

Avante Care and Support Limited

Riverdale Court

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Riverdale Court is a care home providing personal care and accommodation to people aged 65 and over. Riverdale Court accommodates up to 80 people across four separate units in one building, each of which have separate adapted facilities. At the time of our inspection there were 77 people using the service.

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

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. 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. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

Staff had a clear understanding of people's needs and had developed positive relationships with them. People and their relatives (where appropriate) had been consulted about their care and support needs. People took part in activities that met their needs and preferences. They were supported to follow their interests. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on. There were procedures in place to make sure people had access to end of life care and support when it was required.

There was outstanding leadership at the home. The home had received the providers award for innovation. This was for improving activities and the environment for people living with dementia. They also won a Bexley Caring at its Best award for contribution to older people in Bexley. The home was involved with local community groups and projects for raising awareness of dementia. Senior staff placed a particularly strong emphasis on continuous improvement in their running of the home. The views of people using the service were at the core of quality monitoring and assurance arrangements. Staff were supported to develop their leadership skills through a career progression scheme. The registered manager worked effectively with other organisations to ensure staff followed best practice. Health and social care professionals commented positively about the leadership at the home.

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2018) and there was a breach of our regulations. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverdale Court on our website at www.cqc.org.uk.

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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Riverdale Court

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

Two inspectors and an expert by experience carried out this inspection. 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

Riverdale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the head of care homes, the registered manager,

care staff, an activities coordinator and kitchen staff. We also spoke with a visiting health care professional about their views on 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.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including quality assurance information and the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further feedback from a health care professional, a school teacher and local community groups. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection 13 November 2018, we found a breach of regulations because medicines were not safely managed. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had taken steps to make sure that medicines were managed safely.

Using medicines safely

- People told us they received their medicines on time and when required. One person said, "The staff give my medicines to me. I'm happy about that so it's not forgotten."
- Medicines were safely managed. Staff responsible for medicines administration had completed training which included an assessment of their competency. People had medicine administration records (MARs) in place which included information about any known medicine's allergies and a copy of their photograph, to help reduce the risks associated with medicines administration.
- MARs showed that people had received their medicines as prescribed. They included guidance for staff on when best to support people with any medicines that they had been prescribed to take 'when required'. The provider had systems in place for receiving and disposing of any unused medicines.
- Medicines were securely stored. Staff carried out regular temperature checks of medicines storage areas, to ensure they were kept within the appropriate temperature range to ensure they were effective when taken. Staff met regulatory requirements in storing and recording the administration of Controlled Drugs.

Staffing and recruitment

At our last inspection we found improvement was required to ensure the provider's recruitment practices consistently met our regulatory requirements. Three members of staff's recruitment records did not contain proof of identification which included a photograph. The registered manager told us they would take immediate action to address this area. Improvement was also required to ensure people consistently received prompt support when needed. At this inspection we found the manager had taken steps to make sure that robust recruitment procedures were in place. We also observed that appropriate staff numbers were in place to meet people's needs.

- There were enough staff on duty at any one time to safely meet people's needs. One person using the service told us, "There are usually plenty of staff." Relatives' views on staffing levels were mixed. One relative told us, "There have been occasions when it's felt like the staffing levels have varied and additional staff would help." However, another relative said, "There are enough staff here when I visit; there's always someone around to help if needed." Despite the mixed feedback the relatives we spoke with told us they thought people were consistently safe. One person also told us, "The staff check on me regularly. They come quickly if I use my buzzer."
- The registered manager said staffing levels were arranged using a dependency tool that assessed of

people's care and support needs. If extra support was needed for planned activities or for people to attend health care appointments, then additional staff cover was arranged.

