

Westmorland and Furness Council

Riverside House

Inspection report

Wattsfield Road
Kendal
Cumbria
LA9 5JL

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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

About the service

Riverside House is a residential care home providing accommodation and personal care to up to 32 people. The service provides support to older people, people living with dementia and people who have a physical disability or sensory impairment. At the time of our inspection there were 24 people using the service.

The provider for the service changed to Westmorland and Furness Council following the local government reorganisation and creation of Cumberland Council and Westmorland and Furness Council. The service was previously carried on by Cumbria County Council.

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

People were safe and protected from abuse. Risks to people's safety had been identified and managed. There were enough staff to support people. Staff gave people the support they needed to take their medicines safely. Staff were trained in infection prevention and control procedures to protect people from the risk of infection. The registered manager ensured lessons were learned from any incidents to further improve the safety of the service.

People's needs were assessed to ensure the service was able to provide the support they needed. Staff were trained and skilled to provide good-quality care. People were included in planning the meals provided and received support, as they needed, to enjoy their meals and drinks. People were supported to access healthcare services and to maintain good health. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005. 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 treated people in a respectful and caring way. They gave people time and guidance to carry out tasks themselves to maintain their independence. Staff knew how people communicated. They gave people information and support to make and express choices about their care. Staff respected the decisions people made about their lives and support.

People, and those who knew them well, were included in planning their support. People enjoyed a range of activities and were able to receive visitors as they wished. People were supported to maintain relationships that were important to them. The provider had a procedure for responding to complaints about the service.

People received person-centred care that met their needs. The registered manager had developed an open and inclusive culture in the service. They understood their responsibilities under the duty of candour and were open with people when incidents occurred in the home. The registered manager and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people. Staff worked in partnership with other services to ensure people consistently received care that met their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2023 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good (published on 24 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Riverside House

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Riverside House 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. Riverside House is a care home without 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

The inspection was unannounced. We carried out an unannounced visit to the home on 6 December 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 12 people who lived in the home and 2 relatives. We looked around the home and observed how staff interacted with people. We spoke with the registered manager, 3 members of staff and a visiting healthcare professional.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed records relating to the management of the service. We contacted an additional 2 staff by email to gather their views.

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

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse.
- People told us they felt safe in the home. One person said, "I feel very safe." Another person told us, "I feel safer here than I did living alone at home, because there is always someone here if I need anything."
- Staff were trained in how to identify and report abuse and told us they would report any concerns immediately. One staff member said, "I would report any concerns to my manager [registered manager], or to the out of hours manager, or if necessary to the police."

Assessing risk, safety monitoring and management

- The registered manager assessed risks to ensure people were safe. Staff took action to manage any identified risks.
- Information about risks and the actions to take to manage them were recorded in people's care records. Staff told us they had the information they needed to keep people safe. One staff member said, "People's care records give us good information about how to keep them safe."

Staffing and recruitment

- The provider and registered manager ensured there were enough staff to provide people's care.
- People and staff told us there were enough staff to care for people. One person said, "There are always plenty of staff, if I use my call bell the staff come very quickly." Another person said, "There are always staff around if I need them."
- Staff were patient and unhurried while supporting people. They were attentive and responded to people's needs promptly and discreetly.
- The provider operated safe recruitment processes. They carried out checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the support they needed to take their medicines safely. Staff who handled medicines were trained to do so.
- People told us they received the support they needed with taking their medicines. One person said, "The staff know what tablets I need and make sure I get them."
- The registered manager and senior staff carried out robust checks on medicines stocks and records to

check people had received their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed safe infection prevention and control practices.
- Staff told us they had received training in how to protect people from the risk of infection. One staff member said, "I have had training in using PPE, hand hygiene and infection control."
- Senior staff checked infection prevention and control procedures were being followed. One staff member told us, "The supervisors check we are following IPC [infection prevention and control] procedures."

Visiting in Care Homes

- People were able to receive visitors as they wished.
- People were able to make visits out of the home without any restrictions.

Learning lessons when things go wrong

- The provider and registered manager learned lessons from any incidents. They shared learning from incidents with staff to ensure people remained safe.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were offered accommodation in the home to ensure the care and facilities were suitable to meet their needs. One staff member told us, "This [the assessments] ensures we can give the residents a good quality of life."
- Where people received support from other services, such as the speech and language team, advice and guidance given had been included in people's needs assessments. This ensured staff had relevant information to provide people with effective care and support.
- The needs assessments had been used to develop individual care plans which guided staff on how to support people and ensure good outcomes.

Staff support: induction, training, skills and experience

- The provider and registered manager made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People told us staff had the skills and knowledge to provide their care. One person told us, "The staff are wonderful, you won't find better trained staff anywhere." A relative said, "It makes me feel comforted that my [relative] is in such good hands. I cannot praise them [staff] enough."
- Staff told us they received the support and training they needed to be able to provide good care to people. One said, "We do lots of training to keep our skills and knowledge up to date." Another staff member said, "The manager [registered manager] encourages us to do training."
- Staff were supported to gain qualifications relevant to their roles.

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

- People received support, as they needed, to eat and drink and to enjoy their meals. One person told us, "That [midday meal] was very nice."
- People had a choice of meals and staff gave people support to choose which meal they would like.
- People enjoyed a choice of hot and cold drinks. Staff were attentive and encouraged people to eat and drink enough to maintain good health.

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

- The registered manager and staff worked effectively with other services to deliver effective care and support.
- People told us they were supported, as they needed, to contact their doctor if they were unwell.

- People were supported to access appropriate local and specialist healthcare services as they needed.

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

- The home had a range of equipment to support people to move safely and independently around the building. There were handrails, accessible signs and a lift and stair lift to help people access the upper floors of the building.
- People told us they liked their rooms. One person said, "I like my room, I have it just how I like it." People were encouraged to personalise their rooms to make them homely.
- The premises were old and outdated. Most bedrooms were small and did not have ensuite toileting or bathing facilities. The registered manager told us the provider had plans for the refurbishment of the home to provide a more comfortable environment for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff understood their responsibilities under the MCA and people's rights were protected.
- People were supported to make decisions about their care and daily lives. Staff gave people support to make decisions and respected the choices they made.
- Where people were not able to make important decisions about their care, decisions had been made in their best interests. Appropriate people had been included in making best interests' decisions for individuals.
- Where people required restrictions on their liberty, to ensure their safety, the registered manager had applied for DoLS authorisations.
- There was no one in the home who required conditions relating to a DoLS authorisation.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by kind and caring staff who knew them well.
- People told us the staff were caring and friendly. One person told us, "All the staff are lovely, they are very kind and caring."
- Staff respected people's privacy and dignity and promoted their independence. They asked people discreetly if they required support with their personal care and provided this in private. A relative told us, "The care my [relative] receives is outstanding and [relative] is shown dignity and respect."
- People were supported to maintain their independence. Staff gave people time to carry out tasks themselves. They knew the aids people needed to support their independence and ensured these were available as people needed.
- Staff were trained in equality and diversity. They respected people's individuality and unique qualities.

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

- Staff treated people with respect and gave people time and support to make decisions about their care and lives. They supported people to express their views and respected the choices people made.
- People were included in meetings to plan and review their care and support. They were asked for their views about their support and included in agreeing to any changes to their care.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which met their needs and took account of their preferences.
- Each person had a detailed care plan to guide staff on how to provide their care. Staff told us the care plans gave them the information they needed to support people.
- People's care plans were updated regularly or as their needs changed. This meant they provided up-to-date information for staff to follow.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard and people's communication needs were understood and supported.
- The registered manager had identified how people needed information to be provided. People's communication preferences and needs were detailed in their care records. Staff gave people information in the way they preferred and gave them the support they needed to understand information.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People were provided with a range of activities they enjoyed. These included crafts, games and watching visiting entertainers. People were supported to follow activities they had enjoyed before moving to the home.
- People enjoyed laughing, joking and engaging with staff and the registered manager. Staff understood the importance of engaging with people and how this improved people's quality of life.
- One staff member was decorating a Christmas tree in a communal area. One person was very interested in the decorating and was directing the staff member on where to place each decoration. The staff member happily followed the instructions the person gave them. We saw this enhanced the person's wellbeing.
- People's families and friends were able to visit them in the home as they wished. Staff made visitors welcome in the home. One relative told us, "The staff are very welcoming."
- Visitors who wished to could share a meal with their relatives. The registered manager had arranged for

some relatives to join people for Christmas dinner at the home.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with had needed to raise a formal complaint. People told us they would speak to the staff or registered manager if they needed to raise a concern. One person told us, "I'd speak to [registered manager], but I have no complaints at all."

End of life care and support

- People who required end of life care received the support they needed to have a comfortable, dignified and pain free death.
- The registered manager had links with local and specialist services that could support staff to provide the care people needed as they reached the end of life. People had been asked to share their wishes about how they wanted to be supported at the end of their lives. People's wishes were recorded in their care records, so staff had information about how to support their wishes, beliefs and cultural needs.
- Staff gave relatives of people who were at the end of their lives support, as they needed. Relatives of people who had died in the home had provided cards thanking the staff for the care they had provided to them and their deceased relative.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed an open and person-centred culture which focused on providing good outcomes for people.
- Staff cared for people in a respectful way and supported people to make choices about their lives.
- People, their relatives and staff told us they would recommend the service. One person told us, "I would highly recommend this home, we are very lucky to be here." A relative told us, "I cannot praise them [staff] enough." A staff member said, "I would recommend this home, the service we provide for our residents is of a high standard, and feel proud to work with such great people, caring for our residents and making sure they have the best possible outcomes."

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 provider and registered manager understood their responsibilities under the duty of candour.
- The registered manager had been open and honest with people and their families when incidents occurred in the home.

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

- The registered manager and staff were clear about their roles and were committed to providing people with good-quality care and support.
- People knew the registered manager and were confident approaching them. People told us the home was well-managed. One person said, "[Registered manager] is very good and is always available if I need to speak to them."
- The registered manager had notified us, as required, of significant events which had happened in the home. This meant we had oversight of incidents and the actions taken.

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

- The registered manager asked people for their views and used their feedback to improve the service.
- The registered manager held meetings with people to ask for their feedback and seek their suggestions for how the service could be improved. These included seeking people's views about the meals and activities provided. They had introduced changes to menus and planned new activities in response to people's

feedback.

- Staff were given the opportunity to share their views at staff meetings and in regular meetings with the registered manager. Staff told us they could make suggestions for how the service could be further improved and said the registered manager listened and acted on their suggestions. One staff member told us, "We can make suggestions and [registered manager] listens to us."

Working in partnership with others

- Staff worked in partnership with other services to ensure people received the care and support they needed. Where specialist services were involved in providing people's care, the advice they had given had been included in individual's care plans. Staff provided people's care in line with the advice given by the specialist services that supported them.