

High Trees Care Limited

River View Care Home

Inspection report

River View
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

River View Care Home is registered to provide accommodation, personal care and nursing care for up to 80 people living with dementia and other physical and nursing health needs.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous unannounced comprehensive inspection of this service on 26 August 2015. The service was rated as requires improvement overall. Breaches of legal requirements were found in relation to risks to people not being well managed, people's records not being kept up to date, people not receiving their medicines as prescribed by their doctor, staffing numbers not being adequate, people's care not always reflecting their individual needs and preferences and the quality assurance systems at the service being ineffective.

The provider sent us an action plan which detailed how they were planning to meet the regulations and told us these actions would be completed by the end of 2015. At this inspection we found action had been taken to respond to our concerns and the service was no longer in breach of those regulations.

This inspection took place on 20 and 21 September 2016 and the first day was unannounced. At the time of our inspection there were 29 people living in River View Care Home. The home's accommodation was set across four floors. However, only two of those were being used to accommodate people due to the number of people living in the home. The first floor of the building served as accommodation for 18 people, of which one person required nursing care. The second floor of the building provided accommodation for 11 people who were living with dementia, of which six people required nursing care. People had a range of needs, with some people being more independent and others requiring more support with their mobility and health needs.

Following our previous inspection in August 2015 a new manager had started at the home and had recently registered with the CQC. Since the registered manager had started in the service they had made a number of improvements. People's care plans had been reviewed, new auditing systems had been introduced, significant work had gone into making the environment more suitable for people living with dementia, new medicine management protocols had been introduced and staffing numbers had increased.

People were supported to have enough to eat and drink. People were supported to make choices about what they wanted to eat. Each meal consisted of a number of alternative dishes to meet people's preferences. Where people required changes to their diets, the consistency of their food and the support they required from staff and food supplements, this was provided. Where people required closer monitoring of their food and fluid intake because of identified risks, this was being completed and people were referred

to specialist healthcare professionals where required.

Where people were at risks relating to their health, their mobility, their nutrition or their behaviours, specialist input had been sought and plans had been put in place to ensure these risks were minimised. Where accidents and incidents had taken place, the registered manager had reviewed these, had learned from them and had taken action to reduce the risk of reoccurrence. There were arrangements in place to deal with foreseeable emergencies.

Although we found some gaps within people's care records, these were immediately acted upon by the registered manager who put in place new auditing systems to ensure these did not reoccur. People's records contained detailed information about their individual care needs, likes, dislikes and preferences. During our inspection care plans were starting to be reviewed by a peripatetic manager who was planning on delivering further improvements in this area.

People who lived in River View Care Home were supported by trained staff to take their medicines safely. People confirmed they received their medicines on time and we observed staff following best practice when administering medicines.

Staffing numbers at the home were sufficient to meet people's needs. Staff spent time chatting to people and dedicated one to one time with each person. Staff responded to people without delay and cared for people in an unrushed manner.

The environment on the second floor, the dementia floor, had been changed to improve the experience and the independence of people living with dementia. There were items for people to pick up and handle available throughout the hallways, dining room and living areas. Hallways were easy for people to navigate with signage available and toilet and bathroom doors had been painted in a bright colour to help people find them independently.

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff who spent time individually with people throughout our inspection. Staff knew people's needs and preferences and worked hard to ensure they met people's personal likes and dislikes.

Staff had the competencies and information they required in order to meet people's needs. Staff received a comprehensive induction and the registered manager was in the process of developing an improved regular training programme for staff. There was a schedule in place to ensure staff had supervision and appraisal regularly. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with vulnerable people. People were protected by staff who knew how to recognise possible signs of abuse. Staff knew what signs they would look for and the procedures they would follow to report these. Safeguarding information and contact numbers were accessible to staff who told us they felt comfortable and confident reporting concerns.

There was open and effective management at River View Care Home. Staff had a good understanding of

their roles and responsibilities and the registered manager led by example to ensure best practice was followed. People, relatives, healthcare professionals spoke highly of the registered manager and told us they were approachable and open. There were systems in place to assess, monitor and improve the quality and safety of the care being delivered. People, relatives, healthcare professionals and staff were encouraged to share their views, concerns and feedback and these were listened to and, where appropriate, acted upon.

