

Mrs C Day and Mr & Mrs S Jenkins

Riverside Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 12 and 14 June 2018.

Riverside Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Riverside Court accommodates 25 people, some of who are living with dementia. Accommodation is provided in a large, adapted building.

There was a 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 2008 and associated Regulations about how the service is run.

At the last inspection in April 2017 the overall rating for the service was Requires Improvement. At this inspection the overall rating for the service is Good.

We found improvements noted at the last inspection had been sustained and effective management systems were in place to support continuous improvement.

Risks to people's wellbeing were assessed and reviewed to promote their safety and welfare. Risks associated with the environment and equipment had been identified and managed. Incidents and accidents were investigated. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Robust recruitment processes were in place. There were enough staff provided to meet people's needs. Staff received appropriate training and support for them to fulfil their roles effectively. Staff understood their roles and responsibilities and knew what they should do if they had any concerns they wished to discuss.

People's dietary needs were met. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible. Policies supported this practice.

People spoke positively about staff and they said staff were caring and kind. People's privacy and dignity

was respected. Feedback from relatives and healthcare professionals was equally positive about the quality of care provided and commended the leadership in the service.

People were consulted about their care and support and their preferences were recorded. Care plans were kept under review and updated in a timely way so staff would know about people's changing needs.

Complaints raised were responded to appropriately and any issues raised were used as learning to improve the service provided.

The management team operated an 'open door' policy and were available for help and advice at any time. Quality monitoring checks and audits took place and people were asked for their opinions about the service. Feedback received was acted upon.

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 was safe.

Environmental and individual risks to people's wellbeing were identified and minimised.

People were safeguarded from abuse and harm. Appropriate arrangements were in place for the safe handling of medicines. Accidents and incidents were monitored.

Robust recruitment systems were followed. People told us there were sufficient staff to support them safely.

Good infection control procedures were in place.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training, supervision and appraisals to help to maintain and develop their knowledge and skills.

People healthcare needs were assessed and kept under review.

People's dietary needs were met.

The service was being refurbished. Consideration was being given within this work to environmental standards for people living with dementia.

People's rights were respected and care was provided with their consent or in people's best interests.

Is the service caring?

Good 

The service was caring.

People were supported by kind attentive staff who knew them well.

People were treated dignity and respect.

Is the service responsive?

The service was responsive.

People received care including end of life care in a way that met their care needs and preferences. People's care records were reviewed and update in a timely way.

People were encouraged to take part in activities if they wished and to maintain their hobbies and interests.

There was a complaints procedure in place. Issues raised were acted upon.

Good ●

Is the service well-led?

The service was well-led.

Effective management systems were in place to promote people's safety and welfare.

Feedback from people using the service, relatives and staff was sought and acted upon.

Good ●

Riverside Court

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 checked 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 unannounced inspection took place on 12 and 14 June 2018. It was carried out by two adult social care inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications received and we reviewed all the intelligence the CQC held to help inform us about the level of risk for this service. We asked the local authority commissioning and safeguarding teams for their views. We contacted Healthwatch (a national consumer health care champion) for their feedback prior to our inspection. We reviewed this information to help us plan and make a judgement about this service.

During the inspection we spoke with ten people living at service and four visitors. We spoke with the registered manager, the administrator, five staff and with the chef. We spoke with four visiting health care professionals. We spent time in the communal areas of the service to observe the interactions between people, visitors and staff.

We looked at a selection of documentation. This included three staff recruitment files and supervision records and staff rotas. We inspected four people's care records, four medicine administration records and the medicine treatment room information. We looked at the minutes of meetings held with people living at the service, relatives and staff, the newsletter, quality assurance checks, audits, policies and procedures, maintenance records and the complaints and compliments received. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people using the service who could not talk with us.

Is the service safe?

Our findings

At the last inspection of this service in April 2017 we rated this domain as 'requires improvement'. The provider needed to make sure decisions made in the service were based on up to date, relevant guidance. We made a recommendation about risk assessments to ensure people were protected and they received a safe and effective service that met their individual needs.

At this inspection we found risk was being managed effectively and safely. Environmental risks were assessed following best practice guidance and steps taken to minimise identified risks. People had assessments of their needs completed including individualised risks such as diabetes. Staff told us they monitored and managed these to maintain people's safety without restricting their freedom of choice. For one person we found staff were unsure about the specialist mattress in place and the settings to be used. We asked staff to discuss this further with the community nurse when they visited.

The registered manager monitored accidents and incidents that occurred, looking for any patterns. They gained help and advice from relevant health care professionals to help prevent further incidents from occurring. People we spoke with told us they felt safe. One person said, "I feel safe. There are always lots of staff around." A relative told us, "Staff make sure [name] is safe and independent." The provider had safeguarding and whistleblowing policies and procedures in place. Staff had completed training in how to protect people from harm and abuse. Any concerns were reported to the local authority and to CQC to help to keep people safe. Staff knew about the different types of abuse that may occur. They told us they would speak to the registered manager immediately if they had any concerns about people's welfare. One staff member said, "I would say if there was something that wasn't right and I wasn't comfortable with something."

Staff had completed training about how to care for people living with dementia. Staff said this had helped to raise their awareness about people's experiences and how to respond to distressed behaviour. During our inspection we observed staff knew how to reassure people who became upset and this helped to calm people and reduce their anxiety.

We discussed the staffing levels provided with the management team. The registered manager told us they monitored people's needs and always ensured sufficient staff were employed to meet them. They said members of the management team regularly worked on the floor. They used their own staff to cover sickness and annual leave to ensure continuity of care. The registered manager told us they increased staffing levels as necessary, to make sure people received timely care and support. Staff confirmed this was the case and they could provide support for outings, social events and to sit with people on end of life care. One staff said, "I have never thought people were rushed or unhappy." People told us there were enough staff to attend to their needs promptly. When asked if staff responded to the call bell one person said, "Yes, they do. They come quickly."

Recruitment was robust. Staff completed application forms, provided references, and a disclosure and barring service check (DBS) was undertaken to assess if potential staff were suitable to work in the care

industry.

Appropriate measures were in place for the safe storage and handling of medicines. Staff had completed medicines training and supervision in how to assist and prompt people with their prescribed medicines. One person told us they liked to manage their own medicines and they had a locked drawer in their room to keep their medicines safe. They said, "I put in my own prescription each month. It's something I can do for myself." People's medicines were recorded on medication administration records (MAR). We discussed with the registered manager about the development of 'as required' protocols and separate recording for pain relief patches. Information such as allergies was recorded to inform staff and healthcare professionals of any potential risks. The registered manager audited this information to make sure people received their medicine as prescribed.

We looked at documents relating to the maintenance of equipment and health and safety checks. Risk assessments were in place regarding the building and general maintenance, servicing and fire safety checks were undertaken. The provider had a business continuity plan in place. People's personal emergency evacuation plans (PEEP) were up to date and these reflected the help and support people needed to receive in the event of an emergency. When we visited the fire alarm system was being upgraded including new fire doors, sounders and fire panels. For two people living with sight and hearing loss special devices such as flashing lights were being installed in their rooms so they would be alerted in an emergency. The following compliment had been received about the environment "The owners are investing in the infrastructure and facilities are always clean and tidy."

Staff followed a robust cleaning schedule to ensure the risks of healthcare associated infections were kept as low as possible. Staff had personal protective equipment, for example, gloves and aprons, which helped to maintain infection control.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us the staff knew them well and looked after them effectively. One person told us, "They [staff] are really kind. People have such diverse needs; it is hard work." A relative said, "It amazing to me how well they [staff] know people."

People's needs were fully assessed and these were kept under review to ensure the service continued to meet their needs. People's health and wellbeing was monitored and healthcare professionals were consulted as required. Healthcare professionals confirmed they had good working relationships with the registered manager, which helped to promote people's wellbeing.

The provider ensured staff had the skills and knowledge they required to support people. Staff completed training on a range of topics such as medicine management, moving and handling, safeguarding, dementia and the Mental Capacity Act 2005 (MCA). Newly appointed staff completed an induction period, during which they worked with more experienced staff. Staff completed the Care Certificate. This is a nationally recognised training programme to help staff develop and deliver effective care. Staff told us they received good support from the registered manager and felt the training they completed was useful. The registered manager had collected information and published guidance on topics such as equality and diversity and diabetes to ensure best practice guidance was available to staff. A member of staff said, "I have done lots of different training since coming here. completed training recently about first aid, MCA and Deprivation of Liberty Safeguards (DoLS)."

Staff received regular supervisions and appraisals. These gave staff the opportunity to discuss any development or training needs to maintain or develop their skills. The registered manager told us additional support and supervision was provided as necessary to ensure any issues were addressed promptly. Staff confirmed they were well supported. One said, "I wasn't sure I would like it, but I took to it straightway. I have had probation and supervisions and I have been asked if I would like to be a senior." Other comments from staff included, "I love it here" and "I honestly enjoy it. I feel I am helping people."

People dietary needs were assessed and monitored. Information about people's dietary needs, preferences, allergies or special diets was recorded. A copy of these were kept in the kitchen so their needs were accessible to the chef and staff. We received mixed views about the food provided. Comments included, "I enjoy most food as long as its cooked well," "The food is good," and, "I am a fussy eater and I don't much care for the food here." The chef confirmed there was no restrictions on their budget and menus were flexible dependent upon people's preferences. They had a good knowledge about people's food preferences and any special diets. They explained food was purchased locally and meals were prepared using fresh produce each day. Everyone agreed if there was something anyone specifically requested efforts would be

made to get it for them. For example, if the weather was nice people were offered milk shakes and ice cream. The food served at lunch looked appetizing and nutritious. The meal was unhurried and no one was rushed to finish their meal. Staff reported any concerns so action could be taken to ensure people's dietary needs were met.

Since our last inspection a programme of repair and refurbishment had been undertaken to areas around the service. In addition to the new fire system already mentioned this included replacement windows, decoration and new carpets. The registered manager told us all areas of the service were being reviewed to ensure they were suitable for people living with dementia. One person told us they had requested a ramp to enable ease of access and egress from the building. We discussed this with the management team who explained they were in the process of seeking the appropriate consents to be allowed to alter a listed building.

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 make 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 authorized under the MCA. The application procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and applying DoLS appropriately. In their PIR the provider told us that six people were subject to a DoLS authorisation. The registered manager told us care was provided for people who lacked capacity in their best interests. They said this would follow discussions with relatives and relevant healthcare professionals. We discussed with the registered manager about the recording of consent on people's care records. They agreed to review this. Relatives confirmed they were consulted about care decisions. One relative said, "I am always kept informed." A person using the service told us, "I am always included in discussions about my care."

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People were positive about the care they received and said staff were caring and their privacy and dignity was maintained. People largely attributed their high level of satisfaction to the 'family like' atmosphere they enjoyed and they commented on the consistency of the managers and staff. One person told us, "It's a really lovely place. We are really happy as a family." Other comments we received included, "I like that it is family run; you get that feeling of involvement," "My Mum has thrived in this type of personalised atmosphere," and, "Staff are like friends to the whole family. I couldn't praise them higher."

Resident and relatives' meetings were held every three months. People we spoke with told us they attended, if they wished and copies of the minutes were emailed to families. One relative who spoke with us said, "I feel like I am coming into my Mum's home when I visit." A person who used the service told us staff were respectful and always treated people with dignity. They said, "I value my privacy and like being in my room. I know there is always someone who will come if I need them." Other comments were, "Staff genuinely care," and, "Interactions are kind and gentle." A visiting healthcare professional told us staff were very welcoming and caring and people received the support they required.

Staff told us they loved their work and treated people like 'family'. There was a regular team of staff, which provided continuity of care. Staff told us providing consistent staffing ensured they were knowledgeable about people's background and life history. A member of staff said, "There is always someone to help out if needed and we help each other here." People told us they felt cared for when receiving personal care or whenever they went out. One person said, "The carers are very, very good. They know your peculiarities, the things you laugh at and the things you find disagreeable."

Care records included equality and diversity information, such as gender, race, religion, nationality and sexual orientation. The registered manager told us some of their documentation had been amended to reflect best practice guidance they had collected and work on revising these was ongoing. This was to ensure that people were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this. The following compliment had been received from a visiting church minister, "I was most impressed by the atmosphere and care I witnessed. The word 'Home' accurately describes Riverside."

We observed staff interacting with people in the communal areas of the service. We saw staff were attentive, polite and kind. Staff checked if people needed any help or assistance and they acted upon what people said promptly and willingly. Staff were observed to reminisce with people about their family and working life, which people enjoyed and this helped to stimulate interest and conversation. Staff acted to protect people's privacy and dignity throughout our visit. For example, staff knocked on people's bedroom doors before they entered and personal care was undertaken discreetly in bathrooms or bedrooms.

People could access advocacy services if required to support people to raise their views. Information about the service and upcoming events was displayed on the notice board in the hallway. People's care records and records relating to the staff and management of the service were held securely in line with the General Data Protection Regulations. There was a confidentiality policy in place for staff to adhere to and staff understood the importance of this.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People had their needs assessed so they could be confident the service could meet their needs before they moved in. Staff gained information about people's health and wellbeing from healthcare professionals, the local authority and from discharging hospitals. This information was used to create individual care records for people including their needs, likes and dislikes and care preferences.

People told us their needs were met by staff and healthcare professionals who attended to them. Feedback from one healthcare professional included, "I am often impressed by the personal knowledge of each of the residents." Records were updated in a timely way as people's needs changed and these contained a good level of detail. For example, for one person their care plan stated 'likes to be on their feet. Staff will take them for a walk where possible and include them in visits to the local chemist, post office, or bakers'. A social care professional told us, "Care plans of the people I worked with were well detailed and included their life stories," and, "The manager had a good awareness of the needs of individuals."

