

# Canterbury Leased Homes Limited

## Riverside Care Centre

### Inspection report

Sawley  
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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

We carried out an unannounced inspection of Riverside Care Centre on 7 and 8 July 2015. Riverside Care Centre provides accommodation and personal care for up to 40 people, most of who are living with dementia. The service does not provide nursing care. At the time of the inspection there were 32 people accommodated in the home.

The service is located in the village of Sawley near Clitheroe in Lancashire's Ribble Valley. It is not on a bus route and people would need to walk some distance to get to the home. There is a pub within walking distance. Accommodation is provided in two houses. Riverside

House is an older type property with facilities on two floors. Riverside Court is purpose built and has ground floor facilities with a secure courtyard and plenty of walking space for people. The majority of bedrooms do not have en-suite facilities although suitably equipped bathroom and toilet facilities are available. There are well maintained gardens and a car park for visitors.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

At the previous inspection on 1 April 2014 we found the service was not meeting all the regulations in respect of providing enough staff to meet people's needs and expectations. On 30 April 2014 we checked to see if the registered provider had addressed our concerns. We found appropriate action had been taken.

Prior to this inspection visit there had been concerns raised regarding the delivery of people's care. Therefore we brought our planned inspection forward.

During this inspection visit we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance and auditing systems, management of people's medicines, infection prevention and control and failure to maintain a safe and suitable environment. You can see what action we told the registered provider to take at the back of the full version of the report.

During this inspection people living in the home told us they did not have any concerns about the way they were cared for. They said, "There are some people who are not very calm but the staff are very good with them" and "I feel safe and well looked after." Visitors said, "I am very happy with the care my relative receives; the staff have been very supportive" and "I am confident my relative is being looked after properly and is safe in the home." During the inspection we did not observe anything to give us cause for concern about how people were treated.

During our visit we observed staff responding to people in a patient, good humoured, caring and considerate manner and we observed good relationships between people. One person said, "The staff are very nice people; they explain everything to me." Visitors said, "Staff go out of their way for us; I'm impressed with them" and "They do a very good job."

We looked at how the service managed people's medicines. We found areas where improvement was needed. Staff who administered medicines had received appropriate training. However, regular checks on their practice had not been undertaken to ensure they were competent to manage people's medicines.

We did not look at all areas of the home but found some areas of the home were not clean and hygienic. We found some areas were well maintained, bright and comfortable whilst other were in need of improvement.

People were happy with their rooms. One person said, "My room is very comfortable and I have all my own things here." Visitors told us, "It's a nice location and a homely environment" and "We are impressed with the facilities." Areas of the home had been designed for people living with a dementia. There were items of interest positioned on corridor walls, a sensory room and a secure, easily accessible, courtyard with seating and raised flower beds.

The number of shortfalls we found indicated quality assurance and auditing processes had been ineffective as matters needing attention had not always been recognised or addressed. This meant the registered providers had not identified risks to make sure the service ran smoothly.

People told us they enjoyed the meals. They told us, "There is a choice at meal times; they are not rushed" and "The food is alright, everyone cooks differently but I get a choice." A visitor told us, "It is good quality food and people get nutritional drinks when they need them" and "Staff take their time with people." The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal on Riverside Court but was much quieter on Riverside House.

Each person had a care plan which included information about the care and support they needed. Information included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support. Processes were in place to monitor and respond to changes in people's health and well-being. One person said, "I can see my GP when I want to." People's relatives had been contacted following any changes to their health and well-being. A system was in place to respond to, record and monitor accidents and incidents. They were analysed to help identify any patterns or areas requiring improvement.

Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. Staff spoke to people in a respectful way

# Summary of findings

and used people's preferred titles and names. People were dressed smartly and appropriately in suitable summer clothing. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

People's opinions about the provision of activities varied. People said, "There's not much going on. I like it quiet, I read the paper and watch TV" and "I'm not bored we have the music man, puzzles and go for walks sometimes." Visitors said, "Staff do activities when they can but it's difficult to suit everyone" and "They need an activity person." Activities provided included games, exercise, gardening, church services, hand and nail care, one to one sessions and arts and crafts. During our visit we observed one person helping to sweep the courtyard and others involved in activities on Riverside Court. There was good interaction with laughter and chatter from staff and the people involved.

