Huntercombe (Loyds) Limited

Riverside Care Centre

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 19 and 21 December 2016 and was unannounced. This was the first rated inspection of this service since it registered with us in May 2016. This service was previously owned by a different provider.

Riverside Care Centre is registered to provide accommodation and support for 24 people who have a learning disability and who require personal care. On the day of our inspection there were 23 people living in the home. There was no registered manager in post. A manager had recently been appointed and was in the process of applying to register to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

People told us that they were safe within the service. Staff knew how to keep people safe and had been trained in safeguarding people. People received their medicines how it had been prescribed and were able to get pain relief when needed.

The provider had adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and ensured that people's human rights were protected. Staff were able to get the support they needed to meet people's needs and training was made available.

People were supported in a friendly environment that was warm and nice. Staff were caring and kind towards people. People were able to get the appropriate support to be able to share their views on how they were to be supported.

People were able to make choices as to what they had to eat and drink. People's privacy, dignity and independence was being respected.

People were involved in the assessment and care planning process and were able to access advocate support when needed. However we found that care plans were not consistently kept up to date and reviews were not carried out regularly.

The provider had a complaints process in place that people were aware of and knew how to use to make a complaint.

People were able to share their views on the service they received by completing a quality assurance questionnaire but we could not see that actions were taken in response to feedback given.

We found that spot checks and audits were taking place but they were not being done consistently enough and were not always effective. We found no evidence to show that the provider carried out spot checks on

the service people received to ensure the manager was meeting people's needs how they wanted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and staff knew how to keep them safe from harm.

Risk assessments were taking place to ensure people were supported safely.

People were administered their medicines as they had been prescribed.

Is the service effective?

Good

The service was effective.

Staff were able to get support when needed.

The provider ensured that where people lacked capacity that the requirements of the Mental Capacity Act 2005 was adhered to.

People were able to access health care as and when it was required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and kind.

People were able to share their views by way of an advocate service.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People's views were gathered as part of the assessment and care planning process.

People were able to raise any concerns they had as part of the complaints process.

People were able to socialise and take part in things that interested them in and outside of the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not make sure that people's care records were sufficiently up to date and that reviews took place consistently.

We found the atmosphere in which people lived to be open, warm and friendly.

People were able to share their views by way of completing a questionnaire on the service they received.

There was no evidence that the provider carried out spot checks or audit on the service people received.

Riverside Care Centre

Detailed findings

Background to this inspection

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

Our inspection took place on 19 and 21 December 2016 and was unannounced. The inspection was conducted by one inspector.

We asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We spoke to three people, two relatives and three members of staff. We also spoke to an advocate, a Deprivation of Liberty assessor who was visiting the home, the deputy manager and the recently appointed manager. We looked at the care records for two people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

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.

Good

Is the service safe?

Our findings

A person said, "I do like it here and I do feel safe". A relative said, "Yes she [person receiving the service] is definitely safe". Staff we spoke with told us they had completed training in safeguarding. A staff member said, "I have done safeguarding training". We found that staff were able to give examples of abuse and explain the actions they would take to keep people safe. This included reporting any abuse to the manager. We found that the appropriate training was in place to ensure staff knew how to keep people safe from harm and the service had raised a number of safeguarding referrals to the appropriate agencies.

The provider had the appropriate systems in place so where accidents or incidents had taken place the information relating to the accident could be noted and trends monitored. Staff we spoke with were able to explain how accidents and incidents were managed. Staff confirmed that a accident book was used to record all accidents and this information was then reported to their head office. We found that where falls had taken place staff were able to explain the actions they would take, which included seeking medical assistance where required. We found that a falls guide was in place so staff had the information they would need to support people appropriately where they had an unwitnessed fall.

We found that risk assessments where in place to identify the risks to people and how these risks should be managed to ensure people were supported safely. We found that there were various risk assessments being carried out. For example, risks assessments were in place for where people were at risk of falling, moving and handling, medicine management and where people had behaviour that challenged. Staff we spoke with had a good understanding of the risks to people and how these risks should be managed to keep people safe.

