For example, accessible bathing facilities had been fitted to meet people's changing needs; a wet room had been installed on the ground floor. Bedrooms were redecorated and re-carpeted when people moved out.
- Some areas of the service were in need of redecoration.

We recommend the service seek advice and guidance from a reputable source about ways of improving the environment and implement a redecoration and refurbishment schedule.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. Staff had not always completed training in relation to people's specific needs, for example in relation to Epilepsy.
- We asked the registered manager to send us an up-to-date training matrix but did not receive this.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the service. At lunchtime, staff served the food in a friendly and polite manner, remembering what each person liked. There was a choice of hot and cold drinks. People were encouraged to clear their own plates by staff who thanked them for their help.
- People were able to access cold drinks in the dining room at any time. The registered manager told us people could make hot drinks independently in the kitchen.
- People told us they had been involved in the menu planning and had a choice of what they wanted to eat. People's specific dietary needs were known and catered for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. People were not always involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People's support plans did not evidence how they were involved in the service or their care. Some support plans had not been reviewed for a number of years.
- People's spiritual and cultural needs were not documented to enable them to be known and therefore met.

People had not been actively involved in making decisions in relation to their care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported

- Most people told us staff were kind and caring. People told us "I am happy with the service, there has been nearly all the same staff over the years" and "The staff are generally nice here." Several people told us some staff were not as good as others.
- Relatives who had completed surveys said, "I found the staff very helpful and friendly" and "They are very caring." A health professional said, "Residents were very relaxed and they feel respected and supported."
- Interactions between people and staff were relaxed. People knew staff well. Staff showed an interest in what people were doing and chatted with them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- Each person had a key to their bedroom and could choose to lock it for privacy.
- People's independence was respected and promoted. One person showed us around their home. Some people were encouraged to attend medical appointments on their own. One person liked to lay the tables for dinner. People were supported to do their own laundry and clean their bedrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's care was not always planned and delivered to ensure their needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained limited information on how staff should meet people's individual needs. Care plans didn't contain personalised information about preferences, goals, or social activities. There was no information about life-skills people wanted or needed to develop or progress.

Some information in care plans was out of date. There was no evidence of regular review.

- Records showed and staff told us the service had identified the need for more activities. During our inspection, some people went out, other people stayed in their room. In the afternoon, some people were watching television or sleeping. One person said, "There's not a lot to do."

People had not been actively involved in making decisions in relation to their care. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and were able to tell us about their preferences.
- A number of people were independent and went out to pursue their interests. One person enjoyed going out on their bike. Another person was a volunteer in the local community.
- Some people were supported to go out. A staff member said, "We take the less able clients out at least once a week for coffee, fish and chips in a van." Another staff member told us they sometimes brought their dogs in and would go for a walk with people. People had also been to the shops and a Summer fair. Several people had been supported to arrange holidays and were escorted by staff. One person told us how they had enjoyed a holiday in Bournemouth where they had gone to a music concert.
- People were encouraged to visit the service before moving in. One person had recently stayed overnight and spent time with the other people who lived in the service and staff before making the decision to move in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their need's assessment. People living at the service were able to communicate verbally.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns.
- Where the service had received verbal complaints, these were not easily accessible. Written complaints had been archived.

We recommend the service consider current guidance and best practice on managing complaints and update their practice accordingly.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection.
- Staff were supporting one person to make decisions and arrangements relating to their end of life care.
- People's wishes and preferences were not recorded in their care plans. The registered manager told us they would address this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. However, issues had not always been identified or actioned. For example, relating to medicines, risk assessments, care plans, the environment and complaints.
- We asked the registered manager to send us records including the service's quality management policy, training records, and infection control audit, but we did not receive these.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The latest CQC inspection rating was not on display in the service. The registered manager told us people kept taking it down. The latest inspection rating was not on the provider's website. The provider told us they were closing the website.

Failure to display the rating of the service is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team spoke openly and honestly throughout the inspection process. They were aware improvements were needed within the service. Since the inspection, the registered manager and deputy manager have met with the local authority quality assurance team for support.
- The registered manager was supported by senior care staff and care staff. There was a stable staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not always sent us notifications. These include information, so we knew what was happening in the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People told us the service was well managed. However the culture was not empowering and people were not always involved to achieve good outcomes. People were not fully involved in planning their care, decisions were made on their behalf, and there was a lack of meaningful activities.
- Staff told us they felt listened to by the registered manager and enjoyed working at the service.
- The registered manager worked alongside staff. They had a good understanding of people's needs, likes and preferences.
- A professional told us, "On the occasions that I have been out to the home or spoken with the manager I've always found that they know the residents well and work with them to achieve the best outcomes."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their views about the service via meetings and surveys.
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they read developments on professional websites.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents |
| Treatment of disease, disorder or injury | The provider had not notified the Commission of incidents that had taken place. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | People had not been actively involved in making decisions in relation to their care. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | People's mental capacity had not been assessed and best interest decisions were not recorded in accordance with the Mental Capacity Act 2005. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | Risks associated with service user's care were known, but not always documented. Medicines were not managed safely. The provider had not taken steps to prevent the risk of spread of infection. |
| Regulated activity | Regulation |

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The providers overall governance framework was not always effective in identifying where improvements were required.
Records were not accurate, complete and up-to-date.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments

The provider had failed to display their latest inspection rating within the service or on their website.