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 received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

There were arrangements in place for foreseeable emergencies.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

The environment supported people living with dementia to be more independent.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Staff supported people at their own pace and in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

People were provided with high quality end of life care.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People's needs were assessed prior to their admission to the home.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good ●

The service was well led.

There was a newly registered manager at the home who had made significant improvements.

People, relatives, healthcare professionals and staff spoke highly of the registered manager.

There was an open culture where people felt comfortable raising their concerns and were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

River View Care 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 checked whether the provider was 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 inspection visit took place on 20 and 21 September 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

Some people who lived in River View Care Home were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. Therefore, as well as speaking with people, we conducted a 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 to us.

We looked around the home, spent time with people in the lounges, seating areas and dining room and observed how staff interacted with people throughout both days. We spent time with people over the lunchtime meal on the second day of our inspection. We spoke with seven people who lived in River View Care Home, one relative of a person who lived in the home and seven members of staff including nursing staff, care staff, activities staff, kitchen staff and cleaning staff. We also spoke with the registered manager and a peripatetic manager who was providing support to the home with regards to nursing practices.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served to people. We sought feedback from external healthcare professionals who had visited the home and received a response from four of them.

We looked in detail at the care provided to five people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

During our previous inspection in August 2015 we identified some concerns relating to risks to people not always being well managed. We also identified concerns with people not always receiving their medicines as prescribed by their doctor. We also identified some issues relating to staffing numbers in the home and, where this was required, people's food and fluids were not always being adequately monitored. During this inspection in September 2016 we found action had been taken to respond to these concerns.

We found that risks to people were being well managed. Risks had been identified and action had been taken to act on these risks. People who lived in River View Care Home had a variety of specific needs relating to their mobility, their health, their nutrition, hydration, skin integrity and their behaviours. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people and care for their needs. The registered manager told us they were careful to not admit people to the home where staff may not be able to meet their needs.

People told us they felt safe at the home and that staff knew their needs and how to respond to them. One person said "I am epileptic. They know about it. They keep me well stabilised".

Staff had identified potential risks to each person's health, safety and welfare and had used specialist guidance to ensure these risks were minimised. For example, one person had lost some weight in the recent months. Staff had sought advice and guidance from outside healthcare professionals on how to best support this person, encourage them to gain weight and protect them from risk. They had referred them to the GP, the speech and language therapists and the dietician. The advice provided by these healthcare professionals had been implemented and this person was weighed weekly. They were also being provided with a specialised diet which included fortified foods (foods enriched with extra calories) in a fork mashable consistency as well as food supplements to boost calorie intake. Staff understood this person's needs and we observed this person being supported to eat their lunchtime meal in the specific ways advised by professionals.

One person had specific risks relating to their mobility and were at risk of falls. Staff had sought guidance from specialised physiotherapists to assist this person and had put in place safety measures such as bed rails to protect them. All steps taken had been discussed and agreed with the person prior to being implemented.

Where people had specific risks relating to their nursing needs, nurses had often sought guidance and advice from trained professionals in order to provide care which met current best practice. One healthcare professional we spoke with told us staff at the home regularly contacted them to request support when caring for people with complex nursing needs and had sought training and guidance.

During our previous inspection we identified some concerns around the management of people's diabetes. During this inspection we found the registered manager had taken steps to respond to these concerns and had put measures in place to ensure people's diabetes was safely managed. People's blood sugars were

regularly checked as required and staff knew people's acceptable blood sugar ranges. Where people's blood sugar readings had fallen outside of these ranges, staff had taken action to minimise risks to people. For example, one person's risk management plan around their diabetes instructed staff to not administer a person's insulin if their reading fell below a certain level. It also instructed them to provide the person with some food, retest them after they had eaten and should the reading remain below their acceptable range staff were to contact the doctor. We found these steps had been taken each time this person's readings were below their accepted level.