People told us they were confident to raise any concerns and felt they would be listened to. One person said, "I would talk to the staff if I wasn't happy". Visitors said, "We have a good relationship with staff; they are open to our concerns" and "Yes I can speak up but I have not encountered any issues."

Rotas showed there were sufficient staff to meet people's needs. Recruitment of additional staff was underway. We observed people's requests for assistance were responded to in a timely way. We observed staff taking time to talk to people and to listen to their requests.

Appropriate checks had been completed before staff began working for the service. The service had satisfied

themselves that staff were suitable and qualified to work in the home. Most staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Additional training was planned. Most staff had achieved a recognised qualification in care and other staff were working towards achieving this.

Meetings were held for staff. Some staff told us the senior management team listened to them but they felt nothing changed. Staff were provided with job descriptions, a staff handbook, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

Staff had an understanding of abuse and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

People's views and opinion were sought through day to day conversations, during meetings and from the annual customer satisfaction surveys. Resident and relative meetings were held. Records showed people's had been listened to and were involved in the day to day running of the service. For example people had been involved with the open day, recruitment of staff and choosing the menus and activities.

# 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?

The service was not consistently safe.

Staff had received safeguarding vulnerable adults training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they did not have any concerns about the way they were cared for.

People's medicines were not always managed safely and checks on staff practice had not been undertaken to ensure they were competent.

We found a number of areas were in need of attention to ensure the environment was clean for people to live in.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Training was being updated although there were gaps in staff supervision.

We found a number of areas were in need of attention to ensure the environment was safe and comfortable for people to live in.

The service had policies and procedures in place to underpin an appropriate response to the MCA 2005 and DoLS. Appropriate referrals had been made to help ensure people receive the care and treatment they need.

People told us they enjoyed the meals and we observed them being given appropriate support and encouragement with their meals.

**Requires improvement**



### Is the service caring?

The service was caring.

People told us they were happy with the home and with the approach taken by staff. Staff responded to people in a patient, good humoured, caring and considerate manner and we observed good relationships between people.

Staff took time to listen and respond appropriately to people. Some people using the service told us they were able to make decisions and choices about their daily lives.

People and their relatives had been involved in ongoing decisions about care and support and information about preferred routines had been recorded.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. They were confident their concerns would be listened to and acted upon.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and they, or their relatives, had been involved in the review of their care.

People were supported to take part in a range of suitable activities although people's opinion about activities varied as the provision of daily activities was reliant on staff availability. People were able to keep in contact with families and friends.

## Is the service well-led?

The service was not consistently well led.

The number of shortfalls we found indicated quality assurance and auditing processes had not always been effective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

**Requires improvement**



# 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.

The unannounced inspection of Riverside Care Centre took place on 7 and 8 July 2015. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. We contacted the local authority contract monitoring team for information.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people living in the home, one visitor, the registered manager, the cook and three care staff. Following the inspection visit we also spoke with three visitors.

We observed care and support being delivered by staff. We looked at a sample of records including two people's care plans and other associated documentation. Three staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at the results from the most recent customer satisfaction survey completed by people living in the home and their visitors. Following our inspection visit the registered manager sent us copies of the staffing rotas.

# Is the service safe?

## Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, “I am happy here and I feel safe”, “There are some people who are not very calm but the staff are very good with them”, “They are kind to me” and “I feel safe and well looked after.” Visitors said, “I am very happy with the care my relative receives; the staff have been very supportive” and “I am confident my relative is being looked after properly and is safe in the home.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

We looked at how the service managed people’s medicines. We found areas where improvement was needed. We found staff who administered medicines had received appropriate training. However, regular checks on their practice had not been undertaken to help determine whether they were competent to manage people’s medicines.

Where medicines were prescribed ‘when required’, guidance was not clearly recorded to make sure these medicines were offered consistently by staff. We noted some gaps on the medication administration records (MAR). We checked two people’s medicines against the MARs and found some medicines had been given but not signed for and others had not been given but no reason recorded. We also found one person had not had eye drops administered as there had been no stock available. We saw checks on the medication system had been undertaken although the shortfalls we had noted had not been identified. The provider had failed to manage people’s medicines in line with the home’s safe procedures.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. Policies and procedures were available for staff to refer to.

