Windsor Clinical and Home Care Services Group Ltd

The Riders

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?	Requires Improvement

Summary of findings

Overall summary

About the service
The Riders is a nursing care home providing personal and nursing care for up to 18 people. The service provides support to younger and older adults living with physical disabilities and/or mental health needs, including people living with dementia. At the time of our inspection there were 14 people using the service.

The Riders provides en-suite bedrooms across two floors in an adapted building. People had access to communal areas, including a garden, dining room and two lounges.

People's experience of using this service and what we found
People were safeguarded from risks of abuse and staff understood their responsibility to report signs of abuse or neglect. The service managed risks in relation to infection control, including risks associated with COVID-19. Systems were in place to learn lessons when incidents occurred and staff understood people's needs and how to manage risks. We have made recommendations in relation to maintaining accurate records for the disposal of medicines and risk management.

People were supported by sufficient numbers of safely recruited and trained staff to meet their needs. Staff treated people with dignity and respect. Feedback from relatives included, "The staff are very nice, very pleasant" and "They [staff] seem very caring. I can see them sitting there, holding their hands. I am observing that each time I come."

People's needs were assessed prior to the delivery of care. People were supported to access health care services and staff communicated with people in ways which met their individual needs. People were supported to participate in meaningful activities and staff understood what was important to people.

Staff told us they were supported by the management of the service. The service and provider had processes in place to monitor the quality and safety of the service. We found however these systems had not been fully effective in identifying the concerns we found and the service had not notified CQC of certain incidents it was required to. We also made recommendations in relation to meeting people's nutritional needs and the design of the service to meet the needs of people living with dementia.

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 in the service supported this practice. We have made a recommendation in relation to evidencing how representatives are involved in decisions, including where people hold legal authority such as powers of attorney.

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

Rating at last inspection
This service was registered with us on 4 June 2021 and this is the first inspection.

Why we inspected
This was the first inspection of the service since its registration with CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

The Riders

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 Health and Social Care Act 2008.

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
One inspector, one inspection manager and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Riders is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Riders is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since its registration with CQC on 4 June 2021. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and 10 relatives about their experience of the care provided. Where people were unable to speak with us, we spent time observing people's body language, facial expressions and vocalisations, to help us understand their experiences of using the service.

We spoke with 15 members of staff, including one support worker, three senior support workers, one domestic staff, one chef, the head chef, maintenance staff, one receptionist, one nurse, the deputy manager, registered manager, head of care and quality and head of operations. We also received feedback from two additional members of staff via email.

We reviewed a range of records. This included eight people's care records, either in full or in part, and seven people's medicine administration records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including files relating to compliments and complaints, accidents and incidents, safeguarding, staff training, minutes of staff, relative and resident meetings, audits, staff handover records, and evidence relating to the health and safety of the premises.

After the inspection
We continued to seek clarification from the service to validate evidence found. We looked at policies and procedures. During and after our inspection we received feedback from several professionals including a GP, occupational therapist, two pharmacists and two local authorities.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to log accidents and incidents. The registered manager provided the accident/incident forms in their possession, however we identified two accident/incident forms had not been passed to the registered manager, including one which was incorrectly saved onto a computer desktop. This meant there was a risk the manager may not have full oversight of incident forms. The service had identified this risk prior to our inspection and staff were reminded via a May/June 2022 lessons learnt document to ensure forms were filed in the correct place.
- One person required thickened fluids, however their care records, including their care plan, referred to thin fluids, meaning fluids which flow like water. This could have posed a risk to the person if staff read the care plan and followed it. Staff we spoke with understood the person's fluid requirements and we observed a support worker adding the correct level of thickener to the person's drink. Handover records showed staff were reminded to use the correct level of thickener.
- We found when people experienced a fall, some care records had been inconsistently updated. For example, one person fell on the stairs in April 2022. A falls risk assessment completed in June 2022 found the person was at low risk, incorrectly stating the person had experienced no falls in the past 12 months. The service was responsive to our feedback and provided an updated falls risk assessment following our visit, which showed the person was at medium risk of falls. From speaking with staff we were satisfied staff understood how to safely support people at risk of falls.

We recommend the service review their approach to ensure people's records are accurate, complete, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

The service was responsive to our feedback. The provider planned to introduce electronic recording systems and the registered manager explained they would review how systems used to log accidents/incidents electronically could be further improved.

