

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Riverside House

Wattsfield Road, Kendal, LA9 5JL

Tel: 01539773090

Date of Inspection: 02 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Cumbria Care
Registered Manager	Ms. Carol Heywood
Overview of the service	<p>Riverside House is a purpose built home registered to provide care and accommodation for up to 34 older people in four units over three floors.</p> <p>The home is situated in a residential area of Kendal approximately a mile from the town centre and general amenities. It is set back from the road overlooking the river and has its own private gardens.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People told us they were happy living in Riverside House and that the staff were very helpful. They said,

"The staff are absolutely wonderful and are looking after me really well".

"I am only here to get back on my feet before I go home and they are really helping me to do more for myself".

We found that the home was clean, tidy and well maintained. Domestic staff ensured the building was odour free.

Staff were pleasant and polite and we saw that people who used the service were treated with respect and dignity.

We found that people's care and support needs had been assessed and kept under regular review to help ensure people received the care they needed.

We saw that people had access to health and social care professionals. The people we spoke with told us they received the help they needed when they needed it and the staff encouraged them to remain as independent as possible.

Medicines received into the home were managed well and safely. All staff who administered medicines had been appropriately trained.

We found that all the records pertaining to the operation of the service were in place and up to date with current legislation.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and in line with their individual plan of care.

Reasons for our judgement

During our visit to Riverside House we spent time in all areas of the home and spoke to staff and people who lived there. We observed, informally, the way people were treated and we read a sample of five care and support plans.

No one that we spoke to had anything detrimental to say about the staff or the way in which they were cared for. One person said, "The staff are absolutely wonderful and are looking after me really well". Another said, "I am only here until I get back on my feet before I go home and they are really helping me to do more for myself".

Care plans contained risk assessments in relation to falls, manual handling, medication and nutrition. We found care plans and risk assessments were reviewed on a monthly basis or whenever there was a change in the person's care needs. When we spoke to the care staff they confirmed they were involved in the care plan review process with the supervisor.

We spent time observing the interactions between people who lived at the home and staff. We saw staff approached people in a sensitive way. When assisting people with personal care staff explained what they were doing, were discreet and strived to maintain people's dignity.

We spent some time in the unit that cared for people who had various forms of dementia. We saw that the care staff knew the people they supported very well. This had given them a good understanding about how best to support people with complex needs. Those who were able to speak to us told us, "These girls are great and look after me well".

One of the two units on the ground floor of Riverside House provided care to people for a short time after a spell in hospital. They stayed in the home for a period of about six weeks during which time they were supported to become sufficiently independent to return to their own home.

We were able to speak to four of the people who were living in this unit on the day of our visit. They all said how pleased they were with the support and care they received. One person said, "I haven't been here very long but already I can walk down the corridor and dress myself". Another said, "I have stayed here before and the staff have always been very helpful".

Healthcare needs were met through regular visits from people's own GP and the district nursing team. We learned that opticians, chiropodists and specialists like speech therapists and dieticians visited the home when required. We spoke to one of the healthcare professionals who was visiting the home whilst we were there. They told us they were very happy with the care provided by the staff in the home.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People receive safe and coordinated care, treatment and support where more than one provider is involved or they are moved between services.

Reasons for our judgement

We looked at this outcome to check if external agencies and health care professionals were involved in the care of people who lived in Riverside House

Discussions with the manager confirmed that the staff had good working relationships with the doctors that visited the home and also the district nursing team. Details of these visits were recorded on each of the care plans we looked at and this information ensured people received the appropriate level of care and support to meet their needs. We asked people if they could see their doctor when they wished and were told, "I don't need to see the doctor very often but the staff organise it for me if it is necessary".

We saw, recorded in the care plans that the services of dieticians and speech and language therapists had been accessed in the past if staff thought people were in danger of becoming malnourished through not eating properly. Optical, chiropody and dental services were also available and details of their visits were also noted in the care plans.

