Methodist Homes

Riverview Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Inspected but not rated
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Riverview Lodge is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The care home can support up to 36 people in three separate units, each of which has separate facilities and communal spaces. People at Riverview Lodge are living with conditions associated with ageing including dementia.

People's experience of using this service and what we found
People's care plans had improved since the last inspection. They were more person-centred and included detailed guidance for staff on ensuring that people's individual needs were met.

Improvements had been made to information regarding people's ability to make decisions about their care and health needs. People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's mealtime experience had improved. We saw that people had been asked about their meal preferences and menus had been adapted as a result. The home had involved other professionals where there were concerns about people's dietary and eating needs.

Staff received the training and support they needed to do their job well and to effectively meet people's needs.

Improvements and developments had been made to the quality monitoring systems. These were effective in monitoring the service and making improvements when needed.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

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

The registered manager was approachable and provided staff with leadership, support and direction. Staff engaged proactively with external health and social care professionals to ensure people's needs were met. The registered manager was involved in local networks for care home providers.

People and relatives spoke positively about the care and support provided by staff.

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

Rating at last inspection
The last rating for this service was requires improvement (published 30 April 2019). There was one breach of regulation. We told the provider to make improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the areas where there had been shortfalls, and the provider was no longer in breach of regulation.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? We were assured that the provider was following safe infection prevention and control procedures to keep people safe.	**Inspected but not rated**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Riverview Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Riverview Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with three people who live at the home about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, care workers, activities co-ordinator, housekeeper and maintenance officer. We also observed staff engaging with people who live at the home.

We reviewed a range of records. This included five people's care records. We looked at seven staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service including policies and procedures and quality monitoring audits were reviewed.

After the inspection
We spoke with three relatives. We looked at a further care record provided to us by the registered manager.

Inspected but not rated

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found that people's mental capacity assessments varied in detail and quality. We could not always be sure about the type of decisions people were able to make.
- During this inspection, people's care records showed that assessments of capacity to make decisions had been undertaken. For example, a mental capacity assessment had been carried out for a person who went out independently, and for another person in relation to attending music therapy sessions where they could not make the decision for themselves.
- Best interest assessments had been carried out in relation to any restrictions for people and these had involved other professionals or family members where appropriate. For example, best interest assessments had been carried out for people who were unable to consent to receiving the COVID-19 vaccine.
- DoLS applications had been made for people assessed as lacking capacity to make significant decisions about their care and welfare.

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

- At our last inspection we found there was little evidence to show how people had been consulted about the development of menu plans for the home. During this inspection we found that people had been asked about their meal preferences at resident's meetings and actions had been taken to ensure their requests were addressed.

● People had received assessments of their nutritional needs. Personalised guidance, which was kept under review helped to ensure their needs were met. For example, one person had received an assessment by a speech and language therapist when they had difficulty in eating food that was not smooth in texture. Changes had been made to ensure they had a better eating experience.
● People's weight was monitored. People received fortified food supplements when needed. A recent review of people's weight showed that those who were at risk of malnutrition had gained weight. One person was offered additional snacks between meals because of their low weight.
● People's food preferences were detailed in their care plan. We saw staff provided people with the assistance and support they needed during mealtimes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care records showed that assessments of their needs had been carried out. People's care assessments had been regularly reviewed and updated where there were changes in their needs.
● People's care plans were person centred. They included detailed guidance for staff on how care should be delivered in accordance with people's needs and wishes.
● Information about people's personal wishes and preferences was included in their individual assessments and care plans. For example, they included information about religious, cultural and communication needs and preferences.

Staff support: induction, training, skills and experience
● Staff had completed a range of training courses relevant to their job roles. Core training was 'refreshed' regularly. During the COVID-19 pandemic staff had received training and learning in relation to infection prevention and control and changes in government guidance for care homes.
● Health and social care professionals had provided virtual learning opportunities for staff during the COVID-19 pandemic. The registered manager and staff told us they valued the learning support they had received.
● Staff members had received regular supervision and appraisal. They told us that they could speak with the registered manager at any time and did not have to wait for a formal supervision session to request and receive support.
● The records of staff supervision and team meetings showed opportunities were provided to enable discussion of current practice issues, including updated guidance on COVID-19 in care homes.
● People and relatives told us they found the staff to be well-informed in relation to care practice. One relative said, "The staff seem to know what they are doing. I can't fault them."

