

Riverside Care Home Limited

# Riverside Care Home Limited

## Inspection report

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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 Care Home Limited is a care home that accommodates 41 people in one adapted building, support is provided on two floors. The home is registered for up to 42 people. There are various communal areas, including lounges and dining rooms that people can access. The home also has an adapted garden.

People's experience of using this service:

The service met the characteristics of good in all areas.

At the last inspection in September 2017, the service was rated as Requires Improvement overall. At this inspection, we found that the provider had made improvements. The home had improved and is now rated as Good.

The care people received was safe. There were safeguarding procedures were in place and these were followed. Individual risks to people were considered and reviewed. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received both an induction and training that helped them support people. People received support from health professional and referrals were made when needed. People enjoyed the food available and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff that supported them and were treated in a kind and caring way. People were offered choices, encouraged to remain independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual to their needs. Their likes and dislikes were considered. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

There were audits in place which were effective in continually developing the quality of the care. Feedback was sought from people and relatives who used the service, this was used to make changes. There was a registered manager in post and staff felt supported and listened to.

More information is in the full report.

Rating at last inspection:

Requires Improvement (Last report published 11 September 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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** ●

# Riverside Care Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection visit took place on 26 March 2019. The inspection visit was carried out by one inspector 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:

Riverside Care Home Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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:

We checked the information, we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with seven people who used the service, three members of care staff, an activity coordinator, a registered nurse and the registered manager. We also spoke with five relatives. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for eight people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were considered, assessed and regularly reviewed. People were safe living at Riverside Care Home Limited. One person said, "People look after me. Some are better than others. I fell down three months ago and got bruised. Staff came quickly and told me not to get up without help." Relatives confirmed they did not have any concerns with their relations safety.
- We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions when at risk of skin damage. When people needed specialist equipment to transfer we saw this was provided for them and staff used this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in a way to keep them safe.
- Individual risks to people were considered. For example, when people were at risk of falling people had sensor mats and bed rails in their room to reduce their risks.
- There were plans in place for emergency situations such as fire evacuation and these were personalised. Staff were aware of the plans that were in place for people.

### Using medicines safely

- Medicines were managed in a safe way. We saw staff administering medicines to people and they stayed with them ensuring they had taken them. One person said, "There's no problems at all with medicines. The tablets help me. If I get a headache I can get a paracetamol."
- We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people were prescribed 'as required' medicines there was guidance in place for staff to follow to ensure they had these medicines when needed.
- We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

### Staffing and recruitment

- There were enough staff available for people and they did not have to wait for support.
- People, relatives and staff confirmed there were enough staff in the home. One person said, "Staff come almost immediately if I use the call bell in my room." A relative told us, "I have no concerns with the staffing levels, there are always enough when I am here."
- We saw when people needed support it was provided for them. There were staff available for people in communal areas. When people in their bedrooms requested support by pressing their buzzers, staff responded without delay.
- We looked at five staff recruitment files and saw pre-employment checks were completed before the staff could start working in the home. There was also a system in place to ensure the nurses working in the home

held an appropriate qualification. This demonstrated the provider ensured staffs' suitability to work with people within the home.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider.
- Staff knew how to recognise and report potential abuse. One member of staff told us, "It is about protecting vulnerable people from any risks or harm." Another staff member said, "I would report my concerns to the nurse or manager. They would take action for sure."

Preventing and controlling infection

- There were infection control procedures in place and these were followed. Which meant the environment was clean, maintained and free from infection. We saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was available to them.
- The provider completed an audit in relation to infection control, the last audit identified compliance in this area.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong.
- Following staff supervisions, the registered manager had introduced identified learning. The registered manager collated information and themes that had arisen from staff's supervision and identified the action that had been taken to ensure improvements were made. The registered manager shared with staff action that had been taken, lessons that had been learnt and future learning.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection, some capacity assessments were in place however all areas had not always been considered. For example, when people had bed rails. During this inspection we found the provider had made the necessary improvements.
- We found when needed capacity assessment were in place for people and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area. One staff member told us, "It's when people can't make decisions for themselves, we have to help them and make it in their best interests." Another staff member said, "When people are being restricted we have to work within the law, so we have DoLS in place for those people."
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.
- When people had conditions in place on their DoLS authorisations we saw these were being met.

Staff support: induction, training, skills and experience

- Staff received an induction and training that helped them support people.
- We spoke with a staff member who recently completed an induction. They said, "I was extra to the numbers, it was helpful as staff could show me how to do things. I have done lots of training online and also my hoist training." They confirmed after this had been completed they had received a competency check from one of the nurses before they could do this unsupervised.
- When staff needed specialist training, for example in dementia or management of behaviours. This was provided for them.

