

# Innocare Limited

# Riverslie

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Riverslie provides residential and nursing care for up to 30 people. Accommodation is provided over three floors, with a dining room, lounge and bedrooms on the ground floor. A passenger lift and ramps allow access to all parts of the home and the large enclosed garden.

This was an unannounced inspection. The service was last inspected in June 2016 and at that time was found in breach of two regulations: Regulation 12 and 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe management of medicines and the governance arrangements in the home [how the home was being managed]. We served a warning notice regarding medicines management.

This inspection was 'focussed' in that we only looked at the two breaches of regulations to see if the home had improved and the breaches were now met. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover only two of the domains we normally inspect; whether the service is 'Safe' and 'Well led'. The domains 'Effective' 'Caring' and 'Responsive' were not assessed at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Riverslie' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On this inspection we found improvements had been made and medicines were now managed safely. Quality assurance systems in place to monitor and improve standards in the home had also been improved. Both breaches of regulations were now met.

There was no 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. The previous manager had resigned in June 2016 and the new acting manager was in the process of applying to us [The Care Quality Commission] for registration.

We reviewed the way people's medication was managed. We saw there were some good systems in place to monitor medication so that people received their medicines safely. We discussed and made some comments for consideration for further development.

The registered manager was able to evidence a series of quality assurance processes and audits carried out internally by staff and externally by a visiting senior manager for the provider. We found these had steadily been developed to meet the needs of the service.

The manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

While improvements had been made we have not revised the overall quality rating for the home. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review the quality rating at the next comprehensive inspection.

section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 safe.

We found that people were protected against the risks associated with medicines because the provider's arrangements to manage medicines were consistently followed.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

A registered manager was not in place at the time of the inspection.

The systems for auditing the quality of the service had been developed to help ensure monitoring and on-going development of the service.

The Care Quality Commission had been notified of incidents in the home.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We found the management structure to have developed with clear lines of accountability and responsibility which helped promote good service development.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well led' at the next comprehensive inspection.

**Requires Improvement** ●

# Riverslie

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 14 September 2016. The inspection was undertaken by an adult social care inspector.

We spoke with the acting manager for the service and a nurse working at the home.

We looked at the care records for four of the people staying at the home including medication records. We also looked at records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home, including the clinic room and some people's bedrooms.

# Is the service safe?

## Our findings

At our previous visit in June 2016 we had some concerns about the way medicines were managed and administered. We served a warning notice telling the provider they needed to put things right. On this inspection we checked to make sure improvements had been carried out.

We found improvements had been made and medicines were being safely administered. The warning notice had been met.

We looked at Medication Administration Records (MARs) and care documents for four people who received staff support with their medicines and looked at supporting documentation and records for 20 people.

The acting manager explained that following our last inspection they had implemented a further weekly audit of medicines [in addition to the monthly audit] to help monitor standards. We saw this audit had been carried out since June 2016. The audit had identified issues such as the ordering of repeat prescriptions and the over stocking of diet supplements which had then been addressed. During the inspection the acting manager made notes from our discussion which would be used to further develop the audit tool.

A medicine policy was available for staff and included guidance on areas such as self-administration, controlled drugs (medicine which requires special storage and record keeping arrangements because of its potential for misuse), safe administration and covert administration of medicines (medicines hidden in food or drink), though this form of administration was not in use at the time of the inspection.

Medicines were stored safely and were locked away securely to ensure that they were not misused. Staff had signed the MARs to evidence medicines had been administered to people. The MARs were easy to follow and it was generally clear what medicines had been received and were being carried over from the previous month. We did point out that two controlled medicines had not had the previous stock 'carried over' which meant it was, initially, not possible to an accurate stock count. We found the controlled drug [CD] records accurate however so we were able to audit effectively. The acting manager said that they would address this with staff so that any existing stock were recorded or carried over on the MAR when receiving medicines and this was therefore an accurate record.

We asked about people who were on PRN [give when needed] medication, for example for pain relief. We found clear care plans had been draw up to include supportive information for these medicines including people prescribed inhalers for chest conditions. The importance of a PRN care plan is that it supports consistent administration and on-going review.

We were told there was nobody having medicines given 'covertly' [without their knowledge in their best interest]. We saw that the acting manager and nurse on duty were aware of best practice issues around this including reference to the Mental Capacity Act 2005..

