

Barchester Healthcare Homes Limited

Rivermead

Inspection report

123 Scarborough Road
Norton on Derwent
Malton
North Yorkshire
YO17 8AA

Tel: 01653696942
Website: www.barchester.com

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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

Rivermead is a residential care service providing nursing care to 46 people at the time of the inspection. The service can support up to 74 older and younger adults.

The service accommodates people across two separate wings, each of which has separate adapted facilities. People with general nursing needs are cared for on the Westow wing, whilst those who have care needs primarily associated with dementia are cared for on the Malton wing.

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

People told us they felt safe and well supported by staff. The provider followed robust recruitment checks, to employ suitable staff, and there were sufficient staff employed to ensure care and support were carried out in a timely way. People's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on dementia care and on how to protect people from the risk of harm. Staff received supervision to fulfil their roles effectively and had yearly appraisals to monitor their work performance.

People had choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a planned programme of activities open to everyone including family and friends.

Staff knew about people's individual care needs and care plans were person-centred and up to date. People and relatives gave us positive feedback about the staff and described them as "Excellent, caring and friendly." Staff treated people who used the service with compassion, dignity and respect.

The service was well managed and organised. The management team assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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

Rating at last inspection

The last rating for this service was good (published 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Rivermead

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a member of our medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rivermead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was new in post and had applied to be registered with the Care Quality Commission. We have referred to them as 'the manager' in this report. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, manager, deputy manager, nurse, care staff, maintenance and activity staff.

We reviewed a range of records. This included three people's care records and 24 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. People said they felt safe in the service and were well looked after.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. One relative said, "There has been a big staff turnover in the last six months, but they seem to have got it right now; [Name] is well looked after."

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The provider had introduced aspects of best practice to the care records, including care plans for oral health care. and communication.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Specialist training based on people's specific needs had been completed. For example, dementia care.
- Nurses received appropriate training, development and support to fulfil the criteria needed to revalidate their professional registration.
- Staff were supported through supervision and annual appraisals. The provider ensured competency checks were completed with staff, for example with medicine administration.

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

- People had access to a varied and balanced diet. A person told us, "The food is very good here, I have choice and staff are so obliging. If I don't like it, they'll make me something else."
- People received sufficient fluids on a regular basis. They had drinks available in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. A relative said, "Staff keep us up to date with everything. They ring us and tell us how [Name] is doing."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The service design and layout met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting

equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to chair.

- The provider had redecorated Malton wing and refurbished it with equipment and facilities to provide people with a dementia friendly environment.
- People had communal spaces to sit in and take part in activities. There was good access to outdoor space. Flat walkways ensured people with mobility problems were able to move around with ease.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Over the last year the service had undergone changes to management, staffing and the approach to dementia care. This had some impact on the quality of care being delivered, which was quickly recognised by the provider. Action to improve the facilities on Malton wing had been taken and the provider was delivering bespoke training to the staff. People and relatives gave us positive feedback about the care and support from staff and we observed good interactions during our inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a calm and respectful manner. A relative told us, "I think the staff are very caring, approachable and have a positive attitude."
- The provider ensured staff understood and respected people and each other's diverse needs.
- Staff told us they had completed training in equality and diversity.

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

- People said they were able to make choices and decisions about their care and support. A person told us, "I get up and go to bed whenever I want. Staff come in and see me regularly when I am in my room."
- Communication between families and staff was good. The management team and staff kept relatives up to date with their loved one's care and health. A relative said, "I've been informed when the GP has been and yes they call me when required."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person said, "I do what I can for myself and staff encourage this. However, they are there when I need help with washing and dressing."
- Personal information was stored securely which helped to maintain people's privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care records were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had started to make information for people available in formats they could understand. The manager said they would develop this further over the next year.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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 enjoyed the social activities arranged for them. Activities were based on what people wanted on the day, although there were also weekly planned activities. People did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- The activities person carried out one-to-one interactions with people such as nail care, and ensured everyone had quality time spent with them.
- Relatives were made welcome when they visited. One said, "Staff always greet me with a friendly smile and offer me a drink when I visit."
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us they hardly ever made a complaint but knew how to.
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

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 has remained the same. 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 service had a welcoming and friendly atmosphere. Staff morale was high, and the atmosphere was warm, happy and supportive. One relative said, "I have just met the new manager. They were really nice; I think things are going to get better now."
- Staff told us they felt listened to and that the new manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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 understood their responsibilities regarding 'duty of candour'. The management team and staff were open and honest about events and incidents where outcomes could have been better. They apologised and learnt lessons from these.
- Staff looked for every opportunity and took action to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular checks were completed by the staff and management team to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The management team communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety.

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Feedback was analysed and followed up by the provider.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