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions and any individual requirements.

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

- People enjoyed the food and were offered a choice.
- One person said, "I do get a choice and if I don't like it then they will do an alternative for you."
- People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks.
- People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals.

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

- The home was decorated in accordance with people's choices and needs.
- People had their own belongings in their bedrooms.
- There was a garden area that had been refurbished so people could access and people told us they enjoyed using in the summer.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People had access to healthcare professionals and their health was monitored within the home.
- One person told us, "I saw the nurse practitioner. I saw the dentist up the road. I saw the chiroprapist yesterday."
- We saw recorded in people's care files when they had been seen by the GP or other health professionals such as continence nurses and dieticians. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.
- Records we looked at included an assessment of people's health risks.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives were happy with the staff and the care they received.
- One person told us, "They (staff) are very good and helpful. Generous and mix well with people. They come to me and are very chatty." A relative told us, "Staff are very friendly, very approachable, loving and caring towards my relation."
- People were treated with respect and approached in a kind caring way. For example, staff constantly asked people if they were happy and if they needed support. When people were cold people were offered blankets for their legs. We saw staff spent time with people talking to them and laughing. Staff respected people's wishes.

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

- People were offered choices and made decisions about how they would like to spend their day.
- One person told us, "I can make my own choices here." A staff member gave us an example of how they offered people choices. They said, "We offer people everyday choices, what time they would like to get up, what they want to wear. If they want to stay in their rooms, just everything really."
- Throughout our inspection we saw staff asking people what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "Staff always knock on my door. When they are helping me, they shut the door. I can lock my door but I don't want to."
- We observed staff knocking on people's doors and offering support to people in a discreet way. The registered manager told us and we saw there were dignity champions in place and they encouraged and promoted dignity for people living in the home.
- People were encouraged to be independent.
- One person said, "Yes, they ask me if I need anything. I do manage to go to the bathroom myself."
- We observed people were encouraged to be independent. For example, people mobilised independently around the home with their working aids, some people were observed discreetly whilst they did this. Staff were able to tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people well and knew their needs and preferences.
- People had care plans which were personalised, detailed and regularly updated. One person said, "I have one (care plan). Nurse keeps it in the office. She checks my weight regularly." A relative told us, "I believe my relations care plan is in the office. I have discussed end of life and resuscitation arrangements with the home."
- Staff attended handover at each shift where they could share information and changes about people. Staff told us they found this useful and effective.
- People told us they were happy with their care. One person said, "I am very happy with the care I receive." All the relatives we spoke with felt the staff knew their relation well and were happy with the levels of support they received.
- People's cultural and religious needs had been assessed and considered, however the provider was not currently supporting anyone with this.
- People had the opportunity to participate in activities they enjoyed. There were two activities coordinators in post.
- During the morning of our inspection we saw various activities were taking place, including an exercise class. Group activities including a game of scrabble and a quiz. The activity coordinator told us and people confirmed they had the opportunity to go out into the community, including trips to the local pub and shopping.
- One person said, "I enjoy the activities here. We have an accordion player coming here today and later a ukulele. There will be an Easter egg hunt. I like doing word search and reading 'people's friend.'" A relative told us, "To the best of her ability my relation will participate. Even if they can't, the staff will take them down to the lounge so they can be with other people. The activity ladies here are exceptional."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives knew how to complain. One person said, "I don't complain very often. I don't think I have (complained). Oh yes, I'd soon tell them if I needed to." When complaints had been made these had been recorded and taken action to ensure they were resolved.
- Although no one we spoke with had raised a complaint both people and relative felt any complaints or concerns would be actioned by the registered manager.

End of life care and support

- At this time the provider was not supporting people with end of life care.
- For some people there were advanced plans in place and people had considered if they wished to be

resuscitated or not, should this be needed.

- The provider worked with the local palliative team and held a palliative registered for people living in the home. This was updated and reviewed regularly by the home and the relevant professionals.

# 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

The service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the home. These included monitoring of medicines, and care plan audits.
- We saw when areas of improvement had been identified the necessary action had been taken. For example, when medicine errors had occurred, the registered manager had identified this, met with the staff member and completed a review of this.

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

- The provider sought the opinions of people who lived in the home and their relatives. This was through meetings and satisfaction surveys.
- People and relatives had the opportunity to attend meetings to discuss and share any concerns.
- We saw when needed the provider had taken action, for example concerns had been raised about the usage of mobile phones within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff spoke positively about the management team and the support they received.
- One person said, "Yes its well run. The manager keeps it clean and tidy." A relative commented, "Overall I think the home is well run. The manager is usually visible."

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

- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Working in partnership with others

- There were good relationships with local health and social care professionals and local churches.