We observed the morning and lunch time medicine rounds were completed in a timely way. Care records showed people had consented to their medication being managed by the service on admission.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. People were identified by photograph on their MAR which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There was useful information for staff about how people preferred to take their medicines for example from a spoon or with their meals.

There were records of amounts of medicines carried forward from the previous month which would help to monitor whether medicines were being given properly. Boxed medicines were dated on opening to help make sure they were appropriate to use. Some people’s medicines had been reviewed by their GP which would help ensure people were receiving the appropriate medicines.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas of the home but found some areas in need of improvement. We noted that despite a regular deep cleaning schedule, there was an unpleasant odour in some areas of Riverside Court, particularly in the main entrance and corridors. The registered manager told us they had replaced the carpet in the entrance and were trying different products and cleaning equipment to resolve the problem. We found the corridor rails were clean but felt sticky to touch. A number of extractor fans were dusty although this had been identified for action as part of a health and safety audit. We found a number of soiled bed pans and a soiled toilet seat riser. We found a bed table and toilet rails with rusted legs, dirty sky lights and light fittings. We looked in both laundries and found damaged plaster, dusty extractor fans, a rusted radiator, bins without lids, dirty lights and dust. The laundries were cleaned and appropriate waste bins provided by the second day of our inspection but the rooms needed more attention to ensure they were clean. The floor was not sealed in one of the bathrooms and the conservatory furniture was stained and torn. All of these presented a risk of infection and had not been identified as



## Is the service safe?

part of the regular audit. There was currently no designated infection control lead who would take responsibility for conducting checks on staff infection control practice however, the recent health and safety check had identified this as an area requiring attention. The provider had failed to ensure people were protected against the risks associated with poor infection control.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control policies and procedures were available and most of the staff team had received infection control training. We noted staff hand washing facilities, such as liquid soap and paper towels were available throughout most of the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

There were domestic staff working on Riverside Court five days each week and three days a week on Riverside House; a laundry person worked each day. Cleaning schedules were completed and sufficient cleaning products were available.

People told us they were happy with the staff team and there were sufficient staff to look after them properly. Visitors said, "There always seems to be enough staff; there is always someone around", "We come at different times and there is always enough staff" and "They could always do with more staff but there seems to be the right number of staff." One person living in the home said, "I never have to wait long for staff support."

Staff spoken with considered there were insufficient staff at times. We were told there had been recent shortfalls due to sickness and leave; the previous week's rota supported this. We noted any gaps on the rota had been covered by existing staff, bank staff or regular agency staff although there had still been shortfalls at times.

We observed staff availability in both houses. On Riverside Court we found staff were attentive to people's needs and were available in all areas. However, on arrival at Riverside House we found people were unsupervised for a short time as staff were attending to people in other rooms. Staff said they could request assistance from Riverside Court but often they were busy. Staff told us it was more difficult in the afternoons and evenings as there were a number of

people who needed support at mealtimes. During the inspection we observed people's requests for assistance were responded to in a timely way. We observed staff taking time to talk to people and to listen to their requests.

We looked at the staff rotas. We found they were not reflective of the staff on duty following changes to the rota. However the registered manager reviewed this at the time of the inspection and revised rotas showed there were sufficient staff to meet people's needs. On the day of our visit there was a person in charge, two staff on each unit and a carer working until 1pm. The subsequent rotas showed an increase in staffing levels with a person in charge, two staff for the ten people living on Riverside House and three staff for 22 people living on Riverside Court with, at times, a carer working between both units until 1pm. The registered manager was also on duty. There were also two domestics, an administrator, a cook and a maintenance person.

We discussed our findings with the registered manager. The registered manager was recruiting additional staff including care staff and an activity person. We were told staffing numbers were kept under review and were shown a recent staffing analysis. We were told this would be monitored and discussions would take place with staff regarding working patterns. We checked the staffing levels following the inspection visit and found they had been maintained.