The services of the mental health teams were accessed when required to provide support to people and give advice to the staff. They also provided training for staff to enable them to provide appropriate care for people with complex needs. The manager told us that two members of the care staff team were in the process of completing a 12 week training course provided by the mental health team. We saw from the care plans that social workers also took part in review meetings as part of the admission procedure.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Cumbria Care had clear policies and procedures in place for medicines handling and storage and these were regularly updated by staff at the head office. There were appropriate arrangements in place in relation to the recording of medicine received into the home and kept on people's behalf and its administration.

We spoke to the manager and supervisor on duty and they confirmed that a full audit and stock check of medication was completed every month when the monthly supply of medicines was ordered from the pharmacy. This check was taken to ensure there was no over ordering of medicines especially those that were prescribed to be given only when required. Regular checks of the medicines administration records (MAR) were completed by the supervisors or the manager to ensure all medicines administered were recorded correctly.

We looked at a sample of medicines and compared them with records. This showed that medication was being given properly and at the times prescribed by the doctor.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff. This included the management, destruction and return if not used, of medication provided for end of life care.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records of four staff employed at the home. We saw that application forms had been completed and that people had attended for interview prior to being offered employment. Checks had been undertaken to help ensure that staff were suitable for this type of work and for working with potentially vulnerable adults. No new staff started work until all the legal checks had been completed through the Criminal Records Bureau (CRB) or the Disclosure and Barring Service (DBS). These checks ensured there was no one working at the home that had been barred from working with vulnerable people.

We spoke to the manager who was responsible for the recruitment of staff and she confirmed that new staff completed an in-house induction programme that met the Skills for Care Induction Standards. This type of training helped to make sure that staff understood their role and responsibility in supporting older and vulnerable people with a variety of needs. New staff were not allowed to work unsupervised until they had completed mandatory training that included manual handling, protection of vulnerable adults and dementia awareness.

We spoke to care staff during our visit and they told us that Riverside House was a good place to work in and that the staff team all supported each other. They also said that it was better now that there was a permanent manager in post as this provided continuity of care for the people living in the home.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit to Riverside House there were five support workers on duty. There were two in the dementia care unit, two physically frail units and one on the short stay/respice unit. There was also a supervisor and the manager on duty. The home employed domestic staff to ensure the environment was kept clean and tidy.

The manager provided us with four weeks staff rosters to look at and we could see that, as far as possible, this level of staff was maintained. There had been problems in the past recruiting suitable people to work at Riverside House but the manager confirmed that the only vacancies at the time of our visit were for domestic staff. We looked at the staffing throughout the home and found that there was only one member of staff deployed to work in the physically frail unit on the ground floor. This meant that on occasions when help was needed the member of staff in the respice care unit could be called on for assistance. This would leave this unit with no staff for a short time. Cumbria Care, as the provider, should take note of this.

We spoke to care staff during our visit and they told us that Riverside House was a good place to work in and that the staff all supported each other. They also said that it was better now that there was a permanent manager in post as this provided continuity of care for the people living in the home.

We spoke to people who lived in the home and asked them about the staffing arrangements. They told us, "The staff are great and there always seems to be enough to help us when we need it".

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We found that the manager and staff were keeping up to date and accurate records regarding the people living in the home. This included personal care records, care plans and risk assessments that were being stored securely to maintain people's confidentiality. The care and medication records we saw were properly maintained and an accurate reflection of people's needs.

There were records of work done in the home and of the servicing and maintenance of equipment in use to make sure it was safe. This included emergency equipment and lighting, call systems and alarms. Gas and electric checks were completed annually through service level agreements. We saw there were also records of service users monies kept on their behalf by the home.

The provider had an established internal system to assess and monitor the quality of the services that people living there received. A system of checks or 'audits' helped the management to identify and manage gaps or risks in the service provision and the completion of records within the service. This helped to make sure that a consistent level of service provision and record keeping was maintained.

We looked at staff records and found these to be filed securely in a locked cabinet in the manager's office which was locked when not in use. Care plans were kept in locked cupboards on each of the units.

Cumbria Care provided a full set of policies and procedures to each of the services within the group. These were regularly updated to ensure they were in line with current legislation.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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