A person said, "I do feel there is enough staff". A relative we spoke with said, "There is enough staff whenever I visit". Staff we spoke with told us there was not always enough staff to enable them to take people out on trips where there needed to be two staff to manage any risks. People we spoke with did not confirm this. One staff member said, "We do not have enough staff to be able to take people out with two staff". We found that on the day of our inspection there was enough staff to support people. People were going out for a Christmas meal and we saw that there was sufficient staff available for this event to take place safely. We were unable to verify if there was always enough staff to enable people to go out where they needed the support from more than one member of staff. We discussed this with the manager who told us there was enough staff but they would raise this in the next staff meeting and any actions needed would be looked at. We found that a staff rota was in place showing the appropriate levels of staff who should be on duty each day and a dependency tool was also being used to determine the levels of staff based upon people's support needs. The manager told us that staffing levels were being reviewed based upon people's support needs changing on a regular basis.

We found that a recruitment process was in place that ensured only the right staff were employed. The staff we spoke with told us they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before they were appointed to their job. This check was carried out to ensure staff were able to work with vulnerable people. The recruitment process also included references being sought and

systems in place to check staff identification. This would ensure people were supported by staff who had been appropriately recruited. We found that the provider had clear procedures in place to manage situations where staff practice was unsafe and put people at risk.

A person said, "I am able to get pain relief when I need it". Another person said, "I always get my medication before my meal". A relative said, "People do get their medicines okay". A staff member said, "I have medicine training yearly and my competency is checked". We were able to confirm this from the documentation we saw. Our observations of how medicines were administered showed that people received their medicines as it was prescribed and staff were calm and sensitive to people during this process. We heard staff ask people if they wanted pain relief and where they did we saw that people were offered water to help them swallow tablets and staff explained what they were doing and what the medicine was for where needed. We saw that staff made a record on a Medicine Administration Record (MAR) each time people were given medicines. This showed when medicines were given to people, what dosage and which staff member had administered it.

We found that the provider had an appropriate medicines policy in place to provide information and guidance to staff when they administered people's medicines. We saw that medicines were stored away from people in a secure environment with the appropriate checks being done. Where controlled drugs were being administered we saw that the appropriate systems were in place and these drugs were being managed safely. We saw that where medicines were administered 'as and when required' that the appropriate guidance was available to staff to ensure these medicines were administered on a consistent basis. Where people lacked capacity to ask for pain relief we saw that information was also available to support staff to know when these medicines should be given. We found that where a Percutaneous Endoscopic Gastrostomy (PEG) was being used that the appropriate system were in place to ensure it was managed safely and appropriately. A PEG is a device which allows someone to have nutrition, fluids and or medicines directly into their stomach.

Good

Is the service effective?

Our findings

A person said, "Staff help me to eat and drink when I need it". Another person said, "Staff have the skills and knowledge". A relative said, "Staff are attentive and know what they are doing".

Staff we spoke with told us they did feel supported in their job. A staff member said, "I do get support. I get regular supervision and I am able to attend staff meetings". While we were able to confirm this, we did however find that appraisals were not happening consistently. An appraisal happens once per year and gives staff the opportunity to discuss their development needs and how they are performing in their job. We found that staff had access to some training; for example, moving and handling, fire safety and food hygiene. Where people had specific support needs like dementia, risk of choking or epilepsy we saw that this training was also available to staff.

We found that an induction process was in place. A staff member we spoke with said, "I have had an induction and I was able to shadow more experienced staff". We found that the care certificate was being used as part of the induction process, but it wasn't being used consistently. Not all staff we spoke with who should have completed the certificate had done so. The care certificate sets out fundamental standards for the induction of staff in the care sector. This ensures that staff have a consistent approach to how they support people. The recently appointed manager assured us that the certificate was now being used and recently employed members of staff were able to confirm this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A staff member said, "I have had training in MCA and DoLS" and we were able to confirm this. Staff we spoke with were able to tell us where a DoLS application had been made and had an understanding of the MCA and DoLS. We found that staff were acting in people's best interest while they waited for the DoLS approval to be made, however the evidence as to how best interest's decisions were reached was not always available. We found that mental capacity assessments were taking place where people lacked capacity and during our inspection a DoLS assessor visited the home as part of the application approval process for a person. We found that where restraints were being used and people lacked capacity that the appropriate DoLS applications were being made.

A person said, "Staff always ask me what I want". Another person said, "Staff do get my consent". We observed staff consistently gaining people's consent before they supported them or did anything for them. Where people had limited or no speech or lacked capacity we found that staff had an understanding of people's needs or preferences from speaking to family members or they used an advocate service who

visited the home monthly to support people in sharing their views.