We looked at the recruitment records of three members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The service had satisfied themselves that agency staff were suitable and qualified to work in the home and a record was maintained to demonstrate this.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. A recent health and safety check had highlighted areas for improvement which were being actioned and risk assessments were being revised. Individual risks had been



## Is the service safe?

identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling.

From our records we noted there had been a number of incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. Although we found one person's was in need of updating to reflect recent changes. The registered manager gave assurances this would be reviewed. Appropriate referrals were made to the mental health team as needed. Records confirmed training was underway in this area. Training and guidance would help keep staff and others safe from harm. A visitor said, "Our relative can be difficult at times but the staff have been great and have helped us."

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was available in the office although these details were not yet included with the revised whistleblowing and safeguarding vulnerable adult's procedures for staff to refer to.

Staff, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed most staff had received training in this area within the past two years and update training was due. Additional, in depth safeguarding training was being planned for senior staff in the service. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We saw equipment was safe and had been serviced. We saw evidence training had been given to staff to deal with emergencies such as fire safety. A recent audit had identified a need for additional fire safety training and further training was being planned. A designated moving and handling trainer was available to support staff with safe practice and training although assessments of staff practice were not always recorded.

There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe. In April 2015 the environmental health officer had given the service a five star rating for food safety and hygiene.

# Is the service effective?

## Our findings

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. One person said, “I have a lovely room; it is bright and airy.” Another person said, “My room is very comfortable and I have all my own things here.” Visitors told us, “It’s a nice location and a homely environment”, “I am happy with the bedroom” and “We are impressed with the facilities.”

Riverside Care Centre is located in the peaceful village of Sawley near Clitheroe in Lancashire’s Ribble Valley. It was not on a bus route and people would need to walk some distance to get to the home. There was a pub within walking distance. Accommodation was provided in two houses. Riverside House was an older type property with facilities on two floors, which could be accessed by a chair lift, and Riverside Court was purpose built with ground floor facilities, a secure courtyard and plenty of walking space for people. Both houses had dining areas and lounges. Six bedrooms had en-suite facilities and suitably equipped bathroom and toilet facilities were available on both houses. There were well maintained gardens and a car park for visitors. Aids and adaptations had been provided to help maintain people’s safety, independence and comfort.

We looked around the home and found some areas were well maintained whilst other were in need of improvement. We did not enter all areas of the home. We found light/dimmer switches were missing, a key had broken in one door, glass panes were missing from a display unit, woodwork was scuffed, water damage was apparent to ceilings, toilet door handles were broken, taps were broken and bathroom hand rails were missing. We also noted holes in a number of doors which presented a smoke risk in the event of a fire and the laundry window was broken which presented a security risk. On Riverside House we found the environment was not very homely in comparison to Riverside Court. We found the wood flooring was speckled with paint although the registered manager told us the flooring throughout the house was due to be re-sanded. Some of the bedroom doors were not

numbered, skylights were covered with dust and debris and some of the bedrooms were dated and in need of refurbishment. The kitchen door had a hole in it and the kitchen bin was rusted.

There was a maintenance person and a gardener. A system of reporting required repairs and maintenance was in place. However, it was clear that the needed improvements had not been recognised, reported or acted on. Also the shortfalls we saw had not been noted as part of previous quality assurance checks. The provider had failed to keep all areas of the home in good order.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted some areas were bright and well maintained. On Riverside Court items of interest were positioned on corridor walls, a sensory room provided people with a calm and soothing environment and the secure courtyard, which was easily accessible, had seating and raised flower beds. There was also a quiet lounge which was decorated as in 1960s era and a number of quiet seating areas around the home. Some people’s bedrooms were identified by pictures or items which were familiar to them and some doors had door knockers attached. On Riverside House we found a bar and a sweet shop.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at individual training records and the training matrix, we found most staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling, dementia awareness, behaviour that challenges the service, fire safety, infection control, basic life support, nutrition and hydration, food safety, health and safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were a number of gaps in the overall training record. However the plan was being updated to reflect recent training. We noted one recently employed member of staff had not completed the necessary mandatory safety training such as infection control, moving and handling and health and safety. The registered manager was aware of the gaps and assured us that a programme of training was

## Is the service effective?

underway. Staff confirmed they received the training they needed. Most staff had achieved a recognised qualification in care and records showed other staff were working towards achieving this.

