Cornwallis Care Services Ltd

Rivermead View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Rivermead View is a 'care home' that provides accommodation for a maximum of 34 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 21 people living at the service. 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.

Rivermead View is situated in the town of Looe in Cornwall. It is a three-storey building with a range of aids and adaptations in place to meet the needs of people living there. It is close to the centre of Looe, to shops and the beach with links to public transport. The service continued to undergo major environmental changes and therefore people had access to only one of the two lounges whilst work was being completed. Some bedroom areas were also not in use due to the refurbishment that was occurring. All bedrooms are for single occupancy. People had access to a communal dining area. There were a range of bathing facilities designed to meet the needs of the people using the service. There was a garden which people could use if they were being supported.

The last inspection took place on the 2 August 2017. The service was rated as Requires Improvement at that time. There were concerns around how risks for people were managed, how staff supported people who may become anxious, care plan records were not accurate and records had not been completed satisfactorily.

This unannounced comprehensive inspection took place on 6 August 2018. Since the previous inspection there has been several changes in the management team. From January 2018 a new manager has been in post and worked with the staff team to implement the necessary changes. At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection. The service is now rated as Good.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager had been in post since January 2018. They had submitted a valid registered manager application and this was being considered.

Staff told us with the change of manager there had been a number of positive changes for the people they supported and for them as a staff team. Staff told us the improvements were in record keeping, care planning and support for the staff. Staff felt this had a positive impact for the people they supported as care records clearly identified how a person needed support. Staff were clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found records were up to date and reflected the person's individual needs.

Accident and incident records were also completed and audited by the management team.

People, relatives and staff all told us they found the new management structure more open and approachable. They felt their views on the running of the service were sought and were complimentary about the changes to the service. A person told us, "I attend the resident's meetings and my daughter comes too, my daughter will tell the Manager if I am not happy and I am not afraid to talk to staff if I need anything". A relative told us ""We can visit at any time, the care is very good, better since the new management, the staff are lovely and helpful, we have no issues". Visiting health and social professionals also commented on the managers approach and stated there had been "Vast improvements" in the overall service.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred.

The service held handover meetings between each shift on duty. Information about people's care would be shared, and consistency of care practice could then be maintained. This meant that there were clearly defined expectations for staff to complete during each shift. However senior carers told us they attended their shift earlier than their start time to ensure sufficient time for a handover to exchange information, as it was not built into the staff rota. We recommend that staff handover is accounted for in the shift planning to ensure staff attend this meeting.

There were systems in place for the management and administration of medicines. People had received their medicine as prescribed. Immediate action was taken to ensure that all medicines in the service were accounted for to prevent possible medication errors.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

People and their relatives told us staff responded to people's needs promptly. However, they were aware that there were staff vacancies and agency staff were being used to cover these shifts. The manager and operational director told us there had been some staff turnover and continued to recruit for more staff. They used regular agency staff to cover the staffing shortfalls which provided some continuity of care for people by staff who know them. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs.

The manager was on call every day. We recommend that the on-call arrangements are reviewed to ensure that the manager has appropriate rest periods to enable them to work at their full potential.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each

individual person's assessed needs. Where needed, staff monitored people's food and drink intake to ensure everyone received sufficient each day. People told us, "The food is excellent."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. People had access to some activities both within the service and outside. A Health and Wellbeing co-ordinator was employed and organised a planned programme of activities/events. They were passionate about making sure activities were fun for people.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held regularly.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and members of the senior management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe.
People told us they felt safe living at the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Staff rotas showed a reliance on agency staff. We have made a recommendation about this.

People received their medicines as prescribed. medicines audits were put in place to minimise potential errors.

Building works to improve the environment remained in progress.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive.
People received personalised care and support which was responsive to their changing needs. Care plans contained up to date and relevant information for staff.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to activities which were provided by the Health and Wellbeing co-ordinator

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff felt well supported.

There were systems in place to assess, monitor and improve the quality of the service provided

People and their relatives were asked for their views on the service.

Rivermead View

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.

This comprehensive inspection took place on 6 August 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eleven people who were able to express their views of living at the service. Not everyone we met who was living at Rivermead View was able to give us their verbal views of the care and support they received due to their health needs. We also spoke with a relative, staff, the manager and the Operational Director. We spoke with three visiting health and social care professionals during the inspection. We used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We used the Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at the service, medicines records, four staff files, training records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection we had identified concerns as follows: some staff were uncertain how to support people when they became anxious, risk assessments, incident reports were not always completed. Therefore, the safe section of this report was rated as requires improvement at that time.

We reviewed the actions taken since the last inspection. Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and how to support them when anxious. We saw staff providing reassurance to people as specified in their care plan which helped the person's anxiety level reduce.

We found people had assessments in place which identified risks in relation to their health, independence and wellbeing. The assessments considered the individual risks to people such as mobility, mood and emotional needs, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed.

Records were up to date to show where risk levels had changed. For example, a person physical health had deteriorated so the service liaised with relevant health professionals and implemented a food and fluid chart to closely monitor their wellbeing. Risk assessments were reviewed and updated in line with this change of action.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Actions were taken to help reduce risks in the future.

Due to the action taken by the provider, as outlined above, they had complied with the breach of regulations identified at the previous inspection. However, we have made some recommendations in relation to issues as cited below which means the rating of this section remains Requires Improvement.

The service had two medicine trolleys which we reviewed. We found that in one medicine trolley the amount of medicines held in stock tallied accurately with records. In the second medicine trolley the day medicines were correct but the evening medicines for two out of three people did not tally. The manager immediately investigated this and put in place an action plan to ensure that this area was addressed and that additional safety measures were put in place to minimise the risk of future errors.

Each person had a Medication Administration Record (MAR) sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These

handwritten entries were signed and in all but one, had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly by the same staff member. The manager agreed that the audits should be completed by differing staff for greater accountability.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured.

People and their relatives told us staff responded to people's needs promptly. However, they were aware that there were staff vacancies and agency staff were being used to cover these shifts. People told us "I never feel alone at night, they come straight away", "I think they are short staffed, if they have time I can have a shower" and "You ring if you want anything but you have to wait awhile but that's because there's only a few staff, they've had staff difficulties but they take us into Looe in a wheelchair if they can. There are lots of agency staff."

Staff shared with us their frustration about staffing levels, particularly when staff phoned in sick at very short notice which made it more difficult to gain staff cover. The manager and operational director told us there had been some staff turnover and continued to recruit for more staff. They used regular agency staff to cover the staffing shortfalls which provided some continuity of care for people by staff who know them. We spoke with one agency carer who had worked at the service for three weeks. They told us they chose to work at Rivermead View as they enjoyed working with people living there, felt welcomed and supported by the staff team and completed an induction so that they knew the processes to follow in the home.

The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs. The manager was office based but was available to people if this was necessary. The manager was on call at night. On the day of the inspection the staffing levels were adhered to as shown on the rota. A senior carer and three care staff were on duty along with catering, domestic and laundry staff, to meet the needs of 21 people and a maintenance team were available. At night one senior and two carers were on duty from 7pm to 7am.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

People told us they felt safe. Comments included ""I do feel safe here, we are checked by staff at night, so that I know that someone is there" and "I feel safe living here".

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Safeguarding concerns were handled correctly in line with good practice and local protocols.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had

been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. One person told us, "The staff know us all individually. I feel I'm respected."

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors.

The service was still undergoing major environmental and refurbishment works. One communal lounge was not accessible, as were some bedrooms, for people, visitors and staff safety as works continued. The service had ensured that people were at all times safe and that the building works caused minimal disruption to the people that lived there. People were happy with the changes to the environment and a visiting professional commented on how much the environment had "Improved for all the people who live at Rivermead."

There was a system of health and safety risk assessment for the building. One person told us they were concerned about a rough area on their bedroom door and stated "It could have ripped my skin, I told [managers name]and he got a man to sort it straight away." This demonstrated that the service responded to any concerns immediately to ensure people remained safe at all times. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the manager monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Good

Is the service effective?

Our findings

At the previous inspection we had identified concerns as where people lacked capacity to consent, assessments of their capacity did not follow the principles of the Mental Capacity Act 2005 (MCA), staff had not received updated training or support in their role and concerns with the environment. We reviewed the actions taken since the last inspection.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. There were restrictions in place including a locked entrance and exit doors with key pad codes and pressure mats to monitor movement. In two cases conditions had been authorised and records demonstrated that the conditions were being met. Best Interest meetings had taken place and authorisations were being monitored and reviewed as required.

Staff had attended training in this area and applied the principles of the MCA in the way they cared for people. Staff told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf; this had been done in their best interests at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The manager was aware of which people living at Rivermead View had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.
From reviewing people's care records, we found that people's health conditions were well managed. Staff supported people to access healthcare professionals such as GPs, speech and language therapists (SALT) and chiropodists when necessary. Care records contained details of multi professional's visits and when advice and guidance was given by professionals it was included in the person's care plan.

The manager said the service had built up good links with external professionals and the visiting health and social care professionals shared this view. The service worked closely with a wide range of professionals

such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. Relatives told us the service always kept them informed of any changes to people's health and referred to medical professionals promptly.

Signage designed to support people with dementia to move around the service and identify with different areas and rooms was not fully in place. This was due to the ongoing environmental changes in the service but was planned to be addressed.

Staff were supported by the manager to have the appropriate support to carry out their role effectively. This included a comprehensive induction and once in post there was continuous training and support. The induction was in line with the Care Certificate which is designed to help ensure staff that are new to working in care had initial training that gave them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Effective section had improved to Good.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service had an equality and diversity policy in place.

Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. For example, where a person's weight records showed they had lost weight a food and fluid chart was implemented. The monitoring charts were regularly discussed with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care.

With the exception of one person, people were positive about the food. People said, "I enjoy the food", "The food choices are good" and "The food is excellent." On the day of the inspection there was a choice of main meals and desert.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People had a choice at mealtimes, for example, a person had asked for haddock but when they received it didn't want it so was offered a pasty, when that arrived they did not want it either, and was then offered an omelette, soup, sandwich or a dessert. The carer was very patient with the person and encouraged them to eat.

Snacks and drinks were available in the dining room so that people could help themselves. As the weather had been very hot people had access to drinks at all times, and ice lollies were offered to people to assist with fluid intake. The cook said they had also altered the menu as the weather had been so hot to lighter meals that people would be more encouraged to eat.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate to help the meal look appealing and people were able to see what they were eating.

Good

Is the service caring?

Our findings

The service continued to be caring because people were supported to understand that Rivermead was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

People were positive about how the staff cared for them. Comments included "The staff are very nice, I have no complaints. If you want anything they get it and they take us into town", "The staff are very nice and I have good friends here, we are all pretty happy here" and "The staff are wonderful, couldn't be better."

The relative we spoke with was positive about the care their family members received from staff. They commented "We can visit at anytime, the care is very good, better since the new management, the staff are lovely and helpful, we have no issues" They felt they were always made welcome and were able to visit at any time. Staff acknowledged the importance of people staying in touch with family and friends.

Staff were proud to work at Rivermead View and told us "I love working here." And "It's so important residents get everything they need. I think we do a good job." An agency worker told u they enjoyed and chose to work at the service as they found the staff to be "very caring" in how they approached residents and provided care.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, a person continuously called out, they had limited sight. Staff were seen to stroke the person's face and hold their hands to offer physical reassurance that they were present. They also noted that the lounge area was a little noisy for them and suggested they move to the dining area which was quieter. The person agreed and found the dining room to be quieter and was more content in this room.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. We saw a person being given their mail form staff, as the person was having difficulty with opening and reading the mail, staff asked if they wanted assistance. Staff then helped the person, with their permission and took a genuine interest in who the card was from and spent time talking to the person providing an opportunity for the person to reminisce about their family.

Staff had talked with some people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and their families were involved in decisions about the running of the service as well as their care.

People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

People's dignity and privacy was respected. For example, people's preferences were recorded should they wish only to be cared for by specific gender of carer and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

People's confidential information was protected appropriately in accordance with the new general data protection regulations.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Where necessary, people had access to advocacy services which provided independent advice and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

At the previous inspection we had identified concerns as care records did not always contain information about how people liked to have their care needs met and monitoring records were not consistently recorded.