- We observed staff to be on hand and available to support people promptly when needed throughout our inspection. The actual staffing levels reflected the planned allocation on the rota. Staff worked well together and supported people without rushing.
- The provider followed safe recruitment practices. Staff files contained details of their employment histories and the reasons for any gaps in employment had been explored during the recruitment process. Checks had also been made on staff identification and their right to work in the UK (where applicable). The provider also carried out criminal records checks and sought references to help ensure staff were of good character and suitable for the roles they had applied for.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and staff were kind. One person said, "I feel safe here. The staff check on me regularly. They come quickly if I use my buzzer. I had a fall once and the staff had to call an ambulance for me; they found me very quickly." A relative told us, "My [loved one] is safe. Whenever we come they are well looked after."
- The home had a safeguarding policy in place. The registered manager knew the processes for reporting abuse allegations to the local authority and CQC. At the time of this inspection the registered manager confirmed two safeguarding concerns were being investigated by the local authority and the home. We cannot report on the safeguarding investigations at this time. However, we will monitor the outcome of the investigation and actions the provider takes to keep people safe.
- Staff had received training and they were provided with information regarding who to report potential safeguarding concerns to. Staff confirmed they would inform the registered manager and they knew where to go outside of the organisation if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments identified the level of risk to people in areas such as falls, eating and drinking, choking and skin integrity.
- Where people had been assessed as being at risk of falling, guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling.
- Where people had been assessed as being at risk of choking, advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place which provided staff with guidance on how prevent or minimise the spread of infections.
- Training records confirmed that staff had completed training on infection control and food hygiene.
- The home was clean and free from odours. Hand wash and paper towels were available for use in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.

- The registered manager told us the provider had systems for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. For example, data collected regarding falls had been analysed, evaluated and was being used to reduce the number of falls occurring at the home.
- The home also held a 'Feedback Friday and Lessons Learnt' meeting each week. These meetings reminded staff about their duties and referred to any complaints or incidents and accidents and the actions staff should take to reduce the likely hood of these recurring.

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

- Assessments of people's care and support needs were held within their care records. These assessments along with information shared by social and health care professionals had been used to draw-up individual support plans and risk assessments.
- Nationally recognised assessment tools were used by staff to assess risks to people. For example, malnutrition universal screening tool (MUST) was used to assess nutritional risk and the Waterlow scoring tool was used to assess the risk of people developing pressure sores.
- People's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, were up to date with their training requirements and received regular supervision and an annual appraisal of their work performance.
- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included dementia awareness, safeguarding adults, moving and handling, health and safety, infection control, medicines administration and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had also completed training in more specialist areas relevant to people's needs, including managing people's skin integrity, diabetes awareness and managing falls in the care homes.

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

- People's comments about the food provided at the home included, "The food is pretty good on the whole," and, "It's not quite spicy enough but I can always ask for sauce." A relative said, "My loved one enjoys the food. They have put on weight since moving in."
- We observed how people were being supported and cared for at lunchtime. Some people ate independently, some people required support and some people preferred or needed support to eat their meals in their rooms. People received hot meals and drinks in a timely manner.
- Staff supported people by giving them time and encouragement to eat their lunch. The atmosphere in the dining areas was relaxed and there were plenty of staff to assist people when required. People were also provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit.

- Kitchen staff showed us documents referring to people's dietary risks, personal preferences and cultural needs. They said they accommodated people's personal preferences where they could by offering a range of choices each meal time. We noted that the kitchen was clean and well-kept. The Food Standards Agency had rated the kitchen hygiene 5 stars, the highest rating possible.
- The home received a healthier catering commitment award from the local authority [Bexley] for demonstrating a commitment to adopting healthier food preparation practices and offering people healthy options.

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

- The registered manager told us they had used 'The Kings Fund' dementia friendly assessment tool which they said provided excellent information on developing a dementia friendly environment. The décor in each unit at the home was suitable for people with dementia and those with visual impairments. We saw dementia appropriate signage throughout the home for example signs to the garden, dining room and library. Peoples bedroom doors also included photographs to aid them with orientation.
- The home had a Railway, this is a reminiscent scene that creates an authentic train carriage with replica furniture, decoration, accessories and large screen television that takes people living with dementia back in time on a journey through their local landscape. We saw two people sitting in the train carriage with pot of tea. They waved to us as we walked past the window. They emerged happy and laughing and told us they'd taken a train trip to the country.
- The home had a garden with protected balconies on the upper floor where people could sit in warmer weather. Staff told us the garden was used a lot in the summer for events such as fetes and barbeques.

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

- Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service. One person told us, "If I need a doctor the staff organise that for me."
- People's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapists and dietitians.
- Staff worked with other agencies to help ensure people received effective care and treatment. Details from people's care plans and risk assessments were available to accompany them when they attended hospital to help ensure they received consistent support. A visiting healthcare professional told us, "I work well with the staff when I visit; they know people well and are able to provide me with good feedback about their conditions. They've been proactive in making changes when I've suggested things."

