

Four Seasons (Bamford) Limited

Riverside Care Centre

Inspection report

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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 29 and 30 April 2015 and was unannounced. At our last inspection on the 19 August 2014 the provider was meeting the regulations inspected.

Riverside Care Centre is registered to provide accommodation and support for 24 people who have been diagnosed with a learning disability and who require personal care. On the day of our inspection there were 20 people living in the home and there was a registered manager in post. 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 told us they felt safe when staff supported them.

Summary of findings

Our observations were that there were enough staff to support people safely. However, records showed that there was not always enough staff on shift to keep people safe.

The environment in which people lived was not pleasant. Areas of the home needed to be maintained more consistently and decorated, to provide a homely place to live.

Staff were not being supported sufficiently. They were not receiving supervision regularly and not all staff were completing the provider's required training courses to have the appropriate skills and knowledge to support people appropriately.

We found that the provider had the appropriate systems in place to meet the requirements of the Mental Capacity Act 2005, and where people's human rights could be restricted the appropriate approval was being sought.

People's health care needs was not being screened regularly to enable staff to seek health care support where needed.

People were happy with the staff who supported them. Our observations were that staff were caring and kind to people.

People were able to make decisions about when they were supported by staff. People were also able to share their views about the service they received.

People's independence, privacy and dignity was being respected.

People and relatives told us they knew how to complain and would speak with the manager if they had a complaint.

Whilst people were happy with the service and felt it was well led, we found that quality audits being carried out were not effective in identifying areas of concern. There was also no evidence that the provider was carrying out the appropriate checks on the quality of the service to ensure the quality of support people received was of a good quality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe.

There were not always enough staff on shift to ensure people were supported safely.

People were able to have their medicines administered to them safely.

People did not benefit from living in an environment that was pleasant and safe.

Requires Improvement



Is the service effective?

Some aspects of the service were not always effective.

Staff were not receiving the support they needed to ensure people's needs were met. Supervisions and staff meetings were not taking place consistently.

Staff were not all attending training consistently enough to ensure they had sufficient skills and knowledge to support people.

People's health care was not being screened regularly by the provider to enable early health care intervention.

Requires Improvement



Is the service caring?

The service was caring.

People told us they were happy because staff were caring, friendly and kind.

Advocates and staff supported people to share their views and make decisions about the service they received.

People's independence, privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

The equality and diversity needs of people were being met.

People knew how to complain and who to speak with.

People's preferences were being met as they wanted.

Good



Is the service well-led?

Some aspects of the service were not always well led.

Monitoring systems were not effective in identifying areas of the home that needed to be improved in a timely manner to ensure people lived in a pleasant environment.

Requires Improvement



Summary of findings

The provider was not carrying out effective checks on the quality of the service.

People's care records were not being completed consistently to ensure people received appropriate support.

Riverside Care Centre

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.

Our inspection took place on 29 and 30 April 2015 and was unannounced. The inspection was conducted by two inspectors.

The provider completed 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 information we held about the home, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA). They have responsibility for funding people who use the service and monitoring its quality. We also requested information from an organisation who visits the home regularly advocating for people. Both organisations provided us with information we used as part of the planning process for our inspection.

On the day of our inspection there were 20 people living in the home. The accommodation was split between three houses. We spoke with eight people who were able to share their views with us, seven members of staff and the registered manager. We looked at the care records for three people, the recruitment and training records for five members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service. We undertook telephone calls to three relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us.

Is the service safe?

Our findings

One person we spoke with said, “I think there is enough staff”. Another person said, “I think there is enough staff, some days there should be four but there is three”.

Relatives we spoke with said, “There is enough staff but not always enough to take people out of the home”. Another relative said, “There seems to be plenty of staff when I visit”. The staff we spoke with raised concerns about the staffing levels. One member of staff said, “There were occasions when only one member of staff was on duty when there should be three. Another member of staff told us that there should be one waking night staff member in each of the houses with one staff member floating between them but on many occasions there was no staff to float between the houses. Staff told us that they had to work back to back shifts, which meant a very long day and they were tired. Staff who worked during the day were being required to work nights which meant there was less staff on during the day time.