Almost every person who lived in River View Care Home required support from staff to take their medicines. During our previous inspection we found medicine management was ineffective and people were not receiving their medicines as prescribed by their doctor. During this inspection we found the registered manager had taken steps to ensure people were protected from the risks relating to medicines. Staff told us they were confident people received their medicines as prescribed by their doctor and people confirmed this. People said "They are perfect with medication" and "They are very good with my tablets, I have to have them at a certain time. The girl who does the tablets is super". We identified two small inconsistencies with regards to specific tablets people had in stock but these would not have had any impact on people's health or wellbeing. We discussed these inconsistencies with the registered manager who immediately put in place an additional auditing system to ensure errors were minimised.

During our inspection we observed staff offering people their medicines, explaining to them what their medicines were for and ensure they had a drink available to take their medicines with. Where people were prescribed medicines to be taken 'as required', we found staff had guidance that covered what these were for, how they effected the person and when they should be administered. Where one person was prescribed a specific 'as required' medicine we identified there was no guidance relating to this. The registered manager had already identified the need for this guidance and was in the process of completing it for staff.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us the registered manager would listen to their concerns and respond to these. Where incidents had taken place in the recent months, the registered manager had made appropriate referrals to safeguarding and had sought their advice in order to ensure people were protected.

There were enough staff at the home to care for people in the way they needed. Staff confirmed the staffing levels at the home were adequate, as did people and healthcare professionals. During the morning there were seven care staff, one senior care staff and a nurse on duty. In the afternoons there were five care staff, one senior care staff and a nurse on duty. During the night there were three care staff and one nurse on duty. The home also employed a chef and a cooking assistant as well as a maintenance worker, two activities staff and domestic staff who undertook the cleaning and the laundry. During our inspection we found staff meeting people's needs in an unhurried manner. Where people rang their call bells these were answered quickly and staff spent time individually chatting to people.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Details of the incident as well as actions taken following the incident were

recorded. Incidents were reported to the registered manager daily in order for these to be inputted into the computer system. The registered manager told us they reviewed these on a daily basis in order to minimise risks and looked for patterns by conducting regular audits of these.

The premises and equipment were maintained to ensure people were kept safe. For example, fire alarms, electrical installation and bath temperature checks were completed regularly. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. There were infection control measures in place to protect people. There were specific infection control measures around the use of the kitchen and laundry room and during our inspection we observed staff using protective clothing and gloves when handling people's food or assisting with personal care.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire. These plans were reviewed regularly in order to ensure they were up to date.

Is the service effective?

Our findings

People who lived in River View Care Home had a range of needs and health conditions. Staff knew people's needs and how best to meet these. Comments from people included "We are well looked after all the time" and "Nothing is too much trouble".

Most people living in River View Care Home were living with a form of dementia. The home had a dementia unit, which was located on the second floor of the building. The registered manager had worked hard to improve the environment for people on that floor in order to improve people's experiences and enable their independence. Each hallway had been given a street name and doors to bathrooms and toilets had been painted in a bright colour to help people find them more easily. The hallways contained a number of book case type shelving units which were decorated in specific themes, such as sweet shop, barber shop, Mothercare and Woolworths. Each unit contained photographs and pictures relating to the theme as well as a variety of objects relating to the theme people could pick up and handle. There was also a bus stop within one of the hallways along with printed bus times. The registered manager told us this bus stop had been successful in calming people who were starting to become distressed and wanted to go to their previous homes. Each person's bedroom door was decorated with pictures of them and items they cherished. For example one person had a royal navy association card. The pictures of people were taken when they were younger, which would assist people in recognising themselves and their bedrooms.

Staff had the skills and knowledge necessary to meet people's needs. Staff had undertaken training in areas which included health and safety, manual handling, first aid, dementia awareness, safeguarding and nutrition. The registered manager had identified that further training was required to ensure staff knowledge was up to date and thorough and had a plan in place to complete this. The registered manager had plans in place to attend a train the trainer course in relation to safeguarding and was in talks with a number of other care providers and training providers in order to build a comprehensive training package for staff.

