

Riverlea Care Limited

Riverlea House

Inspection report

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Date of inspection visit:
23 September 2019

Date of publication:
22 October 2019

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

About the service

Riverlea House is a residential care home providing personal care to 40 older people and people living with dementia at the time of the inspection. Riverlea House accommodates 44 people in one adapted building.

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

People felt safe and at home at Riverlea House. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. The registered manager told us, "They are treated as an equal". People had privacy.

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on. Risks to been assessed with people. Ways to support people to remain independent and safe had been agreed.

Staff supported people to remain healthy and were offered a balanced diet which met their needs. People's medicines were managed safely. People were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff and were supported to maintain their routines. They were supported to take part in a range of activities they enjoyed. People had been offered the opportunity to share their end of life preferences and these had been followed.

The provider and registered manager had oversight of the service. They completed regular checks on the quality of care people received. People and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when they needed. Staff had the skills they required to care for people and were supported by the management team. Staff were recruited safely.

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 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Riverlea House

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

This inspection was completed by one inspector.

Riverlea House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the area manager, registered manager, and care workers.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Riverlea House. One person told us, "I have no worries. I just sit back and enjoy life". Another person told us they felt safe because staff checked on them throughout the night.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team. When necessary action had been taken to prevent incidents occurring again. □
- Staff knew about different types of abuse and were comfortable to report any concerns to the management team.
- Staff knew how to whistle blow outside of the service if they needed to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed with them. They were supported to take risks when they wanted to. For example, some people continued to make hot drinks for themselves and others.
- Staff followed guidance about how to reduce and minimise risks to people. People told us they felt safe when staff supported them, including when they used hoists to get into and out of the bath.
- The risk of people falling had been assessed and reviewed. People were supported to use mobility aids safely. Staff encouraged people to walk at their own pace and not to rush as this increased their risk of falling. Some people used alarm mats, which notified staff when they stood up, so staff could support them.
- Accidents and incidents were recorded and analysed to identify any patterns and trends. This included looking at the time and place of the accidents, to see if changes or improvements were necessary. No patterns had been noted. People who had fallen had been referred to the falls team for support.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. One person told us they received their medicine regularly and this prevented them from becoming unwell.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines. Robust medicines checks continued to be completed daily, weekly and monthly.
- Staff were competent to administer insulin and people did not have to wait for the community nurse to visit.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Preventing and controlling infection

- The service was clean and odour free.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Staffing and recruitment

- There were enough staff to meet their needs. The registered manager considered people's assessed needs when deciding how many staff to deploy on each shift. People told us staff came "sharply" when they used the call bell and "If it's important, they are there".□
- Staff knew people well and responded to their requests for support promptly.
- Staff were recruited safely. Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained.
- Criminal record checks with the Disclosure and Barring Service had been completed.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people and their relatives to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their relatives had been asked to share information about people's lives before they moved into the service to help staff get to know them and understand what they liked.
- People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

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

- People were supported to eat and drink enough. People told us they liked the food at the service and their needs and preferences were catered for. One person told us, "I'm a fuss pot, but the food is pretty good. I don't have to have what I don't want".
- People were involved in planning the menu. Steak pie had recently been added to the menu to replace the chilli which people had tried but did not enjoy. Food was prepared to reflect peoples' individual needs and preferences. When people wanted an alternative, these were prepared for them.
- There was a monthly themed menu. People had enjoyed corn on the cob on the American menu and had requested a Chinese menu next.
- People who were at risk of losing weight were referred to the dietician and their advice was followed. Staff followed recognised best practice guidance, and everyone was offered food fortified with extra calories.

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

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. People told us staff contacted their GP or nurse quickly when they were unwell. People were supported to follow their health professional's advice.
- People were supported to attend appointments by their family or staff. This gave people reassurance and supported them to share information about their health. Following one appointment a staff member told a person, "The nurse says your treatment is nearly finished. That will be so much better for you".
- People had access to health professionals such as dentists, opticians and chiropodists.
- People were encouraged to be active and lead as healthy life as they wanted.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to move around the building and garden. People were supported to go out. Some people went on their own while others preferred to be supported by staff.
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them items. They gave people time to consider their answer before responding. The registered manager had arranged for a 'visiting clothes shop' to be held at the service twice a year. Some people preferred to use this, rather than go to the shops. One person told us, "They have some very nice things".
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make a decision. Staff had made best interest decisions with people's families and community nurses about them having the flu vaccination this year.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting people in the way they preferred.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and insulin administration.
- Staff met with a supervisor regularly to discuss their practice and development and had annual appraisals to review their achievements. The registered manager arranged training for staff to meet identified areas for development.

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

- The building had been designed and decorated to meet people's needs.
- All areas of the building and garden were accessible to people. People spent time in the garden relaxing or gardening and had grown fruit and vegetables which they enjoyed in their meals.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. One person told us, "My room is full of my photographs".

