

# Westgate Healthcare (Braintree) Limited

# Riverdale Care Home

## 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

Riverdale is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 29 people using the service.

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

The provider had implemented a number of improvements since our last inspection. There was a stable management team in place and more permanent staff had been recruited. People were supported by a consistent staff team who understood their needs and preferences.

The provider had reviewed and amended their processes for monitoring the quality and safety of the service. The registered manager had clear oversight over the service and was committed to continuously driving improvements in people's care. People, relatives and staff spoke positively about the leadership of the service and the dedication of the registered manager. Staff felt valued and supported and were comfortable raising any concerns

Risks to people's health and safety were assessed and monitored and people's care plans contained personalised risk assessments. Staff had been provided with specialised training, tailored to understanding how to support people who may be feeling distressed or upset, in a dignified and respectful way.

People were protected from the risk of abuse and robust safeguarding processes were in place. Incidents and accidents were recorded appropriately and analysed to ensure lessons were learnt. People received their medicines as prescribed and the provider ensured staff were trained and competent to administer medicines prior to supporting people.

People and relatives spoke positively about the care provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had built positive working relationships with other healthcare professionals in order to support people's changing needs. The management team had created a positive and welcoming culture where people and relatives felt involved in the service and were regularly asked for their feedback in order to shape and improve the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 07 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 27 April 2022. Breaches of legal requirements were found. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

# Riverdale Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we 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

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spent time with people who lived in the service and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, nurses and care staff. We received feedback from 3 healthcare professionals who had regular contact with the service.

We reviewed a range of records. This included 3 people's care and medicines records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess and manage risks to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety were assessed and monitored. The management team had reviewed people's care plans and risk assessments following the last inspection and clear guidance was now in place for staff about how to support people safely and how to minimise the risks they may pose to themselves and others.
- The provider had introduced more specialised training for staff to support them in understanding the needs of people who may be feeling distressed or upset. Staff had received training in how to accurately record incidents and the importance of the language used to describe the support offered. The registered manager monitored the completion of incident reports and provided feedback and supervision where any shortfalls in recording were identified.
- The provider had improved their processes for monitoring and reviewing accidents and incidents. The registered manager completed detailed analysis to highlight any trends and identify any improvements or additional support needed.
- People's relatives told us they had no concerns about people's safety. One relative said, "It's a stable team now and we know the staff. We don't have any concerns about safety at all."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a safeguarding policy in place for staff to follow and all staff had been provided with safeguarding training.
- The registered manager had reviewed and improved the processes for monitoring safeguarding notifications. There was an up to date safeguarding log in place with details of the concerns raised, action taken and outcome recorded.

Staffing and recruitment

- People were generally supported by a consistent staff team who understood how they liked to be supported. The provider had recruited more permanent staff since our last inspection and continued to reduce the number of agency workers deployed within the service.
- Staff and relatives spoke positively about the stability of the team and the positive impact this had on people living in the service. One relative told us, "The manager has galvanised the staff team, there's a feeling of stability." A member of staff said, "The team are lovely. It feels a lot better now and more organised."
- The provider had processes in place for completing the relevant recruitment checks prior to staff starting work. However, we found 1 applicant did not have a full employment history documented. Following the inspection, the provider responded promptly, evidencing the correct information was now recorded.

Using medicines safely

- People received their medicines as prescribed. People's care plans contained information for staff about how to support them to take their medicines safely.
- Staff had received medicines training and had their competency to administer medicines assessed.
- The provider used an electronic medicines administration system which alerted the management team to any delays or errors with administration, allowing them to respond immediately. The registered manager carried out regular medicines audits to ensure records were completed accurately.
- Where people required as and when needed [PRN] medicines, there was a protocol in place for staff to follow detailing how and when the medicines may be administered.

Learning lessons when things go wrong

- The provider shared the lessons learnt from accidents and incidents with staff. The registered manager showed us examples of discussions held with staff in group supervisions and team meetings following incidents. The provider had also sourced additional training and made referrals to other health professionals to minimise the risk of an incident reoccurring.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.



## Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance. People received regular visits from friends and relatives.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider did not have robust processes in place to monitor the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had reviewed their quality monitoring processes since the last inspection. The registered manager had clear oversight over the service and there were now effective systems in place to monitor people's safety and the quality of the care provided.
- The management team completed regular audits in key areas of people's support including care planning and risk management, analysis of accidents and incidents, record keeping and safeguarding. The registered manager was able to evidence how these audits had been used to identify areas for improvement and the actions taken as a result.
- The registered manager understood the duty of candour and had acted appropriately when required, apologising to people and those important to them when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection the service had undergone a number of changes in management and a new registered manager had recently come into post. At this inspection, we found the registered manager and management team had remained stable and we received positive feedback about the culture and leadership of the service.
- The registered manager had created an open and welcoming environment where relatives and staff felt involved and people were supported to achieve good outcomes. One relative told us, "[Registered manager] is remarkable, so passionate. They're always thinking about how to stimulate people. It's a stable team now but they're not at all complacent." Another relative said, "There's a family feeling about the place, it's so welcoming. We've felt each time like we were coming in to see friends and the atmosphere is brilliant."

- The provider sought regular feedback from people, relatives and staff and people were encouraged to get involved with reviewing their own care. For example, one person had been supported to carry out a mealtime experience audit, asking other people in the home their views and feeding this back to the management team.
- Staff told us they felt valued and supported by management and were proud of what the service had achieved. One member of staff said, "Riverdale has gone from strength to strength and [registered manager] is doing an amazing job." Another member of staff said, "I'm proud to work here, I love the feel of the place. It's a community, I feel like part of a family."

#### Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals. The healthcare professionals we spoke with told us the staff team worked positively with them to meet people's needs. One professional said, "I have a good professional working relationship with the team." Another told us, "We have a good working relationship with the staff at Riverdale and are able to have open and honest discussions with them."
- The management team had looked at how to build upon support for people's relatives, creating a support network and enabling relatives to come together to share experiences. One relative told us, "It's about supporting the families, sharing and knowing you're not on your own."
- The provider used the feedback they received from people, relatives and staff to create a 'You said and We did' action plan highlighting what steps they had taken to make improvements in the service.
- Since the last inspection, the registered manager had continued to use their service development plan to monitor and build upon the improvements made. They told us, "It was a challenge, but we have been gradually implementing changes and building trust. Everything is settling down now and I'm so proud of the team."