Staff working with other agencies to provide consistent, effective, timely care
● People's care records showed that staff had worked closely with other health and social care professionals to ensure that people's needs were met in a timely way.
● During the COVID-19 pandemic some external support had been provided through video calls.
● We saw, for example, that dietician support had been requested and received in relation to a person who had chosen to eat a limited diet. A set of guidelines had been produced in partnership with the dietician that was followed by care and kitchen staff.

Adapting service, design, decoration to meet people's needs
● Following our last inspection concerns were raised around the safety of the main front door as it was failing to shut securely. During this inspection we found that people were safe as the issue had been addressed.
● Before and following the last inspection the home had undergone extensive refurbishment. The home was warm and well lit. People had access to large and small communal areas throughout the home where they could socialise or spend time alone. The garden was accessible to wheelchair users.

● There were handrails to support people's mobility located throughout the home. Signage included pictures displayed on doors which showed the function of the rooms, including bathrooms and toilet facilities. The registered manager told us that she planned to improve and develop the signage within the home.
● During the COVID-19 pandemic visiting had been supported in a variety of ways. People had been able to meet their visitor outside, and by window visits. The home had also made a room accessible from the garden available to visitors. The room included clear plastic screens to shield and protect people and visitors.
● To support and encourage social distancing some chairs had been removed from communal areas and others moved to meet current government guidance.

Supporting people to live healthier lives, access healthcare services and support
● The COVID-19 pandemic had led to fewer visits to the care home from healthcare professionals. However, people attended urgent healthcare appointments and their health care needs were monitored closely. Records confirmed that a community nurse and a chiropodist had recently visited one person, and people had blood tests when needed. A GP carried out regular checks and review of people's healthcare needs via video calls and would visit the home if there was a significant health concern.
● The registered manager told us that she worked closely with the commissioning local authority's Enhanced Health Care in Care Homes team to ensure people received the healthcare services and support that they needed.
● People had personalised oral healthcare plans. Training on oral health. Records showed that dentistry and oral hygiene services had been accessed when people required this.
● People had been supported to receive support from opticians and audiology services where required.
● Staff told us that they had accompanied people on walks in the local area. During the inspection we saw that people moved freely within the home and had been provided with mobility aids such as walking frames when needed.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people's care plans included full information about their care needs and the support they required from staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this focused inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation.

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

- At our last inspection we found that people's care plans did not always reflect their care needs and the support the they required.
- At this inspection we found people's care plans were personalised and included information about their health, emotional and social needs and preferences. The care plans showed that people, and where applicable people's family members, had been involved in the development of people's care plans.
- Guidance showed that care plans had been updated to include details of changes in people's healthcare and other needs. Details of people's specific medical conditions and personalised guidance to support and manage them were included in the care plans.
- Care plans were regularly reviewed by staff. One person and people's relatives told us they had been involved in reviews of their care. However, this was not always recorded. Records could better show people's involvement and experience of their care in these reviews.
- One person said, "They ask me about changes." A relative told us, "We have been involved in reviews. Even when we can't visit, they do keep us updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan. These detailed their personal communication needs. For example, one person's care plan included guidance about their difficulty in forming simple sentences, and the importance of staff understanding how the person expressed themselves using body language.
- The purchase and use of clear masks for use when communicating with people living with hearing needs was discussed with staff.
- Some information was provided in large print and easy read formats. The registered manager told us they had access to interpreting services and information could be provided in a range of languages if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The home had maintained a range of social activities throughout the COVID-19 pandemic. Activities took place in each unit of the home to reduce risk of infection.

● Activities included art and crafts, cookery, exercise, quizzes, movie and music sessions and celebrations of religious and other festivals.

● Although external activity providers had not visited during the pandemic, some activities, such as musical entertainment, were provided on-line through smart televisions. A faith representative had visited the home regularly and people had been supported to participate in on-line religious services if they wished.

● The provider had developed a reminiscence newsletter, "Memory Lane Gazette". This included a range of easy to read historical information with associated activities that could be carried out individually or in groups.

● The activities co-ordinator facilitated regular resident's meetings. These provided people with opportunities to discuss changes in the home, for example, in relation to COVID-19. The records of the meetings also showed that people were involved in menu and activity planning.

● The home had developed a Facebook page. This showed photographs and videos of activities and events at the home. The activities co-ordinator assured us that these were only uploaded to Facebook with the consent of people involved. A relative said, "The Facebook is great. When we couldn't visit [relative] at Christmas we could see that they had had a lovely time."

Improving care quality in response to complaints or concerns

● The home managed complaints promptly and effectively. Actions were recorded and checks made in relation to people's satisfaction with outcomes.

● The provider's quality assurance systems tracked all formal complaints and outcomes.

● People and relatives were complimentary about the home. A relative said, "I can't think of anything I want to complain about. Sometimes I phone the manager asking for a change and she seems to sort it out straight away."

End of life care and support

● People's care plans included information about their end of life requirements and wishes. The registered manager told us that, where people or their relatives preferred not to discuss end of life plans, staff would re-visit the discussion from time-to-time in a sensitive manner.

● Records showed that the home engaged community hospice staff and palliative care professionals where people were nearing the end of life.

● Where people had do not attempt resuscitation plans in their care records, we saw that these were person centred and had involved the person, relatives, the GP and other health and social care professionals where appropriate.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found the provider had not identified gaps in information contained within people's care plans through their regular quality assurance monitoring processes. At this inspection we found that improvements had been made.
- Regular care plan audits had taken place. Care plans had been updated when there were changes in people's needs.
- A range of other checks and audits took place. These included care night monitoring visits, medicines audits, environmental, safety and infection prevention and control checks. Action had been taken to make improvements, which included better cleaning of some areas of the kitchen and ensuring that staff personal data was stored safely. However, although areas where shortfalls had been found had been addressed, actions were not always dated so it was not always clear when they had taken place.
- People, their relatives and other professionals had the opportunity to provide feedback to about their views of the care provided at the home. The feedback surveys provided positive views of the home. However, it was not clear from some feedback surveys whether action had been taken to address areas which had been scored less than good. The registered manager told us that they would ensure that action taken was recorded on the questionnaires.
- People were encouraged to complete mealtime questionnaires about their experience of the service they received. The registered manager told us about the improvements that had been made regarding meals. We saw that people were offered alternatives to the daily menu and that improvements had been made for a person who required softer foods.
- The registered manager and other staff were clear about their roles and responsibilities Staff spoke in a positive way about the registered manager. They told us that she was very approachable and supportive. Comments included, "We have had a lot of learning during the past year due to COVID-19. My manager has been fantastic about making sure we all have the information we need."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had followed current government guidance to support people's friends and relatives to have contact with them via video calls, telephone and visits during the COVID-19 pandemic. Visiting arrangements were kept under constant review.
- The registered manager spoke of the importance of good communication with people's relatives. She told us that they had been informed of all changes in people's needs and kept up to date with current COVID-19

guidance in relation to the care home. This was confirmed by the relatives we spoke with. People's care records showed that staff had significant contact with relatives and other people who were important to them.

● Care staff had knowledge and understanding of the importance of respecting people's differences. Staff said, "I'm new to working with older people and I'm amazed at the amount of different knowledge and experience everyone here has. I learn something new from them every day," and, "Everyone here has had a life. It's important that I help them to remember the things they love."

● The registered manager told us that staff and people had been provided with information and guidance regarding the COVID-19 vaccination. All but one person using the service, and 50% of staff had received the vaccine. Records showed that the registered manager had had one to one discussions with staff about the benefits of having the flu and the COVID-19 vaccination.

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

● Staff members understood the needs of the people they supported and spoke positively about their roles in delivering quality person-centred care.

● People and relatives told us that staff were positive and responsive in meeting care needs. A relative said. "I'm absolutely happy with the care [relative] receives. They have improved a lot since they went there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The register manager described the importance of ensuring that people, family members and other key professionals were always informed when there were any issues or concerns.

● The home's records showed that issues or concerns were immediately reported to the local authority or other key professionals.

● The registered manager had notified CQC of concerns required in relation to the home's registration.

Working in partnership with others: Continuous learning and improving care

● The registered manager worked with the host local authority including the Peer Quality Manager and Rapid Response Teams to ensure people's health and care needs were met and they were provided with a good quality service.

● The registered manager attended a range of video meetings with a range of agencies including the host local authority to ensure that she kept up to date with best practice and current COVID-19 government guidance.

● The registered manager was actively involved in a local learning forum in relation to improving care.