The information we received from the local authority supported the concerns identified by staff. The local authority has over recent months been working with the provider through an action plan to make improvements in a range of areas, which included staffing levels. Our observations on the day of the inspection were that there were enough staff on shift in each of the three houses. However, we found on several occasions prior to the inspection there was not enough staff to keep people safe across the shift patterns. We saw in the communication book messages left for staff requesting day time staff to cover night shifts. This supported the concerns identified by the staff. The registered manager acknowledged that there was not always enough staff on each shift to keep people safe. This was largely due to recent changes made by the provider to move away from using agency staff to in house bank staff. This meant there were times where there was not enough staff due to agencies no longer being used and the pool of bank staff were still not fully recruited. The registered manager assured us this was a key priority of theirs to ensure there was always enough staff to ensure people were safe and that actions were being taken to recruit more permanent and bank staff.

We found that the environment where people lived needed improving to make it more homely. While we saw that the provider had made some progress in redecorating some

bedrooms, we saw bedrooms where the wall paper was coming away from the wall. Another person’s bedroom we looked at had a hole in the wooden flooring where they got in and out of bed, while another had no ventilation grill covering the ventilation hole in the wall in their shower room. This left the shower room very cold. Staff we spoke with told us the situation we had found had been like this for some time and they had reported it to management. The provider’s information we received before our inspection told us that action had been taken to get some of the maintenance works carried out. We raised our concerns with the registered manager who acknowledged the concerns we identified were unacceptable and told us a program of works were already underway across the three houses. The program of works included updating and replacing all the kitchens and decorating the lounge areas and people’s bedrooms to their preferences along with replacing furniture. We found that some people’s bedrooms were already being decorated, and the work to replace the kitchens were due to start in a few weeks.

People we spoke with felt they were safe in the service. One person said, “It’s not too bad here. I feel safe because staff talk to me”. Another person said, “Yes I do feel safe here”. And a further person said, “Yes I feel safe, because staff blend my food then watch me eat it to make sure I am eating and swallowing alright”. All the relatives we spoke with told us they felt people were safe. The staff we spoke with were able to explain how people were kept safe. Staff told us they would report any concerns to the manager where people were at risk of abuse or harm. Staff also confirmed they were able to get training in safeguarding. One member of staff said, “I have just completed safeguarding training”. The provider told us that staff were able to get training in safeguarding people to ensure they knew what to be aware of and who to report concerns to.

We saw that risk assessments were in place to ensure staff knew how to support people safely. We found that where risks were identified this was recorded and staff told us they knew the appropriate and safe way to support people. Our observations were that where equipment was identified to support people safely, this was being used and staff we spoke with confirmed they had received the appropriate training to use the equipment. We found where people had capacity and bedrails or lap belts were being used when

Is the service safe?

people were taken out in wheel chairs, risk assessments were taking place. However, there was no evidence that risk assessments were being reviewed regularly to ensure where people's needs changed they were identified.

A person told us, "Staff put my cream on for me". Relatives we spoke with told us they had no concerns about how people's medicines were being administered. Staff we spoke with told us they were not allowed to administer any medicines until they had completed a training course. We found evidence that people were required to complete this training and all staff had done so. We saw that care plans identified people's medicines requirements and clear instructions for staff were available where people refused their medicines.

The provider had an appropriate medicines procedure in place to support and guide staff in administering medicines. We found that when people were administered their medicines this was recorded in a Medicines Administration record (MAR).

One person said, "I take my tablets in water". They confirmed they were able to get tablets if they were in pain. We found that where people received medicines on an 'as

required' basis there were clear protocols in place to guide staff as to how these medicines were to be administered. Staff we spoke with were able to explain in what circumstances these medicines were to be administered. We found that there was no process in place to check staff competency to administer medicines on a regular basis. Staff we spoke with confirmed their competency was not being checked. The registered manager acknowledged the importance for staff competency to be checked regularly to ensure staff had the appropriate on going skills and knowledge to keep people safe. The registered manager told us a process would be put in place immediately.

