

# Westgate Healthcare (Braintree) Limited

## Riverdale Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Riverdale is a residential care home providing personal care and accommodation for up to 32 people aged 65 and over. At the time of our inspection 12 people were using the service. The care home accommodates people across three floors in one new purpose built premises. One unit located on the lower ground floor, specialises in providing care to people living with dementia

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

The registered manager and provider shared a clear vision and strong values. They led by example and were committed to providing good quality, individualised care and support. They demonstrated a strong commitment to continuous improvement. People's views were listened to and were at the heart of how the service was provided.

Systems were in place for the safe storage and supply of medicines. Prescribed creams and lotions were administered by care staff but signed for on administration records by senior staff. We recommended further work was needed to ensure prescribed creams and lotions once administered were signed for by the member of staff who carried out this task. The current system in place did not comply with good practice guidance.

Risk assessments detailed people's individual risks such as, mobility, risk of falls, malnutrition and managing behaviours that may present a risk to the individual and others. However, further work was needed to ensure robust assessment and monitoring for people with a catheter in place.

People received care from staff who knew them well. People told us staff were kind, caring in their approach and supported their independence. People, their relative's and staff were positive regarding the management of the service.

There was an open and transparent culture within the management team demonstrated throughout the inspection. There were systems in place to monitor the quality and safety of the service. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence.

People had access to a complaints process and provided with the information they needed to raise a concern should they need to do so. We have recommended that this is produced in accessible formats.

People's feedback was considered through a range of systems such as surveys, care reviews and meetings.

There were enough staff to support people, meet their needs and keep them safe. People were supported by skilled staff with the right knowledge and training.

Personalised care plans had been developed, which provided the staff team with guidance about the needs

of people and how these needs were to be met. Further work was needed to ensure planning to maintain people's oral health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We recommended further work was needed to gather information as to people's cultural and spiritual needs as well as life history.

People had access to a variety of nutritious meals and snacks. Meals were freshly prepared and pleasantly presented.

There was a varied range of social activities on offer. Staff encouraged people to participate in group and one to one activities of interest to the individual.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection This service was registered with us on 25/09/2018 and this is the first inspection.

#### Why we inspected

This was the first inspection for this service since registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our responsive findings below.

Good 

# Riverdale Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one Inspector, one Assistant Inspector and one Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for a person with dementia.

#### Service and service type

Riverdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider did not complete a Provider Information Return because one had not been requested. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual who is responsible for supervising the management of the service on behalf of the provider, the registered manager, deputy manager, regional manager, senior care worker, care workers, maintenance manager and the chef. We also received email feedback from three representative's stakeholder agencies.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the overall quality and safety management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Processes were in place for the safe keeping and timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked.
- We carried out an audit of stock against medicine administration records for six people and found for two people medicines stock did not tally with administration records (MAR). This meant we could not be assured these people had received their medicines as prescribed.
- For one person who received 'as and when required' (PRN) medicines there was no PRN protocol in place easily accessible to guide staff. This meant there were not always outcomes recorded from administering these types of medicines to describe what and why they had been prescribed, how people liked to take them and show if their administration had been successful or not.
- The current system for auditing medicines on a monthly basis was not robust at identifying all medicines management errors. In response to our feedback the provider put in place a daily stock check against the MAR records. Updated PRN protocols and arranged for further training for staff.
- Creams and lotions were administered by care staff who did not have direct access to the electronic MAR records and so were unable to sign these to confirm when these medicines had been administered. The deputy manager told us care staff administered these medicines but the senior on duty signed the electronic MAR on their behalf. National Institute for Excellence (NICE) guidance states; 'records must be maintained by the person who applied the medicine in the form of an external or topical medicine administration record'.

We recommend further work was needed to ensure medicines administered were signed for by the member of staff responsible for this task.

### Assessing risk, safety monitoring and management

- Risk assessments detailed people's individual risks such as, mobility, risk of falls, malnutrition and managing behaviours that may present a risk to the individual and others. However, further work was needed to ensure robust assessment and monitoring for people with a catheter in place.
- One person who had been assessed as at high risk of developing urosepsis. Their care plan stated a weekly change of catheter bag was needed to avoid the risk of infection. Urosepsis is a serious complication of a urinary tract infection (UTI) that requires immediate medical care to avoid a possible life-threatening event. It was not clear from a review of daily notes if catheter bag changes had taken place as described in the care plan. We discussed this with the management team who reassured us a system for monitoring would be put in place immediately.