We looked at the records of two recently employed staff. We found both staff had received a basic induction into the routines and practices of the home and were in the process of completing an in depth induction. However staff spoken with were unclear whether they had completed a basic induction. We found a record of their induction which they had signed, however, we noted the basic induction topics had been completed and signed in one day. We discussed the effectiveness of this system with the registered manager. The registered manager assured us this would be reviewed.

Records showed there were gaps in the provision of formal one to one staff supervision sessions. This meant shortfalls in their practice and the need for any additional training and support may not be identified. The registered manager was aware of the gaps and the plan was being reviewed. We noted the current one to one record was used to update staff with mini training sessions and to monitor new staff.

Records showed key information was shared between staff. Staff spoken with had a good understanding of people's needs. They told us handover meetings, handover records and a communication diary helped keep them up to date about people's changing needs and the support they needed. However, staff told us 'at times' communication was not always effective. They said the night time handover was 'brief'. We looked at the night time handover sheet and noted it often recorded that people were 'fine' with no other information. The registered manager gave assurances she would monitor this.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "There is a choice at meal times; they are not rushed", "The food is nice" and "The food is alright, everyone cooks differently but I get a choice." A visitor told us, "It is good quality food and people get nutritional drinks when they need them" and "Staff take their time with people."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the

menu. The weekly menus were displayed in the Riverside Court dining room but not in Riverside House. One person from Riverside House said, "I don't know what is for lunch; we wait and see what the choices are."

During our two day visit we observed breakfast and lunch being served on both houses. The dining tables were appropriately set and condiments and drinks were made available on Riverside Court but not consistently on Riverside House. We noted people were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal on Riverside Court but was much quieter on Riverside House. We saw people being sensitively supported and encouraged to eat their meals on both houses.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day. One person told us, "I can have a brew mostly when I want one."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The registered manager expressed a good understanding of the processes relating to MCA and DoLS and most staff had received training in this subject although it was in need of updating. At the time of the inspection one person using the service was subject to a DoLS authorisation and other applications had been made which would help to ensure people were safe and their best interests were considered.

## Is the service effective?

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives. People's consent or wishes had been obtained for medicine management but not for information sharing. The manager gave assurances this would be reviewed as part of the care plan audit. This would help make sure people received the help and support they needed and wanted.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We

found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. One person said, "I can see my GP when I want to." Prior to the inspection we had been told staff had not sought prompt medical advice following two incidents. This had been investigated by the local authority. We noted action had been taken to prevent a re-occurrence; key staff had received update training and recent records reflected this had been put into practice. From our discussions and from looking at records we found people's relatives had been contacted following any changes to their health and well-being.

# Is the service caring?

## Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, “The staff are very nice people; they explain everything to me”, “I am very comfortable here; I’m happy” and “Staff are very kind to me.” Two visitors said, “Staff go out of their way for us; I’m impressed with them” and “They do a very good job.”

During our visit we observed staff responding to people in a patient, good humoured, caring and considerate manner and we observed good relationships between people. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. One member of staff said, “I know them inside out.” From our observations and from our discussions with people, we found staff had a good understanding of people’s needs. We noted calls for assistance were promptly responded to.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. We noted people had been invited to participate in the recruitment of new staff; one person had asked to be involved in the interview process for an activity person. People said, “I can get up and go to bed when I want” and “I can do what I want although I can’t go out on my own.” There was information about advocacy services displayed in the staff room although not available for people using

the service or their visitors. The registered manager advised us an appropriate display board would be provided in the entrance. This advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

We looked at two people’s care plans and found their relatives had been involved in ongoing communications and decisions about care and support. Visitors said, “Staff keep me up to date with any changes”, “I feel involved in my relatives care; I have been asked to provide information that will help them care for my relative” and “I believe the staff listen to what I have to say.” The care plans were detailed with information about people’s preferred routines and preferences had been recorded. This helped ensure people received the care and support they both wanted and needed.

The service had policies in place in relation to privacy, dignity, independence, choice and rights. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We observed one person was seen in a private area when being visited by a healthcare professional. Staff spoke to people in a respectful way and used people’s preferred titles and names and we saw people were dressed smartly and appropriately in suitable summer clothing. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We noted one person being encouraged and supported to walk a short distance. People were able to walk freely around the home and into the secure courtyard (Riverside Court).

