

Bupa Care Homes (CFHCare) Limited

# River Court Residential and Nursing Home

## Inspection report

Explorer Drive  
Watford  
Hertfordshire  
WD18 6TQ

Date of inspection visit:  
15 March 2016

Date of publication:  
19 May 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

River Court is a purpose built nursing and residential care home. The home is located on the outskirts of Watford Town Centre. It has the capacity for up to 120 elderly or frail residents, some of whom live with dementia and it also provides nursing care/palliative care.

There were 116 people living at the service on the day of our inspection. River Court consists of four units, Hampermill, Gade, Chess and Colne. We did not visit one of the units due to an outbreak of infection of which 10 people had been affected.

The service has a registered manager in post although they were not present on the day of this visit. They were registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. However, a relief manager provided the management support and guidance on the day of our visit.

We last carried out an inspection of the service on 18 October 2013 due to concerns raised regarding the administration of medicines. At this inspection we found the service was meeting this standard. The last scheduled inspection carried out at this service was 24 May 2013 where the service was found to be meeting the required standards.

At this inspection we found some areas of the environment were poorly maintained and found to be dirty. This included soiled armchairs and a strong smell of urine in one of the units where people lived.

People told us they felt safe and secure living at River Court. Generally we found staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns both within the organisation and externally if required.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received appropriate support from staff to enable them to take their medicines.

People and their relatives felt confident to raise any concerns and told us they were confident any concerns would be resolved without delay. People received their care and support from a staff team that fully understood people's health and care needs and who had the skills and experience to meet them.

We found that people who used the service were not always treated with dignity and respect but their privacy was maintained.

The activities programme provided did not always reflect the individual needs of people who used the

service and could benefit from being improved.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, and were suitable to work in a care home environment as well as being fit for the roles they were being employed to carry out. Staff records confirmed checks had been made which ensured they were safe to work with vulnerable adults before a position was offered to them.

Staff were well supported by the management team and received an induction from senior staff when they first started working at the home. They received on going training and support to enable them to perform their roles effectively. Staff had regular individual supervision meetings, team meeting and had an annual appraisal to review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People's views about the service were gathered using surveys and verbal feedback. Feedback was used in a positive way to improve the quality of the overall service. The majority of people we spoke to were positive and complimentary about all aspects of the service.

Relatives, staff and professional stakeholders were complimentary about the staff and how the home was run and operated. The monitoring the quality of services provided, reduce potential risks and drive improvement could be further improved to ensure all aspects of the service which require attention are identified at the earliest possible stage.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and were supported by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable.

Sufficient numbers of staff were always available to meet people's individual needs in a timely way.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively.

### Is the service effective?

Good ●

The service was effective.

People's wishes and consent were obtained before care and support was provided.

Staff were trained to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Care was not always provided in a way that promoted people's dignity.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives where appropriate were involved in the planning and reviews of the care and support provided.

The confidentiality of personal information had been maintained.

### **Is the service responsive?**

The service was not always responsive.

People were not always provided with an activity programme that met their needs or respected their choices.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People's concerns were taken seriously and acted upon.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

Effective systems were in place but did not always identify areas of the service that required improvement.

People, relatives and healthcare professionals were all positive about the manager, staff and how the service operated.

**Requires Improvement** ●

# River Court Residential and Nursing Home

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

This visit took place on 15 March 2016 and was carried out by two inspectors and an expert by experience. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 21 people who lived at the service, 9 relatives, 12 members of staff, the relief manager and the regional manager. We received feedback from social care professionals. We viewed eight people's support plans.

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

# Is the service safe?

## Our findings

People told us they felt safe at the home and they were well supported by staff that had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "The staff are always kind to me and I never feel afraid, they make me feel well looked after and I never have to worry." A relative told us, "We pressed the call bell by mistake once and they [Staff] were there in seconds. Great system which felt very reassuring." Another family member told us, "I do feel that my [Relative] is safe living at River Court. They have a bleep mat on their bedroom floor, beside their bed, which alerts the night staff when they get up at night."

All twelve staff members we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally, and also how to 'Whistle Blow' if the need arose. Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority.

One staff member told us, "We all know about safeguarding and how to make sure people are protected and safe from harm; the manager makes sure of this." Another staff member told us, "I have been here for many years and each year we have training about safeguarding to keep us on our toes." One relative told us, "The staff here are trustworthy and kind and I never worry when I leave that my [relative] will come to any harm."

People were supported by staff that had been through a robust recruitment process. This ensured that staff employed at the home were suitable for the roles they performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative told us "I can usually find a staff member to speak to if I have a problem, although sometimes during the evening it's a bit more difficult as they seem to be much busier and not quite as many staff around." However this does not affect the care of my relative as they are always well cared for when I visit and tell me they always find that staff are there when they need them."