A person said, "I am able to make my own food and get something to drink when I want". Another person said, "I decide what I eat and drink, I love tea". Staff we spoke with told us that people were able to eat and drink when they wanted. We saw people who were able making hot and cold drinks and getting snacks to eat from the kitchen. Where people were unable to do this we saw that fluid charts were in place to monitor what people had to drink to ensure people were kept hydrated. While people told us they went food shopping with staff to buy the things they like to eat we saw no meals menus in place to show how people made choices as to what they had to eat. The manager told us that staff only cooked the meals people had decided they wanted to eat, but would implement a meals menu to show the various choices of meals people could have across the week to choose from. Staff we spoke with understood the importance of people having a healthy diet and told us that people were always encouraged to eat fruit and vegetables. We found that meal charts were being used to show what people had to eat and drink over a period of time. This meant that the meals people had to eat could be monitored to ensure they had a healthy diet and enough to drink regularly.

We saw that where people needed support to eat and drink that staff were on hand to offer this support and this was done in a sensitive and caring manner. Where people were at risk of choking we saw that guidance from the Speech and Language Therapist (SALT) service was in place so staff knew how people should be supported. We found that the appropriate documents were being used to monitor people's nutrition and whether they were losing or gaining weight too quickly and the appropriate action that would be needed. We observed people drink and staff reminding them to drink slowly so as not to choke.

A person said, "I went to the dentist because I had a bad tooth". Another person said, "I can see a doctor when I need to". A relative said, "[Person's name] is able to see her doctor or other healthcare professional when needed". Staff we spoke with told us that people were able to see their doctor, dentist or an optician when needed. We were able to confirm that healthcare professionals visited the home regular by the notes we saw on people's care records. Where people's health care needs changed they were able to access health care as needed. We also found that wellbeing checks were carried out and that health action plans and hospital passports were documents being used to ensure people's health care needs were being identified and managed and if people had to go to hospital that healthcare professionals would have up to date information on people's health.

Good

Is the service caring?

Our findings

A person said, "Staff are lovely and kind". Another person said, "Staff are nice and kind". A relative we spoke with said, "Staff are very nice and caring". We saw that staff spoke to people in a respectful and caring manner. We heard the fire alarm sound and people had to be evacuated from the building. During this process we saw staff making people who were anxious calm and relaxed, they reassured them that everything would be okay. Where people had to leave the building in a rush we saw staff providing clothing to ensure people were kept warm until it was safe to enter the building.

A person said, "I am able to share my views via the advocate". Another person said, "I am able to share my views with staff". We found that people were also able to attend a family forum meeting with the manager and staff as a way of sharing their views. We found from the last meeting that took place that an action plan was agreed to show how concerns raised were being dealt with and any progress made discussed at the next meeting.

We found that an advocate service was available to people and was identified within the service users guide as well as displayed for people to see. We found that this information was in more than one format so people could understand it. We spoke to the advocate who was present on the day of our inspection and they told us that they attended on a weekly basis to support people to share their views. They told us that the management and staff were very supportive of the service and always acted to resolve any concerns identified by people quickly.

We found that people were encouraged to do as much as they could for themselves. We saw people trying to eat and drink and staff continually checking that they were okay and could manage. We heard staff say 'let me know when you are finished'. This showed that people were able to be as independent as they could so they did not lose the ability and skills to manage on their own and staff monitored them to ensure they were fine.

A person said, "My privacy and dignity is respected". A relative said, "People's privacy and dignity is respected by staff". Staff we spoke with gave examples of how they ensured people's privacy and dignity was respected. One staff member said, "People have a key to their rooms and we always shut their bedroom door to give them privacy and cover them over during personal care". We found that people were able to have a key to their bedroom so they are able to have privacy when needed. We saw people being able to go to their bedroom for privacy when they wanted and staff respecting their privacy by knocking their door before entering. We saw staff supporting people to the toilet and waiting outside the door until people were ready to be supported. This showed people's privacy, dignity and independence was being respected by staff.

Good

Is the service responsive?

Our findings

A person said, "An assessment and care plan was done but I have not seen it". A relative said, "There is an assessment and care plan in place and I have attended reviews". Staff we spoke with told us that they were able to access people's assessment and care plans when needed. We found that these documents were in place to identify what people's assessed needs were and how staff would support them.

We found that people were able to share their views as to the service they received, their personal history, likes and dislikes was part of the assessment process. It was unclear as to whether people were involved in sharing their views as part of an on going review process. We raised our findings with the manager who was able to tell us that they would ensure this was happening as part of the process of settling into their new role as the registered manager.