All the staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check before they were employed. This check was carried out to ensure that staff were able to work with people and they would not be put at risk of harm. A member of staff we spoke with said, "I did complete a DBS check and two references". We looked at five care staff records and found that the recruitment process used by the provider also ensured that as part of determining staff had the appropriate skills, experience and knowledge, a character reference was also sought.

Is the service effective?

Our findings

A relative we spoke with said, “Staff do have the skills, knowledge and understanding to support [relative’s name]. Staff we spoke with told us they did not receive supervision on a regular basis. One member of staff said, “I have only had one supervision in the last six months. Another member of staff said, “I have not had supervision for a while”.

One member of staff said, “We don’t really have many staff meetings. Sometimes we feel we don’t get all the information we need”. Another member of staff said, “We don’t have regular staff meetings”. Staff we spoke with also confirmed that they had never had an appraisal. We found that staff were not able to get consistent support, the systems were in place for support to be given but this was not happening. The information provided by the provider told us that staff all received supervision every six to eight weeks. The registered manager acknowledged that staff had not been supported as well as they should have been. The registered manager confirmed that action had already been taken to ensure all staff received supervision on a consistent basis, that staff meetings happened more regularly and an appraisal system introduced over the coming months. We were shown evidence of the minutes of a recently held staff meeting, which staff confirmed had taken place.

Staff we spoke with told us that they were able to access a range of training to ensure they had the knowledge and skills to support people. For example, moving and handling, fire safety and food hygiene. We found that training was available, however not all staff were attending or completing the training to ensure they had knowledge and skills to support people.

We found that a two week induction system was also in place which also gave newly recruited staff the opportunity to shadow more experienced staff. Staff we spoke with confirmed they had to go through an induction program.

The staff we spoke with were able to explain how people’s consent was sought as part of how they were being supported. Staff told us they would ask people for their consent before any support was given. Knowing how people behaved to show whether they were happy or contented, body language and gestures, were some of the methods staff told us were ways of people giving consent.

One person we spoke with said, “Staff always ask me for my consent before they help me”. One relative told us that their relative’s consent was sought through a best interest meeting as their relative was unable to give consent. We saw that consent forms were being used to show where consent was recorded for using photographs of people and on their care plan.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately. Staff we spoke with were able to explain the MCA and had some understanding of DoLS. We found that where there were concerns about people’s capacity the provider had an assessment process in place to determine people’s level of capacity. One person’s records showed that an application had been made to the supervisory body as required within the MCA (2005) due to the person’s liberty being restricted and they were assessed as not having capacity to make an informed choice. The provider was awaiting confirmation from the supervisory body. Where other people’s liberty was being restricted we saw that the appropriate risk assessments were in place as people were able to make a choice and were assessed as having capacity.

Staff we spoke with confirmed they had received the appropriate training in the MCA and DoLS. Evidence we saw confirmed that this training was in place but not all staff had received the training.

People we spoke with told us they were happy with the food and they were able to make their own choices at mealtimes. One person said, “I can choose what I want to eat”. Relatives we spoke with told us the meals were okay and they had no concerns. We observed people making their own choices as to the food they had. One person was given a drink and banana, the drink was in a adapted cup to support them to drink so they did not choke. We saw another person having biscuits and a yoghurt because that was what they wanted. Staff we spoke with had a good understanding of the people they were supporting and their dietary requirements. We found that nutritional assessments were being completed where appropriate and where people were on a pureed diet and had special meal requirements this was identified.

