

Innocare Limited

Riverslie

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Riverslie is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

People's experience of using the service and what we found

The service was following good practice guidance regarding the management of COVID-19 and maintaining standards of hygiene and infection control.

People's experience of using the service was positive. People received the care and support they needed when required. Most of the feedback we received showed staff were helpful and kind and treated people with dignity and respect. Positive relationships had been developed between staff and people they supported.

People felt safe living at Riverslie. We were told, "We are looked after well" and "I feel safe here." One relative told us, "I can't fault them. [Relative] is very settled and happy."

People reported good support regarding the management of their medicines and told us they got their medicines on time. The medications records supported best practice although we fed back some minor anomalies to make records clearer. Nursing staff who administered medicines were suitably trained and competent.

Risks associated with people's care were identified and managed to minimise harm. Supporting care records mostly identified risks clearly and there were plans in place to help keep people safe.

Since the last inspection there had been changes of management. The current manager was providing effective leadership and was supported by a senior manager and deputy manager. The provider's governance systems and organisational structure provided monitoring and support for the service.

Rating at last inspection and update

At the last inspection the service was rated Good (report published 27 July 2018).

Why we inspected

The inspection was prompted in part due to concerns received about aspects of the overall management of the home including the internal environmental standards and people not receiving timely personal care. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riverslie

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Riverslie is a 'care service'. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC although an application was being prepared. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of this inspection was unannounced. Day two was used to complete telephone conversations with relatives and staff.

What we did before inspection

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We did

not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also obtained feedback from the local authority and healthcare professionals.

During the inspection

We looked around the premises, observed the interactions between people living at the service, care delivery and activities provided at the service. Due to the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with seven people living at the service, two relatives and nine staff, including the manager, deputy manager, care staff, ancillary staff including domestic staff, and admin staff.

We looked at a range of documentation including three people's care records, medication records, staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

How well are people protected by the prevention and control of infection

- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. The internal audits of the environment at Riverlie had identified areas for improvement which would make general cleaning and disinfecting easier to maintain. This included attention to the laundry facility.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Using medicines safely

- People received their medicines at the right time and appropriate administration records were maintained. We provided some feedback regarding the provision of support plans for medicines given when needed.
- Staff told us they had training to administer medicines and that managers assessed their competence to administer safely.
- Medicine administration was audited on a regular basis.

Staffing and recruitment

- There was enough staff to meet people's needs.
- People told us they received support when needed and they felt care staff were competent. One relative commented, "I feel [relative] is safe. When we have concerns, we can talk to somebody."
- All staff felt supported by managers at the home and there was good morale amongst staff who worked closely as a team.
- There were policies and procedures in place to ensure staff had been recruited safely to work with vulnerable people.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify areas of risk and how people needed to be supported
- Risk assessments were reviewed regularly to reflect people's current care needs. Individual assessments did not include assessments and plans for COVID-19 and the manager advised this would be addressed.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Learning lessons when things go wrong

- There had been a positive response and improvements made following recent internal audits around infection control and the overall environment of the home.
- Incidents and accidents were recorded and reviewed with respect to reducing future risk.

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.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 previous registered manager had left the service some months ago. A new manager was in post and had applied for registration with CQC.
- The feedback from people living at the service evidenced a settled and consistent approach by the manager.
- Systems and processes were in place to monitor the quality and safety of the service being provided and these helped to continuously improve the service.
- The service had sent statutory notifications informing us of changes and events in the home as required.

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

- People received the support they needed to meet their needs.
- Staff told us they enjoyed working for the service and that staffing was relatively settled considering the pressures around COVID-19. Staff reported management and staff changes had been carried out with minimum disruption so that a consistent approach had been maintained.
- Staff told us "[Manager] is turning [the home] around, good with staffing levels, makes sure all shifts are covered; a good communicator" and "I had some bad news a while back,[manager] was very supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- People told us they were listened to and involved as much as possible.
- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe. Information had been adapted to make it more accessible as required.

Continuous learning and improving care

- Quality assurance measures identified areas for improvement; for example, the ongoing development of the environment in the home.
- The manager and deputy manager were responsive to the feedback we delivered during the inspection and were positive regarding continuing to improve the service.

Working in partnership with others

- The manager and staff worked with local authorities and healthcare commissioners.
- Referrals to health services were managed well and appropriately followed up on.