Staff were encouraged to work towards further qualifications and new starters were undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager. The registered manager had a plan in place for delivering regular staff supervisions and appraisals and had started to undertake these. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and the staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the specific decision needing to be made with relevant parties and had made best interests decisions for the person. These had been recorded within people's care plans. For example, where one person had been diagnosed with insulin controlled diabetes, a best interests decision had been made and recorded to enable staff to administer this person's insulin where required. This ensured this person's rights had been respected where they had been unable to make a decision for themselves.

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 (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. A number of these had been authorised and the others were awaiting approval.

People were supported to have enough to eat and drink. There was a full time cook as well as a kitchen assistant working at the home who catered to people's individual tastes and preferences. The registered manager had introduced new menus for people which contained photographs of the different dishes as well as photographs of different snacks and drinks available throughout the day and night. Meals consisted of two main meal options as well as a vegetarian option and two fork mashable options. Where people did not like any of the options available they were able to choose an alternative dish. The kitchen was open 24 hours a day and people were encouraged to request drinks and snacks whenever they wanted. We saw staff encouraging people to make choices and offering people alternatives. People ate their meals according to their preferences, either in their bedrooms, the living rooms or the dining rooms.

On the days of our inspection we observed one breakfast meal and one lunchtime meal being served. People's meals were presented in ways which met their individual needs and all meals looked appetizing. The cook spoke enthusiastically about their role and how they knew people's likes and dislikes. People enjoyed their food and comments included "The food here is absolutely ace. Pretty much anything you want within reason they will do for you", "The food is excellent" and "I like the puddings".

Where people had specific needs relating to their nutrition or hydration, these were responded to. For example, one person required support with eating, encouragement and a fork mashable diet. We saw a member of staff supporting this person to eat their meal at the person's own pace in the consistency required. The member of staff sat with this person and ate their own lunch alongside them in order to encourage them. They knew what foods this person liked and how to best introduce foods and fluids to ensure they ate and drank as much as possible. Where people required closer monitoring of their food and fluid intake because of identified risks, this was being completed and people were referred to specialist healthcare professionals where required.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, chiropodists, occupational health practitioners, mental health specialists, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Professionals we spoke with confirmed this.

Is the service caring?

Our findings

People who lived in River View Care Home and healthcare professionals spoke highly of the staff at the home. Comments from people included "They are brilliant", "I am impressed, from the night staff all the way down I am impressed" and "They care for us as though they really do love us".

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. We saw staff used every opportunity they had to speak with people and spend time with them. Staff told us they had time to spend with people and they enjoyed the company of the people in the home. We saw staff stopping to speak with people when they walked past, getting down to people's levels and holding their hands when speaking with them. We saw kitchen and maintenance staff, as well as care staff, chatting to people, knowing their preferences, their interests and engaging them in conversation.

The home was decorated in a homely way and people's friends and relatives were free to come to the home at any time and were made to feel welcome. One person said "Relatives can make themselves a cup of tea. They make it like a family".

Staff treated people with kindness and respect. People were well presented in ways which met their preferences. We saw women in the home wore their preferred jewellery and makeup. One person said "They paint my nails and toenails because I can't". There was a hairdressing salon within the home and a professional hairdresser came in every week. People were asked whether they wanted to visit the salon by a hairdresser who knew people well and chatted pleasantly with them.

People's dignity and privacy were respected at all times. For example, staff knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not discuss people in front of others.

People were involved in all aspects of their care and were asked for their opinions. People's bedrooms were decorated in ways which reflected their personal tastes. People had been involved in the planning of their care and each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and routines were included in their care plans. People were referred to respectfully within their records and when staff spoke about them.

The registered manager had worked hard, and was still working hard, towards improving the care people received at the end of their lives. The registered manager had received specialised training from a local hospice and planned to further develop staff training in this area. The registered manager told us about a person who had recently passed away at the home. This person had been a farmer all their lives and dearly missed the animals at the farm. Before this person passed away, the registered manager organised for a horse to be brought into the garden of the home and supported the person to come down to the garden in their bed in order to touch the horse. The registered manager told us this gave this person great joy.