We saw that 21 people were prescribed external medicines such as creams. We were told by the nurse that

these were generally administered by care staff. We asked for records to identify which staff had administered the creams and saw that these were clear. The 'cream charts' were now stored centrally for staff to access. Most creams were prescribed PRN and there was a record of when these had been applied. We commented that a PRN care plan for the creams would be useful attached to the charts so staff could make direct reference to it. The acting manager said they would consider this.

There were three people with swallowing difficulties who were prescribed thickening agents in drinks to reduce any risk of choking. We found the acting manager and staff fully aware of the prescription and the level of thickening agent used so drinks were administered safely. We saw fluid charts were kept for these people to monitor fluid intake. We found these charts did not contain information regarding the level of thickening agent to use; for easy reference for staff. This information, although on diet information from the dietician, was also not clear in the persons care plan. The manager said they would address this to ensure improved clarity and ease of reference for staff.

## Is the service well-led?

### Our findings

At our previous visit in June 2016 we had some concerns about the checking and auditing systems in the home as they had failed to effectively monitor key aspects of the running of the home such as medicines management. We served a warning notice telling the provider they needed to put things right.

On this inspection we checked to make sure improvements had been carried out. We found improvements had been made and the general running of the home was more organised. Auditing systems had been developed to monitor safe standards. The warning notice had been met.

We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. The acting manager was able to evidence a series of quality assurance processes and audits carried out internally by staff and externally from a visiting senior manager. These processes have generated a series of developments over the recent years to improve the quality monitoring in the home.

Since the last inspection the acting manager told us about the development of a more thorough audit with respect to health and safety. This audit had, for example, identified issues around fire safety arrangements in the home, in particular effective evacuation in case of an emergency. The manager had been careful to get advice and support from the fire authority and had arranged a check of all fire equipment which had recently taken place. There had been an overhaul of fire training for staff and the implementation of regular fire drills so that staff were now more confident in the event of an emergency. Personal evacuation plans [PEEPS] had been re assessed for all of the people living in the home.

The acting manager had also identified other issues requiring improvement such as first aid training for designated first aiders [first aid procedure and equipment were not on the current audit and the manager said they would add this to ensure systematic checking in the future]. We saw that not all key health and safety issues had been addressed. For example, we found one of the window restrictors was ineffective and a potential risk for the person in the room [risk of falls from upper floors – in this instance not a high risk due to the height of the window]. This was addressed and the acting manager said they would make sure these were checked by the maintenance person as part of their schedule.

Other audits developed by the acting manager included a housekeeping audit. The audit carried out in June 2016 was seen which looked at housekeeping duties and cleaning rotas. We also saw the new weekly medication audit and care plan audit used to monitor care documentation and help ensure care plans were up to date.

The acting manager displayed an understanding of the auditing process and the need to continually develop this.

One area of concern previously had been the analysis of accidents / incidents in the home to learn how future risk could be reduced. We looked at accidents recorded and found good detail with respect to the accident / incident. In addition each had a follow through analysis by the acting manager highlighting any



learning or further action needed to reduce future incidence. There was also a monthly audit of all accidents. We saw the audit for June 2016 when two accidents were recorded. We saw there was follow up for one person who had had a fall; they had been referred for specialist foot wear.

We found clear lines of communication and accountability. The acting manager was supported by an operations manager who provided supervision and support and visited the home on a regular basis. The acting manager told us a deputy manager role would also be filled internally to ensure continuity of control when the acting manager was away for any reason.

The operational manager's audit for February 2016 was seen. We were told these were carried out routinely on a 4 – 6 monthly basis. We saw there were areas highlighted for development including the development of monitoring processes for applications made to the local authority for assessment of any people under the Deprivation of Liberty Safeguards DoLS]. The acting manager told us they were currently working on this.

The previous registered manager had made improvements in developing ways of getting feedback from people living at the home. These were primarily through 'residents meetings' which had been very well attended. The acting manager discussed other ways that feedback could be collected. One of these was for staff to carry a diary to collect any comments and feedback on a daily basis and report these through for further discussion. We discussed other ways to get feedback from visitors and professionals who visited the home.

CQC had been notified of events and incidents that had previously occurred in the home in accordance with regulations. This meant we, as regulators, were able to monitor information and risks regarding Riverslie.