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.

- Staff had completed mental capacity assessments for specific decisions which were retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions the registered

manager had worked with them, their relatives and health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. One person told us, "I have a shower every morning and they [staff] ask me how I like things done. They knock on my door and ask before they come into my room. I think my privacy's respected as much as it can be." A relative commented, "The staff make sure the door and curtains are closed when they are supporting my loved one with personal care. They encourage my loved one to be independent. For example, my loved one has a plate guard at mealtimes so that they can eat independently."
- Staff said they made sure people's privacy and dignity were respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along and confirmed they were happy to continue. One person told us, "We chat, [staff] are very good when they help me to get ready."
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. One person told us, "They [staff] help me with the things I need but I can do a lot for myself and they're happy to let me."
- We observed a person becoming agitated. A member of staff noticed this and directed them to an sensory table. The person stayed at the table with the staff member for some time playing a game and they appeared more relaxed.
- Staff made sure information about the people was always kept confidential. Information about people was stored in locked cabinets in a locked office.

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

- Care records were person centred and included the views of people and their relatives about how they wished to be supported.
- One person told us, "We discussed the things I needed help with when I moved into the home. My son sorted most of this out." A relative told us their loved one had an assessment when they moved into the home and they had regularly been involved in discussing their care plan. Another relative said they were invited to regular review meetings. They felt any comments they made were listened to and acted on. A third relative commented, "I am included on the reviews of my loved one's care plans. I sit with senior carers to shape and support the plan."
- People and their relatives expressed positive views about the care provided by staff at the home. One person said, "On the whole the staff are caring. They all help as much as possible." Another person told us, "If the staff see you are 'not with it' they will sit and talk to you." A relative said, "The staff are caring. My loved one trusts them so accepts their support." Another relative commented, "My loved one is very happy and

settled here. Staff are friendly and respectful."

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

- Staff had received training on equality and diversity and understood how to support people with their diverse needs. Staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do.
- People's care records included information regarding their religious, cultural and sexual needs. We saw examples where people's diverse needs were being met. For example, one person's room reflected their heritage. They had special hair oil to assist in keeping their hair in order as part of their religion. Kitchen staff cooked meals specifically for this person which reflected their cultural background.
- The home celebrated peoples diverse needs. For example, they held an event to celebrate the Lesbian, Gay, Bisexual and Transgender [LGBT] community. A member of staff told us, "We recently held a gay pride party with drag queens attending. We also celebrate people's cultures and encourage them to be themselves."
- A parishioner from a local church that regularly visited the home told us, "We have always been very impressed by the caring and helpful attitude of the staff we meet and consider that the residents are cared for in a loving and humane manner."
- A relative told us, "The attitude of staff is clear for everyone to see, they really do care for their residents and have their best interest at heart."

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.

- Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- People were supported to partake in activities that met their needs. Activities included visiting entertainers, a knitting circle, train journeys, letters from children, cake and tea with music, nail therapy, arts and crafts, and games such as bingo and quizzes. An activity coordinator told us, "We get to plan and do so much for the people living here. The care staff get involved with all of the activities too so it's not just down to the activities staff to engage with people."
- We saw people playing games and making Christmas decorations. They appeared to be enjoying painting angels with staff. One person told us, "I've got a Sudoku book and I like to talk to people to pass the time of day'." Another person said, "I have enough to do." A relative commented, "I have always been so impressed with the interaction between the staff and residents. No resident is excluded from the vast range of activities on offer, each resident is given a choice and that is so reassuring to see." Another relative said, "My loved one enjoys socialising with the other residents so is rarely in their room."
- People had access to an exercise bike with video facility to promote fun exercise for people living with dementia; this enabled people to go on virtual cycling trips.
- A children's 'inter generations class' visited the home each week to interact with people. The children were taught Spanish and French and people using the service joined in. A member of a local community group told us, "I've been along to see the inter generations class in action and been on hand to have a chat with the residents which has been a great pleasure. We are impressed by the amount of activities provided by the staff and outsiders for the benefit of the residents."