We saw a number of thank you cards people's relatives had written to the home in the weeks prior to our inspection. Comments from these cards included "thank you for the caring way you helped (person's name) in the last few months" and "Thank you for looking after (person's name) so well in his final years and getting him to his wonderful 100th birthday".

Is the service responsive?

Our findings

During our previous inspection in August 2015 we identified some concerns relating to people's care not always being delivered in a way that met their individual needs and people's records not always containing accurate information. During this inspection in September 2016 we found the registered manager had taken action to respond to these concerns.

Staff knew people's support, care and health needs well and worked hard to ensure they met these in the best possible ways. People who lived in River View Care Home had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, with the input of people and their relatives, care plans had been created for each person.

The registered manager told us they had identified new care staff did not have a thorough enough understanding of dementia and was making plans to organise further training in this area. We observed staff providing people living with dementia with care that met their needs. Staff were patient with people and had sought guidance in relation to different methods of communication for people. There were plans in place for people in relation to their wellbeing and behavioural needs but these had been identified by us and the registered manager as requiring more information. During our first day of inspection, a peripatetic manager started at the home. This manager was going to be working with the registered manager in order to improve and oversee care planning and nursing activities. During our inspection this manager started reviewing care plans and expanding on the information relating to people's dementia related needs.

People's individual needs had been fully assessed before they moved into the home. This ensured staff were able to meet the needs of the people who moved into River View Care Home. People's care needs were regularly reviewed in order to ensure staff were still meeting these or whether any further guidance was required.

Where people had specific needs these were planned for and responded to by staff. For example, where one person had specific needs relating to their skin integrity following the development of a pressure sore, specialist healthcare professionals had been consulted and action had been taken. Nursing staff had ensured this person's pressure sore was regularly reviewed, photographed and measured according to best practice and had reviewed risk assessments for this person in order to protect their skin from further breakdown. We saw the actions taken by staff had ensured the pressure sore improved and no further sores had developed.

The registered manager had introduced a new role for staff to undertake in relation to meeting people's needs. At each shift, a member of staff was designated as the 'resident experience champion' and another member of staff as the 'fluid and chart champion'. These members of staff were tasked with ensuring people's emotional and social needs were being met, that people drank enough fluid during the shift and that charts were completed accurately. This system had encouraged staff to have more of an oversight of people's care and to take ownership of some aspects of this care. It also ensured a different member of staff during each shift got to know people and their needs better.

The registered manager had taken steps to ensure people's records were kept up to date. They had implemented processes to regularly audit care plans and had designated specific members of staff to be responsible for checking the accuracy of people's charts on a daily basis. During our inspection we identified a small number of gaps within people's care records. We highlighted these to the registered manager who ensured action was taken prior to us finishing our inspection. None of the gaps of information had resulted in any impact on people.

Where people had specific needs relating to their behaviours and their dementia, staff were able to tell us how people displayed their behaviours and how staff responded to them. Staff responded to people's dementia with kindness and appropriate distraction techniques. For example, one person displayed behaviours which caused distress to themselves and others. We observed staff sitting with this person and singing with them in order to distract them and help them to calm down. Staff told us, and we saw in records, that they tried various techniques to assist this person and provided them with reassurance and company when they were displaying these behaviours.

Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had started to lose weight. Staff had sought the input from a speech and language therapist (SALT) who had determined the person had developed difficulties with swallowing. Although the staff followed SALT guidance and provided the person with foods which were easier to swallow, the person continued to lose weight. Staff had responded by seeking expert guidance to assess whether a Percutaneous endoscopic gastrostomy (PEG) tube may be appropriate. This is a tube through which food and fluids can be passed in order to avoid a person needing to swallow. Although it had not been felt a PEG tube would be successful for this person, staff had worked hard to respond to this person's needs and seek solutions in order to improve their health and wellbeing.

People were encouraged to remain as independent as possible. People's care plans stressed what they were able to do for themselves and how staff were to support that. Staff demonstrated they encouraged people's independence in their practice. During our inspection we saw staff encouraging one person to eat on their own and praise them for achieving this. People were involved in every aspect of their care and chose what they wanted to do and when. One person told us they regularly went to bed around one o'clock in the morning because they were "a bit of a night owl". They told us staff had never had a problem with this and supported them when they wanted.