One person said, “I went to see the dentist” and another person said, “I went to the hospital for an injection. Relatives we spoke with told us people were able to see health care professionals when needed. They also

Is the service effective?

confirmed their involvement in people's health care where people were unable to make their own decisions. We saw from people's health action plans that where they had specific health needs like epilepsy guidance was available for staff on how to support someone, should they have a seizure. However we saw no evidence that people's health needs were being screened regularly by the provider to be able to identify concerns early enough to seek the appropriate health care support. We found that hospital passports were being used to help support health care professionals in a clinical setting treat people appropriately

and safely. Staff told us most people would however be accompanied to hospital if they needed to go. Staff we spoke with told us that the doctor visited the home every couple of weeks and showed us a schedule of their visits. Where people were seen on an annual basis for a well-being check-up by their doctor this was also noted. We saw on the day of the inspection a meeting taking place between a member of staff, a health care professional and the person to discuss concerns identified with the person's eating, drinking and nutritional intake.

Is the service caring?

Our findings

People spoke warmly about the staff that supported them. One person said, “I like all the staff” while another told us, “I like living here the staff are good”. Another person told us they were sad because a member of staff was leaving and they spent time crying because they were going to miss them. Relatives we spoke with told us how caring, friendly and professional the staff were. One relative said, “Whenever I visit the home I am made to feel welcome and staff always offer me a drink”. Our observations of the staff were that they were compassionate and caring and the atmosphere was calm and relaxing. We saw staff sitting with people and chatting, just listening or people were able to just interact with each other or the staff as they needed.

We saw that staff had a good understanding of people’s support needs and knew who would need specific support and encouragement to make decisions about what they wanted to do throughout the day and who would be okay with little or no support. We found that people’s support needs were clearly identified and how people were to be supported. We saw people and staff laughing and joking while at the same time staff were indirectly supporting people to make decisions. We observed staff promoting people’s ability to communicate appropriately. One person who could not see clearly through their glasses, staff asked if they could clean their glasses. Staff told us they had been on a communication champion course. The registered manager told us that each house had a communication champion which was part of the local authority autism strategy linked to the national autism strategy.

One person told us that the advocate carried out meetings with them. We found that the provider had made available an advocacy service to support people to share their views about the service. We spoke to the advocate who attended the home and they confirmed they visited the home on a monthly basis and carried out regular meetings with people. The meetings were set up to actively give people the opportunity and support they would need to comment on the service they received. We saw information about the service displayed around the home about the advocate service. Staff we spoke with confirmed that the advocates carried out regular meetings with people, where they get the opportunity to raise concerns about the home. They told us that the newly appointed activities co-ordinator would also in the future be part of the process. The provider told us in the information they sent in before the inspection that as part of their improvements to the service over the coming 12 months, they planned to have a carers meeting for family members and friends to supplement the advocates meeting.

One person said, “Staff do knock my door before entering my room”. We saw staff promote people’s independence, dignity and privacy. On one occasion we saw staff support someone to the toilet and ensured they waited outside with the door closed until the person called them for support. We saw staff support people to clean and tidy themselves after having a meal as part of promoting their dignity. Staff we spoke with were able to explain how people’s independence, privacy and dignity was promoted as it related to their human rights.

Is the service responsive?

Our findings

One person said, “I have seen my care plan and I am involved in how my support is delivered”. The relatives we spoke with all told us that they were involved in the assessment and care planning process on behalf of their relative. They all confirmed they had been given a copy of the care plan and had the opportunity to attend regular reviews.

People’s preferences were being met. Where someone preferred a particular member of staff to support them based on their gender this was being identified. We saw someone knitting. They told us they were knitting a waist coat and they showed us a purse they had knitted previously. People told us they were able to visit their family, go shopping and to the pub when they wanted. We saw someone watching the television who told us they loved to watch the soaps and they were going to visit the coronation street set. Relatives told us that people were able to take part in activities; however one relative felt their relative was not able to go out enough. Staff we spoke with confirmed they would take people out whenever they were able to base on staffing levels. We discussed this with registered manager who told us that the service endeavours to support people to go out whenever they want.

The staff we spoke with told us that they received equality and diversity training to support them with the skills and knowledge they would need to meet people’s needs. However, staff were not all able to explain what equality and diversity meant or how it might affect people’s support needs. We were able to confirm that training was being provided. Our observations were that people had access to specialist equipment to support them to live their lives and where needed to support staff in meeting their needs.