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

- People had care plans that described their health care and support needs. For example, there was information for staff for supporting people with personal care and eating and drinking. People had oral health assessments and care plans in place. The assessments recorded people's daily routines and the support required from staff.
- Care plans contained information about people's likes and dislikes as well as details about their life histories. Relatives told us their loved one's care plans had been discussed with them to help establish their preferences in the way they received support.
- One relative told us, "The move was the best thing that could ever have happened. My loved one was deteriorating before our eyes and very much socially isolated at their previous care home as they are a quiet person, not anti-social but requires encouragement to join in."
- Staff understood people's needs and they were able to describe people's care and support needs in detail.

A member of staff told us how they supported people with personal care and encouraging people to take part in activities.

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 home followed the AIS and people's communication needs were effectively assessed and documented within their care plans.
- The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages. We saw that information such as the complaints procedure, activity plans and menus included photographs to support people's understanding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received, including the timescales for responding.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. One person told us, "I just say I don't like this, and they listen." Another person said, "If I don't approve I will say something. The staff try and resolve it." A relative commented, "I have never complained. I would just go see the registered manager if I had to."
- We looked at the homes complaints and compliments folder. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the person complaining to ensure they were satisfied with how their complaint was handled. The folder also held cards and compliments received from people's relatives.

End of life care and support

- The registered manager told us that no one using the service was receiving imminent end of life care. They said when necessary additional support was provided by the local hospice end of life care team to ensure people's end of life needs were met.
- The registered manager told us they had attended a recent managers forum where they saw a presentation on end of life care. They obtained slides of the presentation and shared this with the home's staff. A member of staff told us, "The training I received on end of life has really helped me with how I need to support people at the end of their lives. For example, I know who we can go to for help."
- Peoples care plans included their wishes for the care they wanted at the end of their lives. These included peoples religious and cultural preferences. People's next of kin were also involved in planning care and expressing their wishes.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

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 requires improvement. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

At our last inspection 13 November 2018, we found that the provider's systems for assessing, monitoring and improving the quality and safety of the services required improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had taken steps to make their systems for assessing, monitoring and improving quality and safety were operating effectively.

- There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements.
- The home received the provider's award for innovation. This was for the introduction of the Railway, improving activities and the environment for people living with dementia, developing a sensory room, the introduction of a dementia friendly voice tablet for people to rate their dining experience and introducing the 'Children's inter generations class'. We saw people were thriving due to these improvements. People and their relatives told us they liked going on railway journeys and they enjoyed children's classes.
- A relative told us, "I have nothing but admiration and thanks to the registered manager who has made significant changes to make this care home a place that I know my loved one is well cared for, safe and secure when I'm not there, his team all contribute to make Riverdale Court somewhere special to live."
- Regular audits were carried out at the home. Audits were up to date and remedial action was taken when necessary to ensure that care was provided in the right way. Action had been taken to address any issues identified as part of the provider's audit processes. For example, one person's care plan had been updated with information relating to their mental capacity and decision making, following a recent audit.
- People and their relatives suggested there should be more regular dental appointments. Care records showed this suggestion had been acted on. The registered manager told us that people's oral health had improved as a result.
- The provider carried out a mealtime experience check in August 2019. Following feedback received from people, the home purchased new table cloths, place mats, aprons for staff and the home's menus were changed to a four-week cycle. The home also had meal time experience champions that regularly sought people's views on their dining experience. People and their relatives told us their meal time experiences had improved since the last inspection.

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

- The service was an important part of its community. The registered manager and staff had developed positive community links to reflect the changing needs and preferences of the people it supports. The home

regularly facilitated dementia friends' sessions at the home for residents and their relatives, local residents, the police, local churches and a local volunteer service that supported people living with dementia. The registered manager said these sessions helped to raise people's understanding of people living with dementia, meaning people were more welcome in their local community.

- The home ran a lunch club on Tuesdays and Fridays each week for elderly people in the local community. The registered manager told us local people engaged with people using the service and this had fostered positive relationships with local people.
- The home also facilitated a local community group meeting. The group held a community litter pick earlier in the year and some people using the service had enjoyed taking part in the event. A member of the group told us the home donated refreshments and sandwiches which were a welcome treat for individuals as they finished the session. They said they were only too happy to return the support and they had a great time helping at the home's annual fete to raise funds for the Railway.
- The provider carried out a friends, relatives and advocates survey in August 2019. A health care professional had commented, "Staff are very dedicated, hardworking, honest and approachable. The management team are very strong, and the leadership is fantastic." A relative had commented, "I am happy with the care here, I would be happy to move in myself one day."

