

WCG Riverside Care Home Limited

Riverside Care Home

Inspection report

Camborne Way
Barnsley
S71 2NR

Tel: 01226296416

Website: www.woodcaregroup.com/our-homes/riverside

Date of inspection visit:
17 October 2022

Date of publication:
07 November 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Riverside Care Home is a residential care home which provides personal care to older people and people living with dementia. The service provides support to up to 50 people. At the time of our inspection there were 48 people using the service.

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

People and their relatives were happy with the care they received. People's needs were assessed and kept under regular review. People's care plans described their preferences for receiving care and their preferences were respected by staff.

People's care plans usually contained clear guidance for staff to follow. However, when people became anxious, agitated or distressed due to their mental health needs, their care plans needed to contain more information about how staff should support them in the most effective way. The provider agreed to address this issue.

People felt safe using the service. There were enough staff to keep people safe and deliver personal care in a timely manner. People's medicines were managed safely, and suitable infection prevention and control measures were in place. Risks to people were assessed and kept under regular review. Staff supported people to maintain their health and they sought timely advice from health professionals, when necessary. People were encouraged to eat and drink enough, and people's dietary requirements were catered for.

Staff were kind and caring and they treated people with respect. People were supported by staff who knew them well and encouraged them to remain involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff welcomed people's relatives into the home, to support people to maintain important relationships. People were supported to take part in a range of activities, to help them remain meaningfully occupied. People and their relatives knew how to make a complaint if they needed to, and the provider had a suitable system in place to act on any complaints they received.

The service had a friendly, welcoming atmosphere. There were systems in place to ensure the service was open and transparent with people. People were supported by staff who were appropriately trained and supervised. The staff felt well supported by the management team and enjoyed working at the service. The registered manager and provider had implemented suitable systems to monitor the quality and safety of the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 January 2020 and this was the first comprehensive inspection. A focused inspection of this service was completed between 24 and 26 February 2021. We inspected the key questions, 'is the service safe?', 'is the service effective?' and 'is the service well-led?' only. The service was not awarded an overall rating at that inspection (published 22 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the key question, 'is the service safe?'. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Riverside Care Home

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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Riverside Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Riverside Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 people who used the service and 6 relatives about their experience of the care provided. We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

We spoke with 10 members of staff including the registered manager, care staff and other ancillary staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on shift to keep people safe. Senior staff regularly reviewed the dependency levels of people living in the service and the registered manager used this information to help determine how many staff were needed for each shift.
- We observed there was a continuous staff presence throughout the service and people were able to obtain support from staff when they needed it. However, there were periods of the day that were much busier than others, such as whilst lunch was being served. Staff were more task focused at these times, though people did receive support to eat if they needed it.
- People and their relatives told us they thought there were usually enough staff on shift. They said there were occasions when staff were busy, so they had to wait for support, but that this was not a persistent problem.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- Most risks to people had been assessed and their care plans contained guidance for staff to follow to reduce any risks. This included risks associated with people's mobility, nutrition and hydration, skin integrity and exposure to infections.
- Some care plans needed to contain more information about how staff should manage risks associated with people experiencing heightened anxiety, agitation and distress as a result of their mental health needs. The provider agreed to update people's care plans to ensure they contained this information. Although care plans needed to improve in this area, the staff we spoke with were able to describe how they recognised when people were becoming anxious or distressed as they knew people well. This supported them to manage these risks.
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The premises and equipment had necessary safety certificates in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately with the registered manager, so action could be taken to keep people safe. Staff were confident the registered manager would act on any concerns they raised.
- People told us they felt safe and their relatives confirmed they were satisfied their family member was safe at the service. A person commented, "I feel very safe here. There are lots of people to talk to. The staff help me and give me everything I need."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to manage medicines safely. Their competence to manage medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- Staff were patient and respectful when they supported people to take their medicines.
- The provider used an effective audit system to regularly check medicines continued to be managed safely. This supported them to identify any issues or risks at an early stage, so suitable action could be taken.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider facilitated visitors to the home in accordance with government guidance, so people could maintain their social relationships.

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. Any accidents or incidents were reviewed by the management team to check staff had managed each event appropriately.
- The provider reviewed the action taken in response to any accidents or incidents on a weekly basis. This helped to ensure they had good oversight of the service and enough action had been taken to reduce the risk of a similar event occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and a personalised care plan was created, so staff knew what care each person needed and when. People's needs were regularly reviewed, and their care plans were updated if their needs changed.
- People and their relatives were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.

Staff support: induction, training, skills and experience

- New staff completed an induction when they started working at the service, to ensure they had the skills they needed to provide care to people. The induction process included shadowing more experienced staff.
- Staff completed training in a range of different subjects to help ensure they had the knowledge they needed to deliver effective care. People told us they thought the staff knew what they were doing and a relative commented, "The staff are all very professional."
- Staff received support and supervision to review their competence. Staff told us they felt well supported by the registered manager and senior staff members. They felt able to raise any concerns or questions with them.