A person said, "I go out shopping for the stuff I like, I am able to play bingo and I love it, I also go on holidays". Another person said, "I love colouring and I went to see Harry Potter in London and I went to Spain on holiday". Relatives we spoke with told us that they were regularly invited to functions within the home and felt people had a lot of activities to take part in. Staff we spoke with told us there was an activity planner in place so people were able to take part in the things they wanted. We were able to confirm this, an activity plan was not displayed in the home but people had individualised planners on their care files. We found that people were able to take part in the things that interested them and they were able to socialise outside of the home. The planner we saw showed when people took part in things they liked to do. Where people had specific preferences, likes and dislikes we saw that this information was noted on their care file.

The provider had a complaints process in place which people were able to use to raise any concerns they had. A person said, "I have seen the complaints process and I know how to complain but I have never had to". A relative we spoke with said, "I would know who to complain to but I have never had to". Staff we spoke with told us they would pass all complaints onto the manager. We found that the complaints process was included in the service users guide and available in more than one format. We found that a system was in place to log all complaints received which involved the head office for the provider being kept informed as to how complaints were progressing in line with their timescales for resolution. We found that the provider had not received any complaints but if a complaint was received there was a system in place to allow them the opportunity for learning.

Requires Improvement

Is the service well-led?

Our findings

A relative said, "I have been involved in a review". Staff we spoke with told us that reviews did take place and people were involved. We found that reviews were taking place but these were not being done consistently and timely and it was unclear whether people were involved. We found from one person's care record that information on the file was inconsistent. We found that some sections of the care records on the file had not been reviewed since December 2012, where other information indicated a review was conducted in July 2015. This meant the information was not consistent or clear as to whether reviews were happening on a regular basis.

We found that people with the support of relatives or an advocate were involved in the assessment and care planning process upon admission, however we found that people's care records were not consistently being kept up to date. We found information that was no longer required or could mislead staff. The manager told us that care plans were changed last year by the provider and they were currently in the process of making changes and updated records. The manager went on to say that once these documents were changed it would improve/make it clearer to staff how people should be supported especially where people had behaviour that challenged.

We found that while staff felt supported since the appointment of the new manager, we found that the staff appraisals system and the care certificate was not being used consistently.

A person said, "I have had a questionnaire to complete". Other people we spoke with could not remember if they had completed a questionnaire. Relatives we spoke with told us they had received questionnaires over the years to complete which they completed. Staff we spoke with told us they had received questionnaires to complete and the advocates supported people to complete theirs. We found that the provider did use quality assurance surveys to gather views on the service to help them improve the service people received. We were unable to see the actions from the most recent survey as the information we needed the manager was unable to find as they had only recently been appointed to the role.

We found that spot checks and audits were being done by the manager as a way of checking on the quality of service people received however these checks and audits were not being done consistently or were always effective. We found that care records were not always up to date and accurate, building checks were not being done regularly to ensure where people lived was safe and important information needed for staff to support people appropriately were not always in people's bedrooms to guide staff when supporting people with their medicines. However staff did know people well and was able to answer questions we asked. We found no evidence to show that the provider carried out spot checks or audits on the service people received.

A person said, "I do love it here". While another person told us they liked living at the home. A relative said, "The service is well led". Staff we spoke with felt the service was not well led due to the amount of manager changes. We found that there had been nine managers in six years. We found that the service had areas that still needed to be improved and the manager was aware of the areas that needed improvement and had

already started the process of improvement and change since being appointed in December 2016. The manager told us they had already applied to be the registered manager.

A person said, "I do know the new manager". Staff we spoke with told us the newly appointed manager was supportive and consistently walking about and checking how people were being supported. They felt the appointment was positive and would be good for the home. We found that people knew the manager and was able to tell us that they were able to meet with her regularly and talk about anything they wanted. We found the environment of the home to be nice, warm and cosy. People were happy amongst the staff and we observed people and staff having a laugh together.

There were links within the community and people were able to socialise and benefit from these links. For example, people went swimming at the local swimming baths and went out to play bingo. We found that the culture within the home was one of openness and staff were encouraged to share their views on the service. We found that regular meetings with staff and people was a key component to the manager gaining views on the service. A relative said, "Communication is very good. They [home] keep me informed".

We found that a whistleblowing policy was in place. Staff we spoke with knew of the policy and its purpose in being able to raised concerns anonymously to ensure people were kept safe from harm.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts.