

Riverbank Care Limited

Golden Sands

Inspection report

10 Nelson Road
Westward Ho
Bideford
Devon
EX39 1LF

Tel: 01237477730
Website: www.riverbankcare.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Golden Sands care 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. It can accommodate up to 17 older people. At the time of the inspection, there were 16 people living at the service.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found responsive had improved to outstanding. This was because the service had gone the extra mile to ensure people's individual wishes and activities which were important to them, were met. This included trying new things and finding innovative ways of keeping people stimulated. It also included having additional staff available to ensure people got out and about into the local community. Staff went the extra mile to ensure people's hobbies, interests and enjoyment were met to a high standard.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

People received safe and effective care from staff who understood their needs and wishes.

Staff had good training and support to do their job effectively. There were always sufficient staff for the number and needs of people living at the service.

Robust recruitment processes ensured only staff who were suitable to work with vulnerable people were employed. Staff understood how to protect people from abuse and when and who they should report any concerns to.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received their medicines on time and safely. We have made one recommendation to help improve practice in recording of medicines.

People said they were happy and staff were caring, kind and compassionate towards their needs. One person said, "As soon as you walk in the door everything is done for you, nothing is too much trouble."

Another said "The (staff) are all lovely, I cannot fault them. Nothing is too much trouble." One healthcare professional commented "The staff always seem to show a great deal of caring towards their residents. It's a real home from home here."

The service was clean and adapted to suit people's needs. Audits and checks ensured quality monitoring of the records, environment and care and support being delivered.

Care and support was well planned and person centred. Staff knew people well, including what was important to them to ensure their comfort and safety.

The management approach was open and inclusive. There were and a range of ways used to gain the views of people, relatives and staff.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service had improved to outstanding.

People were encouraged and supported to enjoy a wide range of activities and interests.

Staff valued people and wanted them to have stimulating and fun things to do. Staff went the extra mile to ensure this happened.

The registered provider paid for additional staff to ensure more activities could be provided.

People's end of life care experience was important, this included having additional staff to sit with people when needed.

Is the service well-led?

Good ●

The service remains Good

Golden Sands

Detailed findings

Background to this inspection

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

The inspection was completed on 22 and 23 November 2018. The first day was unannounced and completed by one adult social care inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes. Prior to our inspection, we looked at all the information available to us. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider 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 seven people. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with two relatives. We spoke in depth to the manager, activities coordinator, five care staff, one housekeeping staff, maintenance person and two kitchen staff. We received feedback from two healthcare professionals. We looked at three care files including risk assessments, care plans and daily records. We reviewed three medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

The service continues to provide safe care.

People said they felt safe and well cared for. Comments included "The staff are always pleased to see me. I try to be independent but they tell me to ring the bell if I want anything." And "They (staff) always check we are okay, even at night they come around and check us."

People, relatives and staff all confirmed there were sufficient staff available each shift to ensure people's needs were being met. There were three care staff each shift plus the registered manager, the registered provider most days, a full-time activities person, kitchen assistant, cook and cleaner each day. People said their needs were being met in a timely way. They confirmed support was available when they needed it. Relatives indicated staff were available for them to speak with as needed. Staff said they worked well as a team and that there was always sufficient staff available. They did not have to use agency as the staff team tended to cover any shifts needed due to sickness or ill health.

At lunchtime, medicines were administered in a safe and caring way. People were asked if they needed any pain relief and the care worker explained what the medicines were for.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective. There was a policy and system in place so that some non-prescription medicines were available to treat people's minor symptoms in a timely way. There was not always a way of knowing the amounts of prescribed stock in house, as the number of tablets was not carried over to show total amounts of stock for each person. In order to ensure a consistent approach with as needed medicines, a protocol would be useful for staff to refer to.

We recommend the service follows best practice guidance when recording medicines.

Staff confirmed they were only able to administer medicines once they had received training and had been signed off as competent. This meant the registered manager or provider monitored how they completed medicines administration. Any errors were discussed as part of reflective practice during supervision. Where needed staff received additional medicines training.

People were protected because the service had a robust recruitment process. This meant new staff were only employed once all the checks and references had been obtained to ensure they were suitable to work with vulnerable people.

Staff understood what abuse was and who and when they may need to report any concerns. Staff confirmed they had completed on line training in understanding abuse and that there were policies and procedures they could access if needed. The registered manager understood her role in the safeguarding process. There had been no new safeguarding alerts in the last 12 months.

People's risks had been assessed and where a risk had been identified measures were documented as to how to reduce or prevent such a risk. Risk assessments included areas of pressure damage, poor nutrition and hydration, falls and risks to personal safety. Where a risk had been identified, staff were instructed how to reduce that risk with the use of specialist equipment. For example, for people who had been assessed as being at high risk of developing pressure sores due to being cared for in bed, pressure relieving airwave mattresses were purchased. These were checked regularly to ensure they were on the right setting for the person's weight.

Emergencies were planned for. For example, people had individual evacuation plans in the event of a fire. Regular fire safety checks were being done, including testing of alarm bells. Fire equipment such as extinguishers had been serviced and maintained on an annual basis.

The service was clean and free from odours. There were good measures in place to ensure infection control processes were followed. The housekeeping staff had detailed cleaning schedules, including monthly deep cleaning of all rooms. Staff had a plentiful supply of protective equipment such as gloves and aprons. They were observed using these appropriately during the inspection.

Is the service effective?

Our findings

The service continues to provide effective care and support for people.

People said the care and support was effective and met their needs. Comments included "If I feel ill, I ask one of the girls and they help me see my GP, they check on me make sure I am okay." Another said, "They listen to me and give me medicine if I am not feeling well." Healthcare professionals said the care and support at Golden Sands was good. One said "They are one of the best places in our patch. They refer to us when needed and they follow advice. It's always a pleasure to visit people here."

People benefitted from a staff group who were well trained and supported to do their job. Staff confirmed there were opportunities to gain further skills in all areas of health and safety, as well as specific training around health-related issues. The registered manager said all staff had annual updates on moving and handling, health and safety, COSHH (safe storage of chemicals and cleaning products), fire safety and food hygiene. They confirmed they were also using the care homes team of nurse educators for specialist areas such as constipation, sepsis, use of slide sheets and bed repositioning. Staff said they found this training useful and had helped them monitor people's health conditions better. For example, one person was observed, by staff, to be experiencing difficulties with eating due to poorly fitting dentures. Dental appointments were arranged and new dentures issued.

Staff had regular opportunities to discuss their role and development and training needs. This was done either via one to one supervision or in groups. Staff said they enjoyed these sessions and felt their views and opinions were listened to. For example, one staff member said during a supervision session she discussed a gentleman who kept forgetting his stick. "I had read somewhere that if you make items a brighter colour people are less likely to forget them. I was encouraged to try this idea out."

Staff new to care were offered and encouraged to complete the Care Certificate. This is a national set of standards which helps new staff to understand the principles underlying good care. In addition, new staff were given opportunities to shadow more experienced staff until they were familiar with the running of the home and the systems being used.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made applications to the DoLS (Deprivation of liberty safeguarding) team but

none had been authorised yet.

People were supported to ensure their nutritional and hydration needs were met. Where people had been assessed as being at risk of poor nutritional and or fluid intake, staff closely monitored their daily intake. People's weights were monitored weekly and monthly and where weight decrease had been significant, the staff team referred the person to their GP. Some people had been prescribed supplementary drinks to help maintain good calorie intake. Staff were diligent in recording what people had eaten and drunk each day.

People said they were offered a good variety and choice of meals. One person said "You can always ask for something else if you don't like what's on offer. Nothing is too much trouble." Another person told us they always had cheese on toast for breakfast as this was their favourite. Mealtimes were relaxed and social events. People were supported to eat and drink at their pace.

People felt confident their healthcare needs were being met. Daily records and handover meetings showed staff monitored peoples' healthcare daily. Any changes in their health were highlighted and if needed the GP was called. There were regular visits from the community nurse team for those who needed ongoing nursing input. People said they could see their GP if requested. Arrangements were in place to ensure people could see opticians and chiropodists on a regular basis.

Golden Sands had been adapted to suit the needs of frail elderly people, some of whom were living with dementia. For example, a lift was available to access upstairs rooms. Rails and grip bars were positioned so people with mobility issues could move around. Toilets were well sign posted. There was a variety of seating available to suit people's differing needs. Specialist equipment including hoists were available for those who needed support to safely transfer.

Is the service caring?

Our findings

The service continues to provide a caring and supportive approach to people.