Healthcare professionals visited the service or staff escorted people to appointments. People had information sent with them if they required hospital treatment to ensure their needs could be met. We saw relevant healthcare professionals were involved in monitoring people's wellbeing where this was required. If special equipment was assessed as being required for example, pressure relieving cushions and mattresses to prevent skin damage this was provided. One healthcare professional told us, "They [staff] are quick to pick up on any pressure damage and they follow any advice we give them."

There was a programme of activities displayed at the service. During our inspection a game of dominoes took place and people took part if they wished. Staff took people out in the local community and supported them to go out with family and friends. One person who used the service told us, "There's always something going on." One visitor told us their relative preferred to go out on an individual basis. They said the activities organiser often accompanied them to visit the shops locally and then out for tea, which they enjoyed. Another relative said, "They make a point of providing activities to engage people."

Visitors could visit at any time. Relatives told us they were made welcome and could attend activities and social events held at the service. One person told us, "It is very welcoming here to visitors. It's very open."

End of life care was provided for people and they were asked about their wishes in relation to this. Healthcare professionals supported people with end of life care to ensure people remained comfortable and had a pain free when approaching the end of their life. The following compliment had been received about the end of life care provided, "The care and attention provided by the staff was exceptional, professional and ensured [name's] dignity until their death. Cannot thank the staff enough they are just amazing and caring people" and "I cannot stress how wonderful mum's end of life was. The home and staff are really great. When my end of life comes I would like to think I would have the same care."

A complaints policy was in place and people were aware of it. People we spoke with said they had no complaints to raise. One relative said, "I am confident if there is an issue it will be sorted out and addressed." Another relative told us, "If there are any niggles these are always sorted out quickly" and "No complaints here." Complaints received were acted upon. The provider used this information to help improve the service. One person told us, "When I complained [name of registered manager] arranged for an extension for my call bell so it was within reach. They did this straightaway. [Name of registered manager] is quite wonderful."

Is the service well-led?

Our findings

At the last inspection of this service in April 2017 we rated this domain as 'requires improvement'. The provider needed to make sure the systems in place to monitor the quality of the service were sufficiently robust, that shortfalls were identified in a timely way and the actions then taken to address these were recorded. We recommended that a recognised management tool was used to develop suitable action plans.

During this inspection we found the quality monitoring of the service had improved and timely action was being taken to address identified issues. There was effective monitoring of infection control, medicine storage and management, risk management and people's care records.

The service had a registered manager in place. They had completed research based training in health and social care and could describe how they kept up to date with good practice issues and developments in the care sector. People who used the service and relatives said it was well-led. One person said, "Staff are nice and delightful" and "I feel it is well run." The registered manager was singled out for praise. One person said, "[Name of registered manager] is the key person; they are excellent." A healthcare professional concurred with this view. They told us, "Whilst the general management team is effective, [name of registered manager] is the one with the exceptional resident knowledge." Other staff were also praised. For example, a relative told us one staff member had excellent interpersonal skills. They said, "Nothing is too much trouble for [name of staff member]." The following compliment had been received about the service "Owners and staff all work hard to provide residents with a loving and positive home."

The management team had developed clear values and these were based on the 'family like' atmosphere that people commented upon. Managers had worked together to ensure they implemented all the changes, which both the local authority and CQC had required of them in the past. It was evident they had continued to develop since the last inspection and had emerged as an open and transparent service. They had proved themselves to be willing to take on new ideas and had gained in confidence since we last visited. The registered manager told us they were very proud of staff achievements. They felt these were due in part to the positive, supportive relationships within the management team, which had improved its effectiveness overall. There was an 'open door' policy in place so people could speak with the registered manager or any of the management team at any time.

It was evident from our observations and discussions the registered manager and staff took pride in the quality of care they provided. People's views were actively sought from direct feedback, spot check visits and surveys. Residents and relatives' meetings were held and minutes from these were produced for those who were unable to attend, which helped to keep them informed. The management team operated an 'on call' system so people who used the service, their relatives and staff could gain help and advice at any time. Feedback received was acted upon to maintain or improve the service. We saw if issues were identified these were acted upon and shared with the staff to promote learning. The registered manager liaised with other services and healthcare professionals to make sure people received the care and support they required.

Regular staff meetings, supervisions and appraisals kept everyone involved and engaged in the service. Staff told us managers were approachable and listened to their views. A staff member told us they had made a recent suggestion and this was being acted upon. They said, "I feel I have got a say here." We received the following comments from staff, "They [management team] are really supportive," and, "I feel really supported here." When asked about the culture of the service one staff member told us, "This is the only care home I have worked in and I am chuffed to bits with it." Another staff member said, "The difference here is managers actually care. If we need something [the provider] goes straight out for it, no argument." Managers told us they valued their staff and had introduced a range of incentives to demonstrate this such as 'employee of the month'.