People had detailed assessments of their needs and dependency levels carried out and reviewed to help the management team ensure there were enough suitable staff available at all times. During our visit we saw that at most times there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner. One relative told us, "Generally there are six staff on duty in the day, I'm sure this is adequate however, more staff are always going to be a bonus to deal with the on going needs of the residents."

Although we found that people had access to their call bells on two of the units we found that seven people on Hampermill House did not have call bells that were within their reach. The deputy manager told us that this was because these people lacked capacity and were unable to use their calls bells. We found that there was no evidence that individual risk assessment had been completed for these people and no information was recorded within peoples care plans on how people's safety was maintained or monitored. However all

the staff we spoke were able to identify the people in Hampermill Unit who were unable to use their call bells. This information was passed on to the clinical manager for their immediate attention.

People's medicines were managed safely as there were suitable arrangements for the safe storage, management and disposal of medicines. Where necessary and appropriate, people were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Staff were knowledgeable about people's medicines, potential side effects and how to support people safely with their medicines. A staff member told us, "There is a very good auditing system here and we are not allowed to administer medicines to people until the manager considers we are competent to do so which I think is the right way to make sure people are safe."

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that information and learning outcomes were used effectively to mitigate risks wherever possible which ensured people received safe care.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of emergencies.



## Is the service effective?

### Our findings

One person who lived at the home told us "The staff are always around to help me, if needed." Another person told us "I can be a bit self-conscious when I am having a bath but I can honestly say that all the staff that help me makes me feel at ease and always cover me up." One [Relative] we spoke with told us "Whenever I visit, I see staff helping people in sorts of ways and they are always polite and respectful." A [Family member] told us, I feel that my relative is treated with respect and dignity. The staff address them by using their name at all times. When they transfer them from chair to chair they adjust their clothes appropriately and they will ask quietly if they need to go the toilet.

People told us they had been involved in making their own decisions, wherever possible about the care and support provided. We spoke with 21 people who all confirmed that staff always asked knocked and asked permission before they entered their room and were very careful to maintain their dignity when they provided personal care. One person described how the staff member had bathed them on the morning we arrived. They told us "I had a lovely long soak and felt clean and comfortable ready to start my day." We observed staff provided care and support in a friendly, enabling and appropriate way.

During our visit we observed that people made decisions about their care. Staff knew people well, were aware of their needs and how to provide care to meet these needs. They provided a comfortable, relaxed atmosphere that people enjoyed.

We asked one visitor about the competency of the staff and they told us, "I feel that all the staff have the right skills to care and support my [Relative]. As with any profession some care workers appear to have a deeper interest in the world of dementia than others and this is demonstrated in their understanding of the disease, which in turn allows them to care for my [Relative] and other residents in the most appropriate way. I feel it is very important that all staff attend regular training to enable them to really understand dementia therefore empowering them to give the very best care."

From our observations, we found that people were supported by staff who had the appropriate training and supervision for their role. Staff told us, and training records confirmed, that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people, for example with behaviour that challenged, and knew how to support a person when they become distressed or anxious. We also saw evidence that all staff were provided with training that related to supporting people with dementia, entitled 'Person first dementia second'. This meant that staff's knowledge and expertise had been further developed to benefit and care for the people who lived at the home.

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and on an on going basis. We spoke with one new member of staff who described in detail, their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who

they had shadowed and felt that they had learnt a lot from them. They said, "I have worked in care for many years but here I have found the senior staff here to be both professional and supportive and we get all the training we need and want."

Staff received regular support through supervisions from their managers. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from their managers and the provider. Staff told us they worked as a team and felt supported in their role by the manager and each other. One member of staff told us "The senior staff are very 'hands on' and therefore have regular contact with us all which means any issues are resolved quickly. I think we work well as a team and learn from each other."

The Mental Capacity Act 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. The application procedures for this in care homes and hospitals are called the Deprivation Of Liberty Safeguards.

We checked whether staff worked within the principles of the Mental Capacity Act and whether any conditions on authorisations to deprive a person of their liberty were met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager and care staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed that the provider was aware of their obligations under the legislation and ensured that people's rights were protected. The home had submitted DoLS applications to the supervisory body (Local authority) and awaited the outcome of these.

The home had a four week menu in place which reflected the choices and preferences recorded within people's individual plan of care. This included people's specific dietary needs such as diabetes. We saw that staff recorded what people had eaten in order to make sure they had received sufficient food and drinks. People told us they enjoyed the meals provided with one person stating, "The food is usually good here, it's one of the things that they do well." The lunchtime meal was served in the main dining areas within each unit. We saw that some people chose to sit at the table; others chose to remain in their chairs in the lounge. Some people had their meals served to them in their own bedrooms. This demonstrated that people's choices were respected. One member of staff asked two people if they would like some help with their meal which they both readily accepted. We saw that each member of staff assisted them in a dignified and unhurried manner. We saw that both staff members explained what the person was about to eat and offered it to them in a small manageable portions.

Relatives told us that staff would contact them if they had any concerns and would refer their family members to a GP if necessary. One relative said, "The staff always keep us informed, even about any concerns they have about my [Relatives] health."

People's health conditions were monitored regularly and they were supported to access a range of healthcare professionals and services, such as the community nurses, the GP, the dietician and therapists. One [Family member] told us, "I feel that the manager and senior staff will call the GP if they are concerned with my [Relative's] health and issues are dealt with promptly which as a family is very reassuring for us."

This meant that people were supported to maintain good health and well-being.

## Is the service caring?

### Our findings

People were supported in a kind and compassionate way by staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One person told us, "I have never been unhappy with the way staff look after me, they are always happy to help and we have a few laughs together." We received several positive comments from visiting relatives. A family member told us, "I visit my [Relative] several times a week and observe the staff talking in a very kind manner to the all residents. I have observed many of the staff really having fun with the residents and engaging well, promoting a normal and homely environment. I witnessed a good working relationship between staff and residents."

However, we observed that people's dignity was not always respected due to some areas of the home that were found to be unhygienic and poorly maintained. We noted that one toilet on the ground floor was dirty and not suitable to be used. There was also a strong smell of urine in this unit. One person told us they, "Wished they could be supported to use the toilet rather than to use pads". We addressed this at the time with the senior staff member as there was no valid reason for not assisting this person to use a commode or to be taken to the bathroom. By not supporting this person to use the toilet their dignity was compromised. This issue was raised with the manager at the time and we were told that this was "Definitely not acceptable practice." We were told that this was an isolated incident and they would ensure that this situation did not reoccur. The manager also informed us that people were regularly and routinely asked and supported to access the toilets.

On another occasion on Hampermill House we observed that three care staff were congregated in the lounge\kitchen area while the nurse in charge administered medicines. We heard a person nearby callout for help to go to the toilet. We noted there was no staff within the vicinity to help them. We saw that it took a further seven minutes for one of the three members of staff to assist this person, by which time their tea and toast had gone cold. We noted that the staff member failed to offer to replace their breakfast and instead left them to eat cold toast and drink tea. This was pointed out to the registered manager at the time of our visit for their immediate attention.

One person who had recently moved into the home told us, "The home is very good and the staff are helpful and polite and they knock on my door before coming in." Another person told us, "They [Staff] are kind and have time for me which is most important, it is a nice place and I like the people and I only have good things to say about the place". A relative told us, "They [Staff] look after them well, that's my main concern, I've seen two other homes and this is much better."

Staff knew people well and told us about their history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become quiet and disorientated. We observed a staff member approach them in a calm manner, gently putting their arm around their shoulders to comfort them. They established what they needed and then slowly walked them along to their bedroom, which is where they were trying to go. Staff called people by their preferred name

and spoke in a calm and reassuring way.

The registered manager and staff were all aware that local advocacy services were available to support people if they required assistance. We saw information that related to such services displayed within the main reception area of the home. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. For example, when we reviewed documents as part of our inspection they were taken back to where they were stored which ensured the records remained private.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person told us, "They always remember how I like to be bathed and make sure the experience is a pleasant one, I feel that they all know my routine and just do whatever I ask of them." A family member commented, "The senior staff in Gade House have been very supportive in what has been a very difficult and stressful time for me and my family as we settled my [Relative] into the home. The staff are happy for me to make drinks in the kitchen and to come and go as I wish. All these things contribute to giving River Court a lovely homely feel which is very important."

Staff had access to information and guidance on how to meet people's identified needs and were knowledgeable about their likes, dislikes and personal circumstances. We found that staff knew how to deliver support in a person centred way, people's individual plans of care contained sufficient information about their preferences and how people liked to be assisted and cared for.

People had a pre- admission assessment completed by the senior care staff prior to moving into the home. This helped identify people's care and support needs. Care plans were then developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, their families, other professionals and people's historical information were used to assist with people's care planning.

Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw guidance within care plans which explained how people at risk, should be cared for. We saw that one care plan explained, in detail how the person's skin tear should be managed. This care plan also contained photographs of this person's wound and demonstrated how the skin had improved.

However, we found that people's fluid charts were not always updated or accurate. We looked at three people's records who were on food and fluid monitoring charts and none of these were up to date. The last recorded entry for one person's fluid chart was made on the previous day. A second person's record was last completed on the previous day at 5.30pm and the third person's fluid chart stated that they had been checked at 2am and 6am on 16/03/2016 and on both occasions they were asleep but when we spoke with this person 11.15am we saw that this person still had no fluids recorded. We pointed this out to the manager who immediately addressed this issue with the staff member concerned. We were informed by the manager that this was an isolated incident and that this particular member of staff was nervous due to the inspection taking place and they had in fact given people fluids but had just forgotten to record it. This meant that people were not always supported to receive adequate amounts of fluid to maintain their health and welfare.

The registered manager told us that activities were only provided during the weekdays as at weekends people mainly were occupied with their visitors. However, two people told us that weekends could sometimes feel very long and boring as they rarely received any visitors. One person told us, "It would be nice if someone could take the people out who don't have regular visitors at the weekends as it can

sometimes feel a bit lonely when others have visitors and I don't."

We saw that a weekly timetable for activities was displayed throughout the home. However, we found that not all activities were suited to people's individual needs and abilities. For example, we saw a ball game taking place with a group of people, some of whom had dementia. The ball was thrown to some people who were unaware of their surroundings and who had limited understanding of what the ball game involved. We saw one person was startled and unprepared when the ball was thrown to them, causing them unnecessary anxiety and stress.

The weekly planner also had a 'Throw and Talk or guess your emotions session on one unit where several of the people were unable to participate due to their varying degrees of dementia. We observed in one unit the activity person was cleaning tables, but not as an activity or with the involvement of anyone who lived in the unit. We saw that half of the care plans we reviewed did not have accurate or up to date information about activities. This meant that we could not be confident that these people had been offered or had participated in any activities. People had also raised an issue in which they had requested more organised trips out of the home to be incorporated into the activity programme. The minutes of the residents and relatives meeting minutes stated that the manager would be looking into implementing this during the summer months.

People and their relatives told us they were consulted and updated about the care and support provided and were encouraged to have their say. They felt listened to and told us that the registered manager was always quick to respond to any issues raised in a prompt and positive way. The registered manager told us they had a complaints procedure in place. One person us, "Depending on the concern I would talk to the manager in Gade house, or the manager of River Court. A visitor told us, "We were provided with a 'complaints' leaflet, detailing the procedure, as part of the initial literature the home provided."

## Is the service well-led?

### Our findings

People, staff and relatives were all positive about how the service was run. Staff and people who lived at the home were complimentary about the manager and the staff. We also found that the service was consistently well managed with systems and processes in place to monitor the service. Relatives also told us that they could visit whenever they wanted and that the registered manager's door was always open to them.

Although there were systems in place to monitor, address issues and improve the quality of service provided we found that these systems had not always been effective in identifying areas that required attention. This included soiled and stained furniture in one house. A strong smell of urine in the lounge area of the same house and a lack of dignity with regard to people who had incontinent needs. The system in place to monitor people's fluid intake also failed to identify three people who had not received adequate amounts of fluids. We pointed out these issues at the time of our visit and the manager accepted that on this occasion this had been an oversight. The manager sent evidence the following day that confirmed these issues had been rectified.

We saw that the manager had held a recent relatives and residents meeting in March 2016 where several topics and issues were discussed. For example, the plans to improve the environment, communication between staff and relatives, activities and nutrition and menus choices. The manager provided evidence of an extensive redecoration and development programme for the home, which included refurbishment of each of the four units which would address the issues identified as part of this inspection.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed.

The manager had an open door policy and led by example, and along with the deputy manager, often worked alongside staff. One relative told us, "The manager at River Court is very approachable and was very helpful and accommodating when we were in the initial stages of looking for a suitable care home for my [Name]. At the moment there is a temporary manager covering the manager's post, they sent a letter to me explaining the changes, and also chaired the last residents meeting in Gade House."

The manager said they encouraged staff to challenge bad practice and they promoted a robust whistle blowing policy which staff confirmed. The manager and senior staff ensured practise was monitored and challenged and encouraged the staff to do the same.

There were regular staff meetings which the staff told us they appreciated and felt able to contribute to. One staff member said, "There have been lots of staff changes recently but I feel that we have been kept informed by our managers and have regular updates."

We saw that staff had individual supervision which is another forum where staff can discuss any concerns or issues they may have as well as being supported and to receive feedback about their performance. Staff were clear about their roles and the focus on people who they supported and enabled them to maintain



their independence. One staff member told us that, "Although the manager has only been here since January they have tried to make some positive changes and I think the staff appreciate this. We are offered lots of training and feel that we are valued and appreciated by the management team and relatives."

People were given the opportunity to influence the service they received by completing an annual survey to gather their views. Annual surveys were sent out to people who lived in the service, visitors and other stakeholders. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views. We saw the results of the most recent satisfaction audit carried out in December 2015. The results were generally positive with people stating they were happy with the staff who supported their relatives but improvements could be made in relation to response times when people required attention or support. There was an action plan in place to address the outcome of the survey.

Statutory notifications had been completed in a timely way and sent to the Care Quality Commission (CQC) as required. Notifications are sent to inform CQC about events or accidents that happen at the home and help us to monitor and or identify trends and take appropriate action.