People, relatives and healthcare professionals all said staff were kind and caring. One person said, "As soon as you walk in the door everything is done for you, nothing is too much trouble." Another said "The (staff) are all lovely, I cannot fault them. Nothing is too much trouble." One healthcare professional commented "The staff always seem to show a great deal of caring towards their residents. It's a real home from home here."

Our observations throughout the day showed staff being caring, compassionate and observant to people's needs and feelings. For example, one person appeared anxious; staff spent time talking calmly to them and asking if they could get them anything as they recognised they were more anxious than normal. One person asked to go back to their room after lunch as they were not feeling well. Staff supported them and asked if they would like a cup of tea brought up to them.

People were afforded choice about where they wished to spend their time and staff encouraged independence as far as possible. Care plans described what personal care people could do for themselves and what support they needed. This helped to give people their independence.

Staff knew people well, and had developed good relationships with them and their families. Staff understood the importance of ensuring people were given maximum choice and their views were respected. For example, staff said they encouraged people to join in activities and spent time in communal areas, but respected that for some people, they felt more comfortable in their own rooms. The registered manager discussed how they had been working closely with one person's GP due to their changing mood. She said that at times the person could present with aggressive outbursts. Staff understood this was due to their low mood, and continued to offer the person support in a caring and supportive way.

Dignity and privacy was upheld at all times. Staff were seen to knock on people's bedroom doors before entering. When asking someone if they needed some help with their personal care, this was done in a sensitive and discrete way. People confirmed their privacy and dignity was maintained. One person said, "Staff are very good, they understand it is not easy to have to accept help when you get old, but they do it with good grace and humour."

People's rooms had family mementos and personal touches such as photographs and books and ornaments, giving them a homely feel. People and relatives confirmed they could visit at any time, were made welcome and offered refreshments. People could choose to see their friends and families in the privacy of their room or a communal area if they wished.

The service had received many thank you cards detailing the caring nature of staff and the support people had received. Some of the comments included "Wanted to say thanks so much for looking after mum. Everyone has been so kind and show loved spending her time here." And "Everyone has been so kind and caring. I cannot express my gratitude enough to the way she was looked after. Thank you for all your

wonderful care and support. She was so happy at Golden Sands and this was only made possible by the love and support you gave her."

Is the service responsive?

Our findings

The service is highly to be responsive to people's needs.

People and their relatives said that staff were responsive to their needs. One person said "Yes they are very responsive. Whenever I need a hand with something, they are there. They check on me to make sure I am comfortable." Another said "When they take me for a bath, they make sure it's very private. They shut the door, they don't rush me."

The service has gone the extra mile to find out what people have done in the past and evaluated whether it can accommodate activities, and tries to make that happen. Examples of how this worked in practice included ensuring that additional staff were available to enable people to do things they really enjoyed and do access the local community. This included regular trips out of Golden Sands to places such as the local park, garden centre, Christmas shopping, local places of interest. Extra staff were employed on these occasions so all individuals that want to go are able to. Also, the service organised for extra staff when needed to help by taking individuals to family weddings, funerals etc that they otherwise may not be able to attend. Staff members often did extra things with the people such as taking individuals to the local pub in the evening or day for a drink, down to the sea front for a Hockings ice-cream, into Bideford to look at the shops. In the summer, Bideford town band played on the sea front every Thursday night and on a Saturday, there were also sunset festivals with music on the green so staff took people down to join in.

All staff were involved in enhancing people's experiences. They saw this as fundamental to ensuring person centred care and assisting people to have fulfilling lives. For example, one of the domestic workers had a flair for cookery and art and said she would like to use these skills more at Golden Sands. She had volunteered and made all of this year's Christmas puddings with the people living at the home whilst sharing Christmas stories. They also did flower arranging with people using flowers and foliage brought in from their own garden. Other staff members often came in in their own time, bringing in their pets and children as people enjoyed having the company of younger people and furry friends.

People's individual hobbies and interests were encouraged and staff were inventive in assisting people to carry these on. For example, one gentleman recently told the service how he used to play the saxophone in a band and would love to try again. The activities organizer researched and found someone who came in to meet him and let him play his saxophone. One person living at Golden Sands used to enjoy painting, and was very talented. Staff encouraged them to do this more when they wanted to, with a designated area and equipment. Some of their work was on display at Golden Sands. Regular "food tastings" sessions were organised. This then led to something new in the evening for tea such as Chinese, Indian, pizza and (their favorite) McDonalds.