# Is the service responsive?

## Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they could raise any concerns with the staff or managers. One person said, "I would talk to the staff if I wasn't happy". Visitors said, "We have a good relationship with staff; they are open to our concerns" and "Yes I can speak up but I have not encountered any issues."

There was a complaints procedure displayed in some people's rooms and in the hallway advising people how to make a complaint although this did not reflect information about when they would be responded to. The registered manager assured us this would be reviewed. Clear records had been maintained of people's concerns and records showed the service had responded in line with procedures. People's concerns and complaints were monitored and used to improve the service.

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources and covered all aspects of the person's needs, including personal care, likes and dislikes, mobility, daily routines, social and leisure interests and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person had a care plan that was personal to them which included information about the care and support

they needed. Information included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support. Processes were in place to monitor and respond to changes in people's health and well-being. The care plans had been updated by staff regularly and in line with any changing needs. People's preferences in respect of receiving personal care from male or female staff had been sought.

People's opinion about the provision of activities varied. The service did not currently have an activities person which meant the provision of daily activities was reliant on staff availability. The registered manager told us they were trying to recruit a suitable person. People living in the home said, "There's not much going on. I like it quiet, I read the paper and watch TV" and "I'm not bored we have the music man, puzzles and go for walks sometimes." Visitors said, "Staff do activities when they can but it's difficult to suit everyone", "They need an activity person" and "Staff take my relative for a walk about three times a week." Staff told us there was not enough stimulation for people. Activities provided included games, exercise, gardening, church services, hand and nail care, one to one sessions, arts and crafts. During our visit we observed one person helping to sweep the courtyard and others involved in activities on Riverside Court. There was good interaction with laughter and chatter from staff and the people involved.

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, "My visitors are made to feel welcome." A visitor said, "Staff are welcoming; I often get offered a cup of tea."



# Is the service well-led?

## Our findings

There was a registered manager in day to day charge of the home. People said she was 'approachable' and 'supportive'. The registered manager was supported by a senior manager and was able to meet with registered managers from other homes within the organisation to share best practice.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective particularly in areas such as management of medicines, infection control and standards of the environment. Monitoring had taken place although this had been ineffective and matters needing attention had not always been recognised or addressed. An area manager had conducted monitoring visits on behalf of the registered provider. We looked at the records of the visits and of any monitoring that had taken place. We found some areas for improvement with regards to the environment had been noted and included in a development plan although not all the shortfalls that we found had been recognised. We would expect such matters to be identified and addressed without our intervention. The provider had failed to operate effective quality assurance and auditing systems.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had notified the commission of notifiable incidents such as deaths, safeguarding and serious injuries in line with the regulations. The registered manager explained how accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

There were systems in place to seek people's views and opinions about the running of the home. The registered manager told us she operated an 'open door policy' and a weekly 'manager's surgery' was available to promote ongoing communication and discussion.

People had been asked to complete annual customer satisfaction surveys to help to monitor their satisfaction with the service provided. The results had been analysed although not shared with people or their visitors. We noted there were no systems to obtain the views of visiting health and social care professionals. The registered manager assured us this would be considered.

People's views and opinion were sought through day to day conversations, during meetings and from the annual customer satisfaction surveys. Resident and relative meetings had taken place every three months and it was clear from our discussions and from looking at the records that people had been listened to and were involved in the day to day running of the service. For example people had been involved with the open day, recruitment of staff, the menus and with the activities such as purchasing raised flower beds.

Staff meetings were held approximately every three months; we were told minutes of the meetings were displayed. We spoke with four staff. Three staff told us the senior management team listened to them but they felt nothing changed. Staff were provided with job descriptions, a staff handbook, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review was planned for 2016.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The provider had failed to keep all areas of the home in good order. Regulation 15 (1) (e).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to manage people's medicines in line with safe procedures. Regulation 12 (2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services, and others, were not protected against the risks associated with poor infection control. Regulation 12 (2)(h).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to operate effective quality assurance and auditing systems. Regulation 17 (1)(2)(a)