A complaints policy was in place at the home. The registered manager told us they had not received any official complaints in the last few months. They told us they encouraged people and relatives to raise concerns with them as soon as possible and ensured that, where possible, these informal complaints were rectified. For example, one person had complained to the registered manager about wanting their plate warmed when they ate their meals. The registered manager ensured this was put in place for this person and any other person who may want their plate warmed. People had access to the complaints policy and people told us they felt comfortable raising any concerns they had with the nurses or the registered manager. People told us they felt confident the registered manager would listen to their concerns and act on them, should they have any.

People had access to activities which met their social care needs. Two activity coordinators worked in the home and organised one to one sessions with people as well as organised activities such as art sessions, music and ball games. When asked about the activities available one person said "They do all sorts of different things". We spoke with an activities coordinator who told us they completed a form with each person in order to understand their likes, dislikes, preferences and interests. They then used that to create activities that met the person's needs. For example, one person had been a very keen gardener and so the

activities coordinator spent time with this person in the garden, talking with them about gardening or watching gardening programmes on the television with them. They told us staff had helped decorate this person's room and this was now covered in pictures of plants which made the person happy.

During our inspection we saw staff sitting and talking with people. We saw one member of staff completing a crossword puzzle with a person and one member of staff reading a magazine to another person. There was a large art room available within the home that people used. People's art work was displayed within this room. The registered manager told us organised activities took place during the week which regularly involved outside entertainment coming into the home. They told us they were making enquiries with different activity providers and the local zoo in order to provide further diverse activities for people.

Is the service well-led?

Our findings

River View Care Home had employed a new manager a few months prior to our inspection who had very recently registered with the Care Quality Commission (CQC). This manager had worked hard to improve care for the people who lived in the home and provided staff with strong and approachable leadership.

People, relatives, staff and healthcare professionals spoke highly of the registered manager. Comments from staff included "We've got a really good manager at the moment", "He's very supportive, if you need him he will come down at the drop of a hat", "He is ten times better than any other" and "He's supportive". People made comments which included "The manager is lovely".

Staff told us the registered manager led by example and worked hard to ensure staff provided people with a high standard of care. Staff told us the registered manager was always willing to help where needed. One healthcare professional said of the registered manager "He is visible on the floor. He's in blues and on the floor. He is available". Staff told us the registered manager had picked them up on issues and insisted best practice always be used. This ensured staff worked to a high standard of practice to ensure people received high quality care.

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas with them. The registered manager also displayed an open culture with outside healthcare professionals and agencies by ensuring they reported any notifiable incidents and contacted healthcare professionals for help and advice. Healthcare professional comments included "He has come to me, he is very open".

Staff, people, relatives and healthcare professionals were encouraged to share their ideas and feedback about every aspect of the service. One healthcare professional said "He has always been very understanding and positive about our recommendations". One staff member said "I have gone to the manager with ideas and he listens". Staff and people told us they could go to the manager with anything, whether a concern, an idea or a personal issue.

The registered manager told us they were passionate about improving the service provided at River View Care Home and regularly undertook research in order to increase their knowledge or look for new ideas. They regularly attended care home forums in order to share experiences with other providers and look for new ways to improve.

People and their relatives were encouraged to give feedback. Relatives' meetings were held every four to six weeks or more regularly if needed. People were encouraged to join these meetings and share their experiences. Yearly surveys were sent to people and relatives by an outside company who analysed the results and sent the registered manager a summary of the findings. Following the previous survey the registered manager had responded to suggestions made. People commented on the lack of a food menu for people. The registered manager had created a menu in a format which was easy for people to understand.

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, incidents and accidents, care plans, safeguarding, staffing and quality of care. We did find some issues with recordings within some people's care plans and the registered manager assured us they would be reviewing the frequency and effectiveness of the audits and checks in this area.

Other audits were carried out by the registered manager who then completed a report which was sent to their area manager. Senior management came into the home several times a year to conduct audits and check people's experiences. From these audits action plans were created and the registered manager demonstrated they took action when areas requiring improvement were highlighted to them.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.