

Cornwallis Care Services Ltd

Rivermead View

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Rivermead View Residential Care Home provides accommodation with personal care for up to 32 older people, some of whom are living with dementia. There were 29 people using the service at the time of our inspection.

Rivermead View is situated in the town of Looe in Cornwall. It is a three-storey building with a range of aids and adaptations in place to meet the needs of people living there. It is close to the centre of Looe, to shops and the beach with links to public transport. People had their own bedrooms and access to a communal dining area, lounge and conservatory. There were a range of bathing facilities designed to meet the needs of the people using the service. There was a garden which people could use if they were being supported.

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

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. External creams and lotions, to maintain people's skin integrity, were applied during personal care. However, the dates of opening the creams were not recorded. This helps staff check creams remained in date and safe to use. We have made a recommendation about this.

People were positive about the care and support that they received. Comments included; "I feel safe here", "I love it here" and "I couldn't be happier".

Relatives were also complimentary about the service. Comments included; "[Person's name] is very safe here. I don't have to worry", "From the word go they were amazing. There was good communication", "Care is really good I can fault it, the carers are great" and "[Registered manager] has made a real difference there, it's a job but it's also a vocation for him. Without [registered managers name] that place wouldn't have survived COVID."

There were enough staff to meet people's needs and ensure their safety. People told us; "Staff work hard, they are very attentive". Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

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.

People, and their relatives were involved in the development and review of their care plans which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities.

People were involved in the development of the menus at the service and told us; "The food is on the whole

good." People were supported to eat a balanced diet and drink enough to keep hydrated.

There were processes in place to prevent and control infection at the service, through access to COVID-19 testing where necessary, additional cleaning and safe visiting precautions.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The registered manager maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

Staff felt supported by the management team. Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by the registered and deputy managers.

Staff were proud to work at Rivermead View and had built positive relationships with the people they supported.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.

The environment was decorated and furnished to a good standard and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were carried out.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

The last rating for this service was Good (published 12 September 2018). We had carried out two focused inspection since then to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. These inspections were not rated and were published 24 August 2020 and 28 March 2022.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rivermead View

Detailed findings

Background to this 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

The inspection was carried out by one inspector.

Service and service type

Rivermead View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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. We reviewed information we had received about the service since the

last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service about their experience of the care provided and one visiting relative. We spoke with eight members of staff including the registered manager, care staff, domestic staff and cook. We spoke a General Practitioner (GP) and a trainee GP during the inspection visit. We spoke with two relatives on the telephone to gain their views of the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at four 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- External creams and lotions, to maintain people's skin integrity, were applied during personal care. However, the dates of opening the creams were not recorded. This helps staff check creams remained in date and safe to use.

We recommend the provider seek advice and guidance from a reputable source regarding the expiry timeframes for creams and lotions.

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- The service used an electronic medicines management system. This alerted staff if any medicines had not been administered quickly and helped ensure action would be taken to resolve any queries.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

Systems and processes to safeguard people from the risk from abuse

- The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- People told us; "I feel safe here." Relatives echoed this view, comments included; "[Person's name] is very safe here. I don't have to worry."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- People and relatives told us they felt there were enough staff on duty to meet people's needs. Comments included; "Staff work hard, they are very attentive" and told us staff respond to their requests for assistance promptly.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us there were sufficient staff on duty.
- The registered manager told us that they had reduced the need to use agency staff as they had recruited to many staff vacancies. Staff absences were covered by existing staff and management or regular agency staff. This meant people always received care and support from staff they knew and trusted.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives confirmed the service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 prior to their admission to the service, so that they could confirm they were able to meet individual needs safely and effectively. A relative commented "It was an emergency placement for [person's name]. From the word go they were amazing. There was good communication."
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the service

Staff support, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary about the staff support and their skills. Comments included; "Care is really good I can't fault it, the carers are great."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas.
- Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- Every person had been placed on a food and fluid chart, even when the person did not have an identified need for monitoring this area of care. The registered and deputy manager and staff agreed that some people did not need this level of monitoring. Following the inspection, we spoke with the registered provider who agreed that people should only be placed on a food and fluid chart where there was an identified need and would ensure this was addressed.

- People were complimentary about the food and drinks available. Comments included; "The food on the whole is very good."
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Catering staff were aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- Peoples weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

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

- People told us that staff contacted relevant health professionals for health check-ups and if they felt unwell.
- Relatives felt that staff were quick to identify any health issues and act appropriately. Comments included; "They always contact me if there is an issue, like if he has a fall, or if he needs to speak to a doctor as his health needs have changed."
- People's health conditions were well managed, and staff engaged with external healthcare professionals including general practitioner, speech and language therapist, occupational therapists, physiotherapists and district nurses.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.
- A visiting general practitioner told us staff were proactive in making timely referrals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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

- People's rooms were personalised to their individual requirements. People told us they liked their rooms.
- People told us that they had a choice as to which bedroom they occupied. One person said that they were moving bedrooms as their health needs had changed. They told us "[registered manager name] was very good, I asked him if I could change my room as I was struggling with the stairs and he said yes."
- Due to the design and age of the building there was no lift and staff and people commented on this. The registered manger stated people's health needs were considered when they allocated bedrooms to ensure they could meet their individual needs. Chair lifts were installed so that people could access the upper floors.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a pleasant outdoor space which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs.
- The service had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Relatives confirmed they were consulted in decisions about their family members care to ensure it was in their best interests. Comments included "They did a DoLS regarding a lock on the door, I was consulted."
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

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 good. The rating for this key question has remained 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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered manager had built an open and trusting relationship with all stakeholders. Staff told us that they enjoyed working at the service and felt very supported by the registered and deputy managers.
- People were positive about the home and how it was run. Comments included "I love it here" and "I couldn't be happier".
- Relatives were complimentary about the management of the service and how good the communication was between them. One commented; "[Registered manager] has made a real difference there, it's a job but it's also a vocation for him. Without [registered managers name] that place wouldn't have survived COVID."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. For example, one person requested male carers to support him during personal care and this was provided.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 registered manager understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by a deputy manager and senior support staff who supported them to fulfil their role.

- The provider had a defined organisational management structure and there was regular oversight and input from senior management. An operations manager supported the manager.
- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
- The provider had notified CQC of any incidents in line with the regulations.

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

- People and relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. All feedback seen was extremely positive. People and relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Registered managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Managers attended regular organisational management meetings to support shared learning and share information about the organisation.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.