- People had personal emergency evacuation plans known as PEEPS. These were used to inform staff and emergency services in how to support people to evacuate the building in the event of fire or flood. We found three people did not have emergency evacuation plans in place, readily available for staff within the folder they used to access information should they need it in the event of an emergency. This was discussed with the provider who told us action would be taken to rectify this immediately.
- Staff received health and safety training including what action to take in the event of a fire. Staff gave examples of how they supported people to prevent the risks of falls, first aid and the monitoring of inadequate food and fluid intake. The provider told us newly appointed staff induction training covered areas such as catheter care and prevention of pressure ulcers.
- Risks associated with the safety of the environment and equipment were identified and managed. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as legionella, fire and electrical safety.
- Maintenance issues were logged and prioritised each day.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.
- People and their relatives told us they felt safe and free from any bullying or discrimination from staff. One told us, "Yes, I am safe. This is a good place to be." Another said, "There is no place like home, but this is the next best thing. Staff are kind and they cannot do enough to help you and reassure you."

#### Staffing and recruitment

- People and their relatives told us there was enough staff to meet their needs. One person said, "I feel safe here, we are looked after well. When I buzz they come quickly, it depends on what they are doing." A relative said, "I think there are enough staff. I have never noticed any problem."
- There were enough staff on duty during our inspection to meet people's needs. Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
- Registered services are required to undertake checks to protect people from the employment of unsuitable staff. We found most of these checks had been completed for new staff. However, we found one member of staff working at the service on the first day of their employment before all required safety checks had been carried out.
- Following our feedback, the provider told us they would ensure this member of staff would not work providing care to people until all satisfactory checks had been obtained. They also provided us with evidence of a monitoring system implemented in response to our findings to ensure potential staff did not start work until all safety checks had been completed.

#### Preventing and controlling infection

- The service was clean and free from offensive odours.
- Staff had been provided with infection control training. Protective clothing such as aprons and gloves were readily available for staff and worn.
- People and their relatives were complimentary about the cleanliness of the service. One person said, "It's always very clean. They clean my room every day."

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Incidents and accidents were recorded including an overview of actions taken so trends could be reviewed and similar incidents from occurring again. The provider reviewed these across all their services.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- Prior to people moving into the service, a comprehensive needs assessment in line with best practice was undertaken by a member of the management team. This was done in consultation with people and, their representatives. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Staff described how they would make appropriate referrals and action the advice provided from specialists such as dieticians, mental health and speech and language therapists.

Staff support: induction, training, skills and experience

- Staff received training to ensure they were competent and skilled to support people with their individual needs.
- New staff undertook the care certificate, which is a recognised set of standards for staff working in care.
- Staff had the knowledge and skills required to meet people's needs. Staff described how they were supported with induction training. This enabled them to understand and, equip them to fulfil the roles for which they were employed.
- Staff received supervision to enable them to review their practice and consider any training needs.
- Training provided was a mixture of on-line with some face to face elements. Staff access to on-line training was monitored with reminders sent to ensure staff completed all required training.

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

- People were provided with a choice of nutritious food and drink. They told us, "I had porridge for breakfast, followed by fresh fruit and yoghurt, it's really excellent food here." And, "The food is wonderful, there's lots of it, sometimes too much, but there is always good choice."
- One person's care plan stated, 'I like a beer with crinkle cut, low fat crisps at supper time'.
- Dining rooms were located on each floor, made to look homely and welcoming.
- Meals were pleasantly presented. People were supported to exercise choice as to where they ate their meals.
- Dining rooms during the lunchtime period had a relaxed atmosphere. People were provided with a choice of meals, a choice of drinks including wine. Alternative meals were offered if people did not want what they had previously chosen from the menu.
- People had access to water or juice throughout the day as well as regularly offered hot drinks.
- We saw snacks of prepared fresh fruit on the tables and a variety of snacks were made available.
- People's nutritional needs were assessed and those requiring closer monitoring were weighed regularly

with their dietary and fluid intake being monitored. Where people may be at risk the registered manager described how specialist advice would be sought.

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

- The environment was purpose built and well laid out with sufficient communal space to meet people's needs including a cinema room, hairdressing and café areas.
- All rooms had en-suite facilities and equipped with televisions and telephone points.
- Bathrooms were homely with sensory lighting to aid relaxation.
- The floor, designated for people living with dementia, was homely, bright and airy with sensory and reminiscence items.
- People had access to outside, secure spaces with seating areas and raised vegetable and planting areas.
- A drop down bar had been installed in the dining room to enable people in wheelchairs to access counter tops used for cooking sessions

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

- People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.
- The service sought advice and support from other agencies so that people could receive effective care. This included, liaising with hospitals, health care professionals and other professional's relevant to the individuals care.
- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and request assessments. For example, referrals and access to chiropodists, opticians, continence advisors, GP's and community nurses.
- Staff told us they worked well as a team and described the handover process where they communicated people's changing needs.
- Further work was needed to ensure people's oral health care needs were being met. Care plans did not evidence planning to enable people to have regular access for dental check-ups to aid healthy oral care. The registered manager and provider told us they were aware of recent good practice guidance produced by CQC in relation to oral healthcare and would be reviewing all care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- An assessment of people's capacity to make specific decisions and best interests were documented.

Consideration was given to the least restrictive option.

- Discussions with the manager demonstrated they recognised when people were being potentially being deprived of their liberty and applications had been made for legal authorisation where required.
- Where DoLS applications had been submitted to the local authority, some applications had been approved and others were periodically followed up.
- People told us staff offered them choices as to how they spent their time and sought their permission before providing support.
- Staff told us they had completed training in understanding their roles and responsibilities in relation to the MCA and DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- One person who regularly used the respite service arrived during our inspection. Staff greeted them warmly and with genuine affection. This person told us, "I love it here, I always get the same room. The staff are brilliant. There are no faults in this place."
- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated people were treated with kindness and respect.
- Everyone we spoke with was positive about the staff and told us staff were kind, friendly, respectful and polite. One person said, "It's a great place to live, staff are all kind, I don't see how they could offer anything better, it's value for money." A relative told us, "The staff here are very friendly, caring and helpful. The activities lady is an excellent communicator, she chats with all of us, it's nice."

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

- People were provided with opportunities to feedback their views as to how the service was run.
- 'You said, we did' comments and suggestions forms were provided to encourage people to share their views as to the quality of care and suggestions for improvement. The registered manager responded to comments and suggestions with actions they had taken in response. This included suggestions to, 'provide more mashed potato and for 'food portion sizes to be reviewed'.
- People were encouraged in residents' meetings to air their views in the planning of menus and social activities.
- People and their relatives told us family and friends were able to visit without restriction and, where appropriate, involved in the planning and review of care plans.
- There was limited information about people's life history, religion, culture and sexuality. The management team told us they had recognised this as an area of care planning that needed improvement. They also told us they were looking at various care planning systems to support improvement in this area.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them. Staff said they promoted people's privacy and dignity by providing personal care in private.
- Some people could wash and dress themselves without support and staff encouraged this independence. One person said, "I like to do things for myself and I can do most things. They [staff] encourage me to keep on doing what I can for myself. It is good for me."

- Staff told us they promoted people's independence by encouraging people to do as much as they could for themselves. This was also reflected in care plans reviewed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- Personalised care plans had been developed, which provided the staff team with guidance about the needs of people and how these needs were to be met. The management team were aware that some aspects of care planning needed further work, and this has been referred to in other sections of this report.
- Care plans had been reviewed and updated regularly to reflect people's changing needs.
- Feedback from people varied regarding their involvement in the care planning process. Some people were aware of their care plans and others told us they were not.
- People's care plans stated their preference for either a bath or a shower and how often they wished to receive this support. However, we noted the regularity of this support was not always evident in the daily logs staff maintained.
- Staff recorded statements in daily logs such as, 'all personal care given' or 'assisted with personal care' but did not always provide a description of what that support consisted of. We discussed this with the registered manager and provider who told us this would be raised with staff and included in future training sessions and management monitoring.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were provided with guidance in care plans which described how best to support people with sight and hearing impairment. This included information in relation to the use of hearing and visual aids.
- Staff spoke slowly and gave people time where individuals found decision making difficult. This helped people to understand and communicate their needs with staff.
- Signage helped people to locate their way around their service.
- People had access to information about how to raise safeguarding concerns or complaints. However, these were not available in pictorial formats and or in large print.

We recommend work is undertaken to provide people with information in different formats to enable their understanding, such as large print and pictorial prompts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were tailored to meet people's individual needs, preferences and interests. The service employed a 'lifestyle coordinator', who along with other staff, were highly motivated and proactive in finding out what interested people and what would encourage them to take part in activities.
- There was a wide range of activities on offer, both within the service and in the community, to help prevent people becoming socially isolated and to keep people active.
- A weekly plan of activities was distributed to people and were made available on notice boards. These included activities such as, seated exercises, pamper sessions, a morning where pet owls were brought into the home, craft and reminiscence sessions.
- Links had been formed with a local school where a group of children visited the service to participate in joint activities with people who used the service. Activities included art and craft sessions, cookery and games.
- One person told us, "The activities here are quite good. We get to play games and make things." Another told us, "I don't always want to get involved in the activities, but I can pick and choose, depending on how I am feeling. There is no pressure to attend." A relative said, "There is always plenty going on when we visit. People are not just sat around watching the TV which is good to see."
- People were supported to make links with the wider community as there was a focus on providing community-based activities. Community trips included visits for afternoon tea outings, garden centres and trips to a local cinema for dementia friendly film events. A local church group visited the service to enable people who expressed a faith, to attend if they wished.
- Activities staff had detailed knowledge and demonstrated a good understanding of each person, their likes and dislikes. All staff spoke with great affection and immense pride about the people they supported and recognised how important it was for people to be meaningfully occupied throughout the day.

#### Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure were visible and available to people who used the service and others.
- Where complaints had been received these had been investigated and reviewed by the management team and resolved where possible with a clear audit trail of actions taken in response.
- People told us they would feel confident to raise any concerns. One told us "If I was worried I would speak to the manager."

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- Care plans showed some people had been consulted as to their wishes if they should need end of life care. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- There was an open and transparent culture within the management team demonstrated throughout the inspection. The registered manager, provider and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- A kind words folder was developed to gather feedback from people. One person who had stayed at the service for a period of respite care wrote, "Thank you for treating me like a Queen. I will miss you all." One relative wrote, "Over three weeks that [person's relative] has been with you, we have seen a huge improvement which is all down to the help of your team. Thank you all so much."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. These were reviewed by the provider to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered manager had notified CQC of significant events such as safeguarding concerns.

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

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and those of the staff team.
- There were established and effective governance systems with regular quality assurance checks and audits in place. People's experience of care and support were at the core of these systems. Where issues were found, action was taken promptly to ensure improvements were made.
- Staff spoke with exceptional pride about working at Riverdale. They demonstrated they were highly motivated and shared the same passion and commitment as the management team to provide quality, personalised care.
- One member of staff said, "This is a good place to work. The manager's really care and, honestly, this is one of the nicest places I have worked."
- Staff incentive schemes recognised and awarded good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their representatives and staff were encouraged to contribute their views on an ongoing basis. Where people made suggestions to improve the quality of care in residents' meetings, surveys and care reviews, action plans were put in place in response.
- People had access to a variety of innovations to enable them to express their views about the quality of care they received. This included a wish tree where they could place suggestions of activities they would like to see provided. Staff gave examples of action taken to improve people's quality of life. This included an example of where one person was granted their wish to meet up with an old friend and another the opportunity to monitor the traffic coming in and out of the car park.
- The provider and representatives of the provider visited regularly to carry out quality and safety monitoring which involved talking to people who used the service to gain their feedback.
- Staff told us they were fully informed of changes and, encouraged to share ideas to improve team working and people's experience of the care and support provided.
- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and record of completion was kept under review to make sure it was done.
- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services with action plans to reduce the risks of similar happening in the future.

Working in partnership with others

- Feedback from stakeholders involved with the service were complimentary and cited positive and effective working arrangements. One person told us, "On all my visits I have found all the staff to be very caring and compassionate towards all residents. I often saw activities taking place inside and out encouraging all residents to join in." Another told us, "Riverdale is a well run home. They [staff] are all very caring, friendly and want the best for people in their care."