One person said, “If I was not happy I would go to the manager”. Relatives told us they knew how to complain and would contact the registered manager. One relative said, “I was given a copy of the complaints process and I would know how to complain”. We found that the provider had a complaints process in place so people and relatives were able to share any concerns they had about the service. Staff we spoke with knew about the complaints process. One member of staff said, “I would try and resolve the person’s complaint but if I couldn’t, I would support them to make a complaint using the formal process or let the manager know”. We saw that where complaints were made they were being monitored by the provider for trends and where there were concerns the registered manager would be required to action them and report back to the provider. We saw that complaints that were dealt with were managed according to the provider’s timescales and processes.

Is the service well-led?

Our findings

People who we spoke with knew who the manager was and told us the service was well led. Relatives we spoke with felt the service was well led. However one relative felt the service was not well led because they felt there was not much consistency with management and they had never met the registered manager. The staff we spoke with felt they were not getting the support they needed and they were not listened to. One person said, “The area manager never visits the home”. The staff did not feel they were being supported by management. Work needed to be done to the environment where people lived to make it more pleasant to live in.

We found that since October 2014 there has been a registered manager in post as is required to meet legislation. We found that the atmosphere within the home was friendly and caring and there was an inclusive culture which people were able to express themselves how they wanted.

Staff we spoke with knew the management structure and who to contact if the registered manager was not available or they were working out of hours.

The provider had a quality assurance system in place that was used to gather the views of people, relatives and staff. People we spoke with were unsure as to whether they had received a questionnaire. Relatives we spoke with confirmed they were sent a questionnaire that they completed. The staff we spoke with told us they had not received a questionnaire. We found that questionnaires were being used as a way to gather people’s views about the service. The registered manager confirmed, and evidence showed that a questionnaire was sent out to gather people’s views on the quality of the service provided. The registered manager also told us that the information gathered was analysed by the provider as a way of trying to improve the service people received.

The provider told us that the manager ensured that audits were carried out as a way of monitoring the quality of the service. We found that audits were carried out inconsistently, and what audits were carried out were not effective. For example, the competency of staff in their ability to administer medicines was not being monitored appropriately. Also the environment in which people lived in was not being monitored regularly enough. This would

have ensured the maintenance work and general decoration would have been carried out much sooner than it was to ensure people lived in an environment that was pleasant.

The provider told us that senior manager visited the home to carry out regular monitoring audits on the quality of the service provided to people. We found no evidence of these visits or any identified actions that would need to be carried out with agreed timescales.

We found that a whistleblowing policy was available to staff where the need was required. The staff we spoke with were aware of the policy and what it was intended for. One member of staff we spoke with confirmed the policy had been used in the past to raise concerns about the service.

The provider had an accident and incident procedure in place so staff had clear guidelines as to how such situations should be handled. Staff we spoke with were able to explain the actions they would take where an accident had taken place and the documentation that would need to be completed. Records showed that when an accident had taken place the appropriate documentation was being completed. The provider was also monitoring accidents and incidents for trends as a way of reducing accidents.

The registered manager showed an understanding of the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts. Evidence we saw confirmed this was being done.

The provider told us that people were encouraged to take part in their person centred care planning approach. The provider told us that each person had a key worker whose role it was to support their needs. Staff we spoke with confirmed the key worker system and told us the care planning process was being changed by the provider which incorporated lots of new documentation which they were learning about through training. Staff did however know about people’s support needs and were able to answer questions we asked. We found that while documentations on people’s care records were not always consistent to ensure staff knew how to complete them and follow their guidance, most documents were in place. One person’s file had no assessments, while another had clear best interest guidance on how someone should be supported with their epilepsy. The registered manager while acknowledging our findings told us that the care planning documentation was

Is the service well-led?

being changed and while some files were not as they would like them to be this was in part due to having to use two separate systems until they have moved over to the one new system.