We reviewed the actions taken since the last inspection. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The manager told us they were working with staff to ensure that care plans reviews reflected accurate and up to date information. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff, including agency staff, were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Staff had a 'handover' which occurred at each shift change. Seniors told us they attended their shift earlier than their start time to ensure sufficient time for a handover to exchange information, as it was not built into the staff rota. This also meant that two staff handovers were held as senior staff then needed an additional handover to the care staff when they started their shift. We recommend that staff handover is accounted for in the shift planning to ensure staff attend this meeting.

The handover allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. For example, staff were aware that a person health had deteriorated and were ensuring that regular monitoring was undertaken and recorded.

We observed call bells were answered and people did not have to wait long for a response (within 3 minutes). The design of the service meant some rooms were at a distance from the ground floor, needing to go up two flights of stairs. However, this did not appear to affect response times. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. Daily audits of mattresses evidenced they were set correctly for the person using them.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Responsive section had improved to Good.

People had access to some activities both within the service and outside. A Health and Wellbeing co-ordinator was employed every week day afternoon. They organised a planned programme of events including arts and crafts, exercises and visits from entertainers and therapy pets. The Health and Wellbeing coordinator had spoken with people and families to find out people's individual interests. They provided some group and some one to one activities particularly, for those who chose or needed to spend times in their bedrooms and were at risk of social isolation. They also held monthly resident meetings were issues such as activities would be discussed so that people had a choice in what was provided.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

Where complaints had been raised the registered manager had responded in accordance with the organisations protocol. Responses seen were open and transparent and following complaints they were reviewed to identify any areas where lessons could be learnt.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate, people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

Good

Is the service well-led?

Our findings

At the previous inspection we had identified concerns as records were not consistently completed, confidential information was not stored securely and audits were not effective.

We reviewed the action taken since the last inspection. Staff told us with the change of manager there had been a number of positive changes for the people they supported and for them as a staff team. Staff told us the improvements were in record keeping, care planning and support for the staff. Staff felt this had a positive impact for the people they supported as care records clearly identified how a person needed support. Staff were clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found records were up to date and reflected the person's individual needs. Accident and incident records were also completed and audited by the management team.

Staff also felt that they were supported more. Staff induction, supervision and appraisals were now occurring and access to training had improved. Staff felt more valued. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The service had handover meetings so that information about people's care would be shared, and consistency of care practice could then be maintained. Issues relating to the running of the service were also discussed. This meant that there were clearly defined expectations for staff to complete during each shift.

People and relatives told us their views on the running of the service were sought and were complimentary about the changes to the service. A person told us, "I attend the resident's meetings and my daughter comes too, my daughter will tell the Manager if I am not happy and I am not afraid to talk to staff if I need anything." A relative told us "We can visit at any time, the care is very good, better since the new management, the staff are lovely and helpful, we have no issues" and "We have resident's meetings to check if we are happy and to discuss any issues with the rooms. They have upped their game here now. My relative had a fall a few weeks ago and they phoned me straight away, they are on the ball."

People and relatives told us they felt the management team at Rivermead View were approachable and would listen to any suggestions they may have. Staff also shared this view. Visiting professionals told us that the new manager and staff had developed a positive working relationship and that communication between them had improved.

People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

The manager had been in post since January 2018. They had submitted a registered manager application which was being considered. The manager was supported in the running of the service by a team of senior carers, care, administration, ancillary and maintenance staff. The manager received support from the

Operational Director who visited them minimum once a month. Notes of these meetings were seen. The Chief Executive Officer visited monthly.

The manager produced a weekly report which evidenced that they had an overview of the service and completed audits of the service. For example, the last report highlighted that a person had a number of falls, we heard this being discussed with the Operational Director and manager to ensure that all relevant action had been taken to minimise future falls, consultation with relevant health and social care professionals had been gained and all care documentation had been reviewed.

There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example, checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

Staff said they believed the manager was aware of what happened at the service on a day to day basis in respect of the people they supported. The manager worked in the service every day. The manager was on call every day. We discussed the effectiveness of this with the Operational Director. We recommend that the on-call arrangements are reviewed to ensure that the manager has appropriate rest periods to enable them to work at their full potential.

The management team had a clear vision and strategy to deliver high quality care and support. The management team were supported by a motivated team of carers and ancillary staff. Staff had a positive attitude and the management team provided strong leadership and led by example.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The last CQC rating of the service was displayed.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Well led section had improved to Good.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.