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

- People said the way the service was led was exceptional and distinctive and people are at the heart of the service. The home won a Bexley Caring at its Best award for contribution to older people in Bexley after being nominated, including by family members. An officer from the local authority [Bexley] told us staff at the home were nominated for both an individual carers and team awards. The shortlisted nominees were described as 'people who go out of their way to make people comfortable. The care and support described as individually tailored, enriching and transforming leading to great confidence from the family members that their relatives are being cared for very much in the way that they would hope.' The officer told us that a relative commented, "The staff don't just care for mum they have brought her back to life. A bright smiling laughing woman who is always singing and dancing."
- The home had also been selected as a finalist for the Great British Care Awards for London for the care home team of the year 16 November 2019.
- The home followed the Eden Alternative philosophy of care. The provider's 'head of care homes' told us, "This philosophy provides a framework for staff to understand and practice person centred care. The aim is to eliminate loneliness, helplessness and boredom, the three prevalent states of mind most observed in older people and those living with dementia." It was evident throughout the inspection that staff adhered to this philosophy when supporting people.
- Staff are motivated by, and proud of the service. A member of staff told us, "The registered manager has concentrated on making the home much more dementia friendly. Activities have very much improved in the last year and there's a lot more going on for the residents. Positivity amongst staff has increased and there's a lovely atmosphere. All of the staff understand and work towards the Eden Alternative philosophy." Another member of staff said, "We work as a team and the staff are friendly. We follow the Eden Alternative to look after the residents, we treat people with respect."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. This ensured we could effectively monitor the service between our inspections. They were aware of the legal

requirement to display their current CQC rating which we saw was displayed at the home.

- The registered manager had a detailed knowledge of people's needs and the needs of the staff team. There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- The registered manager developed their leadership skills and those of others. They had been selected for 'The Rising Star Programme', a leadership development programme for registered managers run by the National Care Forum. This programme was created to develop leadership skills through mentoring and learning opportunities. A staff member told us, "The registered manager is very keen on staff progression. I have been accepted onto a career progression scheme. This is for future management opportunities. I've been going to managers meetings and I had train-the-trainer training. I have trained staff on falls prevention and I'm getting ready to train staff on end of life care."
- Staff spoke positively about the registered manager's leadership. They told us management support was always available for them out of hours when they needed it. Another member of staff said, "The registered manager is really good; he appreciates what we do and gives staff praise when they do good work."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us for example, they regularly liaised with family members about any incidents, accidents or safeguarding concerns.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The registered manager attended provider forums to learn about and introduce best practice to the home. For example, following an end of life presentation from local hospice, they shared the presentation with staff. Staff confirmed they had a better understanding of how to support people at the end of their lives as a result.
- A member of staff from the local authority who had responsibility for monitoring the quality of the service told us they had visited the home recently. They found that staff listened to any suggestions regarding how they could improve and develop the service. They told us responsibilities were not just on the shoulders of the manager, but all senior staff shared in this and were more than capable of doing so. Any suggestions they made had been taken on board and responded to in good time.
- A health care professional told us they regularly visited the home to provide an exercise group to people using the service. They said the registered manager was keen to find a way of providing physiotherapy to promote mobility, wellbeing and prevent falls at the home. They told us it was a pleasure to be part of the team and they hoped working together in partnership would continue to be effective for the residents.
- A music teacher told us they had worked closely with Riverdale Court. Children from their three schools had visited the home on numerous occasions to perform for the residents. They said the staff and management were brilliant and they were extremely friendly and caring towards the people using the service. They had plans to perform Christmas carols for people at the homes Christmas Fair and they would be visiting the home to perform on their instruments and sing during the festive period. We saw photographs from these events confirming people and their relatives enjoying these events whilst engaging with the teachers and children.
- An officer from the local authority [Bexley] told us an area the home was excelling at was social engagement. People living at the home had better access to the community, but also the community having access to the home for example Spanish and French lessons happening within the home with the residents learning along with young children.