

Bedford Borough Council

Rivermead

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Rivermead is a residential care home located in Kempston, which is just outside Bedford. They are registered to provide accommodation and personal care for up to 33 older people who may also be living with dementia. On the day of our inspection there were 32 people living at the service.

At the last inspection on 20 July 2015 the service was rated Good. At this inspection we found that it continues to be Good.

The service had a registered manager. 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's care was not always person-centred. We found that activities and entertainment did take place but were not regular enough to ensure that people were as active and stimulated as possible. The service was however taking steps to attempt to address this. Care plans were in place and reviewed on a regular basis and feedback, including complaints, was welcomed and acted upon.

People were supported to stay safe. Staff members were knowledgeable about abuse and the requirement to report any incidents and accidents which took place. Systems were in place to assess risks to people and staffing levels were sufficient to meet people's basic care needs. Medicines were stored, administered and recorded appropriately.

Staff members received training and support to enable them to perform their roles. People's consent to their care and support was sought and procedures were in place to ensure the principles of the Mental Capacity Act 2005 were being followed. The health and nutritional needs of people were being met.

There were positive relationships and interactions between people and members of staff. Staff knew people well and worked hard to ensure their needs were met. People were involved in their care and provided with the information they needed about the service. People's privacy and dignity were promoted and staff treated them with respect.

There was an open and positive culture at the service and staff were motivated to perform their roles. The registered manager was well known to people and staff and provided them with the support they needed. There were systems to ensure they were meeting their regulatory requirements and quality assurance and audit processes were in place to help monitor and improve the service.

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 continues to be Good.

Is the service effective?

Good ●

The service was effective.

Staff members received training and supervisions to help ensure they possessed the skills they needed.

People's consent was sought and there were systems in place to ensure the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being met.

People enjoyed the food at the service and staff worked to ensure their nutritional needs were being met.

Health needs were also met. Appointments were facilitated and care plans updated to reflect advice from healthcare professionals.

Is the service caring?

Good ●

The service continues to be Good.

Is the service responsive?

Requires Improvement ●

The service was not always effective.

People did not always receive person-centred care. Staff were not always able to ensure that people were stimulated and able to pursue their own hobbies and interests.

Care plans were in place for people and were reviewed on a regular basis.

Compliments and complaints were encouraged and acted on by the service appropriately.

Is the service well-led?

Good ●

The service continues to be Good.

Rivermead

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 was carried out on 23 June 2017 and was unannounced. It was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience who supported this inspection had an experience of family members who had used this type of service.

Prior to the inspection the provider submitted a 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. We reviewed the PIR as well as other information we held about the service including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about events and incidents, such as safeguarding concerns, which occurred at the service.

During the inspection we spoke with 10 people and six of their relatives to seek their views about the service and the care they received. We also spoke with six members of care staff, a member of the maintenance team and the chef manager to discuss the care they provided. In addition, we spoke with the deputy manager, the registered manager and the operations manager to find out how the service was being run, as well as one GP who was visiting the service.

We reviewed the care records for six people to see if there were up-to-date and an accurate reflection of the care that people received. We also reviewed staff recruitment records for five members of staff and other records relating to staff training and development. We looked at the systems and procedures in place, such as quality assurance processes, to see how the service was being run.

Is the service safe?

Our findings

People felt safe living at the service and relatives agreed with them. One relative said, "They do keep people safe here, they watch them as much as possible." Staff members were trained in safeguarding procedures and information about safeguarding was readily available to people and staff. We saw that incidents, including safeguarding concerns, were completed and were reported to appropriate external organisations, such as the local authority safeguarding team.

There were systems in place to manage risk. A staff member told us, "We follow risk assessments to help us keep people safe." Care plans contained risk assessments for each individual and covered a number of key areas including falls, mobility and skin integrity. General risk assessments were in place to cover the service and visitors and servicing and checks of the environment were carried out to ensure people were safe.

Staffing levels were sufficient to meet people's basic care needs and ensure their safety. One relative told us, "There's always someone to help and they really look after people." The service had a number of staffing vacancies which they were in the process of recruiting to. Staffing rotas showed us they used overtime and regular agency staff to cover these, to ensure there were consistent numbers of staff on shift. We saw that background checks, such as Disclosure and Barring Service (DBS) criminal record checks were carried out to make sure staff were suitable for their roles.

The service supported people to take their medicines. One person said, "They do all my medicines, they are so good." We saw that there were systems in place to store medicines and to ensure people received the correct medication at the correct time. Staff signed Medication Administration Record (MAR) charts when they gave medicines and the service had systems in place to monitor medication, to ensure mistakes were not made.

Is the service effective?

Our findings

Staff members received training and support which enabled them to perform their roles. People felt that staff had the knowledge and skills required to meet their needs. One person told us, "They all know what they are doing." Relatives also told us that they felt staff members were well trained. One relative said, "They do a fantastic job."

New staff to the service completed induction training to help them get used to the service and their roles. The registered manager explained that all new staff were enrolled on the Care Certificate to develop their essential skills and records demonstrated that this training took place. Staff members told us that they completed regular training and refreshers to help maintain their skills and develop new ones. The registered manager showed us a training matrix which they used to record staff training and ensure that courses were re-booked in time.

Staff members also received regular supervision from senior staff. One staff member told us, "We get supervisions every month; we discuss any developments and talk about concerns." Records showed us that supervisions were carried out on a regular basis and that action points were recorded to help staff members develop.

People's consent to their care, treatment and support was sought and people were empowered to make their own decisions. One person told us, "I can go to bed when I want to." Another said, "Yes I can make my own decisions." Throughout the inspection we observed members of staff offering people choices and seeking their consent before providing them with care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that members of staff were knowledgeable about the MCA and took steps to ensure capacity assessments were carried out when people lack the capacity to make decisions for themselves. DoLS applications had been made where appropriate and systems were in place to track these, to ensure they were renewed on time.

People were happy with the food which the service provided. One person said, "Our chef is wonderful - such good food!" Another person said, "The food is good here, they do it nicely." Relatives also told us that they

liked the food at the service and that they were able to eat with their family members when they visited. One relative said, "I eat here regularly, the chef is fantastic."

Staff members were knowledgeable about people's specific dietary needs and preferences. The kitchen made sure people had a choice of meals and was able to cook alternatives if people wanted something different. The chef manager told us that they were able to meet any specific cultural diet and also regularly put on themed menus to provide people with a varied diet. We saw that menus were in place to show people what food was available and that people's dietary needs were recorded in their care plans. Where necessary, the service took steps to promote people's nutritional health, including referring people to dieticians. The chef had also developed a 'snack box', which they prepared for people who had lost their appetite or lost weight. This contained a range of different easy-to-eat foods which people could pick at throughout the day, to help boost their dietary intake.

People were supported to ensure their health needs were being met. One person told us, "There's a GP visits every week - you can ask to see him." People's relatives also told us that the service made sure people's health appointments were made attended and that relatives were also able to go with people if they wished, otherwise, staff would support them. One relative said, "They will arrange hospital appointments, I go with him."

During the inspection we spoke with a GP, who was visiting people in the service. They told us that the service worked closely with them to ensure people's health needs were being met. They were confident that the service promoted people's good health and carried out their instructions to help people be as healthy as possible. Care records showed that medical appointments were recorded and that care plans were updated to reflect any changes in people's health needs. We saw that there was a weekly GP round at the service and appointments with dentists, psychiatrists and other specialists were facilitated on a regular basis for people.

Is the service caring?

Our findings

There were positive relationships between people and members of staff. One person said, "They look after me here." Relatives were positive about the way that staff cared for their family members. One told us, "The staff are extremely caring, they do a very good job." Another said, "A lot of the carers have been here a long time - they know the residents and are very good."

During the inspection we observed positive interactions between people and staff. Staff were kind and compassionate when they spoke with people and used gentle touch, eye contact and body language to help people feel comfortable and valued. Even when busy, staff members made sure they greeted people and engaged in conversation with them.

Where possible, people were involved in planning their care. We saw records which showed this involvement, and that of their family members. There was also information available to people including a user guide to the service. This contained information about what they could expect and important contact details for the provider and external organisations, including advocacy support.

Staff treated people with dignity and respect. One person told us, "They always treat me good." Another said, "They always knock on the door when they want to come in." Throughout the inspection we saw that staff members were sensitive of the need to treat people with privacy and in a dignified manner. We also saw that staff members received training in dignity and respect.

Is the service responsive?

Our findings

People's care and support was not always person-centred and reflective of their individual needs, interests and preferences. We found that the service tried to ensure that this was the case, however; they were not always able to deliver person-centred care and the layout of the building and distribution of communal areas, meant that it was difficult for staff to provide people with meaningful time in which to pursue their interests.

People gave us mixed feedback about activities available to them at the service. Some people felt well occupied whilst others told us they lacked stimulation and the ability to follow their interests. One person told us, "Oh yes, we have things to do." However, another said, "There's nothing to do here." Relatives also told us that they felt there could be more activities at the service. One relative told us, "To be honest there is very little stimulation going on."

We spoke with the registered manager about activities at the service. They explained that there was a vacant activities coordinators post at the service, which they were working to recruit to. They also told us that an activities coordinator from another service within the group was working between both services, to try to help increase the activities coordinator at the service. During the inspection we saw that staff members made a real effort to provide people with activities, however; they were generalised and it was difficult for staff to ensure each person got to do an activity which they were really interested in. For example, during the afternoon of our inspection we saw one staff member going around doing people's nails. People clearly enjoyed the one on one time with the staff member, but there was nothing for those people who were waiting, or who did not want their nails done.

We also observed extended periods of time where people were not supported by staff members and therefore did not have the opportunity to engage in activities and stimulation. For example, we observed one lounge with 10 people sitting for over 30 minutes with no staff member available to engage with them, as they were busy supporting people with their personal care needs. At the same time we also saw that six people were sat in a hallway outside the same lounge.

We saw that there were some records of activities taking place, but these did not always show that they were regular or people's level of involvement and engagement in them. We also heard anecdotal evidence of a recent increase in trips into the local community with members of staff, including the chef manager, who enjoyed taking people out for a coffee and to the shops. We did not see records to support that this took place, therefore could not corroborate this.

We spoke with the registered manager about staffing levels and distribution at the service. They told us they would look into this and identify areas where staffing could be increased, to ensure people were able to take part in activities.

Before people moved into the service, an initial assessment of their needs was carried out. This was done to ensure that the service could meet those needs and to help start developing a care plan for that individual.

Staff members told us that the care plans that were in place were useful and helped them get to know about people and their individual needs. One staff member said, "I think the care plans are good, they tell us the things we need to know."

When we reviewed care plans we found that they contained individualised information about people's specific needs and interests. We saw that some care plans contained more information about individuals and their backgrounds than others and the registered manager informed us that they were working on increasing the level of person-centred planning for all people at the service. For example, they showed us that they were developing a 'my file' for each person. This would contain photos to show the different activities and events that people had been involved in and would help to ensure they received person-centred care in the future. We saw that one of these files had been started and that plans were in place to implement one for each person living at the service.

Staff members told us that there were systems in place to review care plans on regular basis. We saw that each section of people's care plans was reviewed on a monthly basis, or when their needs changed. This helped to ensure the content of the care plan was accurate and up-to-date. Where possible, people had been involved in the review process, to ensure they were happy with their care.

People told us they were happy with the care they received, however; they felt able to raise concerns or make complaints if they were not happy with something. They also told us that if they did have to raise a concern, they would be listened to and action would be taken. One person told us, "I can always speak to the manager, I don't need to complain." Another person said, "No, I've never made a complaint, everything can be sorted here."

The registered manager showed us that there was a complaints policy in place which was accessible to people and their families. We also saw that that they maintained a log of the feedback they received and the action they had taken in response. This included both formal and informal complaints and we saw that appropriate action and organisational learning had taken place each time.

Is the service well-led?

Our findings

There was a positive culture and ethos at the service. Staff members were highly motivated to perform their roles and enjoyed working with people and ensuring their needs were met. One staff member told us, "I really love my job and I love working here." Another said, "It's so rewarding being able to make sure people are well cared for." The service was open and staff members were prepared to raise any issues or concerns they may have. This included following the service's whistleblowing procedure if they did not feel that concerns were not acted upon.

People and staff were involved in the way the service was run. For example, the registered manager told us that people had been consulted as part of a plan to refurbish the service. We saw records of meetings which showed that people had been involved in making choices about the way the service would be decorated, as well as general discussions about the service and its development. A relative told us, "I have been to a relatives meeting. They are quite good. They update you and you can suggest things." We saw that staff meetings were also conducted to ensure staff were involved.

The registered manager was a familiar face to people and staff at the service. We saw them engaging in conversation with people throughout the inspection and relatives also told us they knew the registered manager well. One relative told us, "You can always talk to the manager, there are no shut doors and she is very approachable."

The provider had a number of quality assurance procedures in place to monitor and improve the quality of care at the service. Checks and audits, including medicines, care plans and dignity, were regularly carried out. Where necessary; action plans were produced to help drive improvements.