People living at Golden Sands were not always well enough to go out shopping for clothing and gifts. The service arranged for a lady who came in with a mobile shop with a huge range of items.

The staff team and activities person had worked hard to ensure there was a wide variety of activities and interests for people to take part in. This included group and individual activities which suited people's hobbies and interests. It also gave people an opportunity to try new things. They offered quizzes, reminiscing and craft sessions, games and gentle exercise. They also organised regular trips out to places of interest, plus shopping and for fish and chips.

They were in touch with a local nursery and some people had become pen-pals with the children who regularly wrote and sent photos and asked the people at Golden Sands questions. The activities person helped people to write back and keep in touch with this group of children. They were planning a visit during the Christmas period. They had also made links with a music and movement toddler group who had agreed to start a toddler and older people session at the service called 'Vintage Jiggy' in the new year. This was a sensory music and movement session.

The activities person was keen for people to have sense of self-worth, so she involved people in fundraising events for local charities. This had included cakes, raffles and a sponsored head shave for one of the staff. They had received many letters of thanks for donations from local charities. Every year, the individuals living at Golden Sands chose a charity to support. Golden Sands the help to organise events and fundraising events to raise money towards it. This year they chose the Alzheimer's society, a member of staff even volunteered and had her head shaved. They took part in the Alzheimer's memory walk and the Elf day earlier this month.

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support people with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand people's likes, dislikes and preferred routines. The service uses the 'This is Me' booklet devised by the Alzheimer's Society. This helped to document people's past social history and things which were important to them. Staff also asked families to complete a personal history profile, where people were unable to share this information. This again allowed staff to get to know what was important to the person in their past and places and people they know well. It was clear from our discussions with staff and the way they interacted with people, they knew people well. This is an important part of ensuring person centred care was achieved.

End of life care was seen as important and staff were passionate about making sure people's final days were comfortable and pain free. People's end of life care wishes was discussed with them and included as part of their care plan. Most staff had received training in end of life care and were passionate about ensuring this was done sensitively. One staff member said "I have completed an end of life care course with the local college and we also have links with the hospice. Our aim to ensure people are comfortable as possible in the final days and if needed the provider will pay for additional staff so the person is not left alone."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included when staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures, for example toilets, to help people find their way.

Complaints and concerns were taken seriously. There was a written complaints policy and people said they would be confident to make their concerns known. The registered manager said they had received very few

formal complaints because they usually were able to discuss any concerns before they became complaints. One person said, "I complained one day that I had no mat by my shower, within 30 minutes a new mat had been put in place."

Is the service well-led?

Our findings

The service continues to be well-led

The registered manager and provider work together to provide strong leadership to the staff team. The vision and values of the service were to ensure people received safe, compassionate care in a homely environment. Staff understood these values and worked in way to show they were upheld. People were at the heart of the service. Their needs and their views were paramount and these were fully considered when making any improvements to the service.

Staff felt valued and listened to. They said there was a good team work approach and the registered manager had an open-door policy. Training and support were key to ensuring quality outcomes for people. Staff views were regularly sought via handovers, meetings and through reflective supervision.

The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. There was evidence of staff meeting with people to discuss their ideas and suggestions for improvement. For example, the sorts of activities they would like to do and any suggestions for their menu options. There was also a regular newsletter to keep people and their families up to date with what was happening in the home and future events.

There was a range of audits and checks to ensure records and the environment was kept safe and clean. For example, the housekeeping staff had check lists of daily and weekly tasks, which included monthly deep cleans of each room. Checks were completed on hot water temperatures and window restrictors. The staff member who normally completed these checks was not currently working at the home; some of these had not been updated recently. The registered manager was certain the check had been completed, but the records not fully completed. She said she would address this and make sure she checked they were being done monthly and weekly.

It was clear there was good partnership working with GPs, local authorities and community nurses. The service had also ensured they had a community presence with their fundraising events and links with local schools.

The manager understood their responsibilities to act in accordance with regulation and to report any significant events and notifications. She had actively sought advice from the inspector prior to the inspection.

The rating from the last inspection report was prominently displayed in the hallway of the service and on the provider website.