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

- People's nutritional and hydration needs were met. When people required a special diet, this was catered for. Kitchen staff were provided with clear information about people's dietary requirements and preferences.
- Staff followed good practice guidance when people required a modified texture diet to reduce the risk of choking. Staff used the International Dysphagia Diet Standardisation Initiative (IDDSI) framework which is a global initiative to use common terminology to describe food textures and fluid thickness where people require a modified texture diet.
- When people were identified as being at risk of malnutrition, their weight and dietary intake was monitored. This supported staff to seek guidance from other health professionals in a timely manner, when concerns were identified with people's nutritional intake.
- People were happy with the food provided by the service and their preferences were respected. Throughout the day we observed additional snacks and drinks were made available to people.

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

- Staff worked alongside a range of health professionals to ensure people's physical and mental health needs were met. Staff regularly sought advice from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- People were happy with the support they received to access other services. A person commented, "If you want a doctor, they fetch one quickly."

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

- The premises had been adapted to meet the needs of people using the service, including people living with dementia. Throughout the building, doors had appropriate signage displayed on them to help people navigate around the home.
- The provider had commenced a refurbishment programme when they purchased the service. This was having a positive impact on the home's environment.
- People had been supported to personalise their bedrooms in line with their individual needs and preferences. This supported people to feel at home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.
- We were satisfied the service was working within the principles of the MCA. People's capacity to make certain decisions had been assessed, where appropriate. Best interest decisions were recorded in people's care records and we were satisfied relevant people had been involved in making those decisions.
- The registered manager submitted appropriate DoLS applications, when necessary, to ensure the service had appropriate legal authorisations in place. The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.

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 our last inspection we did not rate this key question. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring. We observed caring and friendly interactions between people and staff throughout the day. People commented, "Staff are very kind and I feel well cared for and safe" and "The staff are nice; you couldn't get any better."
- People and their relatives were happy with the care they received. A relative commented, "I am happy with everything. I feel my relative is well cared for."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
- People were asked about their preferences for receiving care and information about this was recorded in their care plans. People's choices and preferences were respected.
- People and their relatives were involved in reviews of their care to ensure they were continuously involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. When staff engaged with people, it was a positive experience for people. We observed warm and supportive interactions between staff and people. There was appropriate joking and laughter between them. A person commented, "I have some fun with the staff. They do know me well. They know I like a laugh."
- The provider had systems in place to ensure people's personal information remained confidential.
- People were encouraged to maintain their independence. People's care records clearly recorded which tasks they could do for themselves and what they needed support with. We observed staff provided people with appropriate encouragement to enable them to complete tasks for themselves. A relative commented, "Staff encourage [my relative] to walk so they can maintain their independence."

Is the service responsive?

Our findings

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

At our last inspection we did not rate this key question. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were easy to navigate and generally contained enough detail about people's needs and how staff should care for each person. However, we found care plans needed to contain more detail about how staff could recognise when people were becoming anxious or distressed and what action staff should take to manage these situations. The provider agreed to update people's care plans with this information.
- People's care plans were regularly reviewed to help ensure they remained up to date. Risk assessments and care plans were reviewed following any incidents or changes in a person's needs. We found a few examples where care plans had not been fully updated so they contained some conflicting information, however we were satisfied staff knew what care people needed as they knew people well.
- People's care plans contained information about their life history and interests; this supported staff to build positive relationships with them.

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 able to take part in different activities according to their interests. The provider employed an activity coordinator who arranged a programme of activities and entertainment according to people's preferences.
- People told us staff had got to know what they enjoyed doing. A person commented, "Staff do know me well. [Name of staff] knows I like to talk about films, and they reminisce about old films with me." Other people commented, "They keep me active. We do exercises now and then, and I enjoy that" and "We do armchair exercises. We have rubber bands to help us. I enjoy it; it keeps my arms and legs moving."
- The provider followed government guidance when supporting visits into the home by people's relatives and friends. This enabled people to maintain relationships that were important to them, in a safe way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. When people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- The provider had a suitable system in place to ensure any complaints were appropriately recorded, investigated and responded to.
- People and their relatives knew how to complain and felt able to raise any issues or concerns with the registered manager and staff.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff worked alongside local health professionals to develop individual care plans when people were approaching the end of their life. People's care plans recorded any preferences they had in respect of the care they wanted to receive. This supported staff to provide personalised support to each person.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager who understood the regulatory requirements. Everyone we spoke with told us the registered manager was approachable and supportive.
- The registered manager regularly completed a range of audits to assess the quality and safety of the service. These audits identified areas for improvement and action was taken to address any identified issues.
- The provider also maintained oversight of the home to help ensure it continued to meet their expectations. Representatives of the provider regularly visited the home to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.
- The registered manager pro-actively provided information to CQC following any significant events at the service, as required by the regulations.

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

- The registered manager and staff were all keen to provide high-quality, person-centred care. We observed a friendly and welcoming culture within the home. A relative commented, "It's brilliant. My relative is happy here, and so am I. I am happy with how the service is run."

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 provider had a suitable policy in respect of the duty of candour which explained what staff needed to do if certain types of incidents occurred.
- The service had an open and transparent culture. Staff were confident any concerns they raised would be dealt with appropriately by the registered manager. People's relatives confirmed staff contacted them to discuss any issues. A relative commented, "They keep me informed about everything and always let me know how my relative is."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for their views about the care they received, and their feedback was used to improve the service.
- Staff had opportunities to provide feedback about the service. They were able to share their opinions and

ideas during supervision meetings, staff discussions or directly with the registered manager on a one-to-one basis.

- The service had links with social care professionals and community health services so staff could work in partnership with other organisations.