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. They told us how staff went out of their way to make them feel at home. One person told us, "They couldn't do more. We have a bag of goodies at Christmas and Easter. They always make us a birthday cake".
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Staff spoke with people and referred to them with respect. They described people in positive ways. For example, one staff member complemented a person on their perfume and they had a chat about it. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people told us they preferred to spend their time in their bedroom. Staff respected people's decision. They informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated.
- People ran a shop at the service which stocked items they might want, such as tissues and sweets. They described the shop as 'vintage sweets from vintage people'.
- Staff supported people when they were anxious. For example, one person's appetite was reduced when they were anxious. Staff gently promoted the person to eat but avoided 'going on and on' as this increased the person's anxiety and reluctance to eat.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. People were in control of their care and staff only supported them when they needed it.
- People were supported to maintain relationships which were important to them. Visitors were welcomed and encouraged to continue to care for their relative when they wanted to. People's friends and families were invited to join in with events, such as the summer fete.

- People had privacy. They told us staff always knocked on the door before they entered and left them in private when they wanted. One person told us staff waited outside when they used the toilet and "If I want them to stay, they will".
- The provider and staff knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had planned their care with staff, including how they preferred to be supported. People told us staff followed their wishes and only provided their care in the way they wanted. One person told us they were very particular about what they wore. Staff showed them different items of clothing each morning and they decided what they wanted to wear.
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. People told us they got up and went to bed when they wanted. Some people enjoyed relaxing in their bedroom in the evening watching television or listening to the radio.
- People were able to choose the gender of staff who supported them. People were able to decide what they did each day and where they spent their time.
- People were fully involved in their care. For example, one person liked to be weighed each month. Staff told them how much they weighed at their request.

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.

- Information about the service was accessible to people, such as large print and pictorial documents.
- People's care plans were accessible to them, and where possible people wrote these with staff.
- Staff used different methods to support people to share their views and experiences, such as pictures of different facial expressions to represent emotions.

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

- People enjoyed a variety of activities at the service. The activities coordinator was on leave at the time of our inspection. One person told us, "We are going to miss her this week".
- There was a weekly schedule of activities, which was displayed in communal areas of the service. The schedule was flexible to people's wishes and preferences each day.
- People had planned days out and visited local attractions and restaurants. They had enjoyed the D-day celebrations at a local war memorial, which included a 'flyby' of vintage war planes.
- People took part in fund raising activities. Shortly before our inspection people had baked cakes and held a charity coffee morning. They were proud to have raised £108.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager. One person told us, "She would listen".
- The registered manager encouraged people to tell them about day to day issues. This was so they could be resolved before they became a complaint.
- A process was in place to receive, investigate and respond to complaints to people's satisfaction. A copy of the complaints procedure was available in an easy to read format. □
- Complaints had been resolved to people's satisfaction.

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of their life preferences and these were recorded. People who wanted to were supported to remain at the service at the end of their life. One relative had commented, 'Thank you for looking after [relative] for the past 2 years. I'm sure they only thrived for so long because of your care and kindness. I had no worries about them from the day they moved in'.
- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their relatives and health care professionals. Staff planned people's care with their GP and community nurses at the end of their life.
- Staff made sure pain relief and other end of life medicines were in stock before they were required and contacted the community nurses quickly when people needed them.
- The registered manager had completed bereavement counselling. They planned to use this to support people and staff following a death of a resident.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. The registered manager and staff shared this vision. The registered manager told us, "We'll support what people can't do and promote what they can do".
- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by an area manager and a deputy manager.
- Staff were motivated and worked as a team to provide people's care. Staff told us they would be happy for a member of their family to receive a service at Riverlea House.

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 registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong.

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

- Staff felt supported by the registered manager. They were informed of any changes at the service in daily hand over meetings and regular staff meetings.
- Staff were aware of their responsibilities and were held accountable. For example, staff had been reminded at staff meetings about the need to fully complete records.
- The provider had conspicuously displayed the Care Quality Commission quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

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

- People and their relatives felt involved in the running of the service and their suggestions were listened to. One person told us, "They listen to me if I have something to say".
- People were asked for their feedback on the service, using easy read forms. The last survey had been completed in February 2019 and 18 people had responded. People had rated all areas of the service as good

or outstanding. People's comments had included, 'I feel safe and cared for' and 'I like all the girls they are lovely'.

- Staff and people's friends and relatives had also completed surveys and had shared positive feedback about the service. One staff member had commented, 'I am grateful for the support I have been given by the manager, seniors and deputy with everything'.
- Staff were encouraged to share their view and suggest improvements at staff meetings and supervisions. These were listened to and acted on. For example, staff no longer refreshed cold drinks in people's rooms at the same time as offering hot drinks, as staff had got in each other's way.

Continuous learning and improving care

- Effective systems had been put in place to continually monitor the quality of the service and address any shortfalls. These included checks by the area manager.
- The registered manager completed monthly checks on all areas of the service. This highlighted any areas for improvement, such as any maintenance works. Action plans were agreed and the registered manager kept them under review to make sure actions did not slip.

Working in partnership with others

- The registered manager worked with others to continually improve the service and keep up to date with good practice. They worked with a clinical nurse specialist for older people to improve their knowledge and skills around catheter care and care planning.
- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.
- The registered manager had worked with the registered manager at another care home to arrange pen pals for people. People wrote to their pals regularly, with the support of staff if they needed it. Everyone had enjoyed meeting up for lunch.