- Systems were in place to ensure the service identified and shared lessons learnt with staff. Incident forms showed de-brief sessions were held with staff. The registered manager was required to sign-off each incident record by noting any lessons learnt and confirming actions taken. Regular meetings were held with staff, including reflective practice sessions. The service produced regular 'lessons learnt' documents to highlight key learning, including a yearly summary of themes.
- Assessments had been completed to identify risks associated with delivering people's care. Where risks had been identified, plans were in place to manage and minimise the risk of occurrence.
- Staff spoke confidently about people's needs and how they worked to minimise risk. For example, some people lived with complex mental health needs and had previously acted in ways which could have harmed

themselves or others. Detailed positive behaviour support plans were in place. Staff could describe early warning signs and triggers for people's distress and told us how they would respond to keep the person and others safe from harm.

● We asked relatives whether they were satisfied their family member received safe care. Some people had recently moved to the service. Relatives comments included, "In the month she has been there she has had very safe care", "Yes, as far as I am aware" and "At the moment he is very emotional when I go there, so I would not like to say. He looks clean and smart and the residents seem reasonably happy, but only time will tell."

● Environmental risks were managed in a way that maintained people's safety. For example, gas and electrical safety certificates were up to date, Legionella risks were monitored and equipment such as hoists and the lift were regularly serviced and maintained.

● Appropriate equipment and checks were in place to ensure people were protected from the risk of fire. Two fire drills had recently taken place since people had moved into the service. However, staff had not attempted to evacuate people from the building during these drills and therefore we could not be assured staff would be fully aware of people's responses to an emergency evacuation to ensure they were able to safely evacuate from the building. Each person had a personal emergency evacuation plan in place for staff to follow.

● We saw a fire risk assessment dated 29 June 2022, following a visit completed in April 2022 that contained a long list of requirements. The registered manager told us that despite the risk assessment being completed in April the report had only just been received a week prior to the inspection and many of the requirements on the report were no longer relevant. We were able to confirm this with some of the requirements such as the portable appliance testing which had been completed. The registered manager agreed to follow this up and let us know what actions were being taken to address the rest of the requirements.

Using medicines safely

● The service had failed to keep accurate records of medicines retained for disposal. A suitable disposal container was in place and two staff were required to sign a log when refused medicines were placed in the container. Some records were not signed by two staff and the log did not accurately reflect the refusals logged on the medicines administration records for one person who regularly refused medicine.

We recommend the service review their approach to ensure medicines are disposed of safely and securely in ways that meet current and relevant legislation and guidance.

The service was responsive to our feedback. The registered manager told us staff, including agency staff, would be reminded of the correct process with clear guidance. We were advised the safe disposal of medicines would be discussed at the staff clinical governance meeting.

● We observed the safe administration of medicines. An electronic system provided a visual prompt when medicines were due to be administered. The nurse observed hand hygiene, avoided distractions and checked medicines against the electronic system. The nurse sought people's consent and when someone was reluctant to take their medicines, the nurse returned a short time later to offer the medicines again, and staff who knew the person well offered encouragement.

● Medicines were safely stored. We observed a lockable medicines trolley, medicines fridge, storage of medicines stock and a controlled drugs (CDs) cabinet. The clinical room benefited from air conditioning and processes were followed to check the temperature of the room and fridge.

● Weekly medicines stock checks were in place. We checked stock levels of some medicines and these matched expected balances. At the time of our inspection the service was not administering CDs. We

checked records for the previous administration and stock checks of CDs and found these were signed by two nursing staff in line with the provider's policy.
● The service was supported by a specialist pharmacy service. The pharmacist described their role, explaining, "In my weekly audits I screen online prescriptions on…[the] electronic prescription system, checking reports for unsuccessful administrations…I do monthly clinic room audits and quarterly CD audits and medication stock date checks. I also give three training seminars a year, the last one was in February on the management of Controlled Drugs."
● Systems were in place for the ordering, receipt and reconciliation of prescribed medicines. A recent medicines audit by an NHS medicines optimisation team had reported a missed dose of medicine. The auditor advised, "[Nurse's name] said the error was resolved at the time as she had contacted the resident's GP and it was followed up with them." The registered manager undertook an internal investigation and after our inspection told us they could not identify a missed dose, and stated the nurse had been "nervous and confused" and had provided the wrong information. We were advised re-training had been arranged to support the nurse.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. Staff had completed safeguarding training and staff we spoke with could describe how they would recognise signs of abuse and poor practice. Staff understood their responsibility to report concerns and were aware of safeguarding and whistleblowing reporting processes. A safeguarding and whistleblowing policy were in place.
● One person told us they felt frightened by noise made by other people, for example, describing that one person would bang a walking stick and shout in the morning. Another person told us they did not always feel safe, explaining they did not like noise, such as when they could hear noise in the corridor and were concerned about people coming into their room. We observed both people appeared at ease and talkative in the company of staff and when spending time in the communal areas. One of these people spoke up to challenge a person who raised their voice during a meal and the person acknowledged their behaviour and apologised whilst in the dining room. We discussed people's feedback with the registered manager who explained measures in place to protect people from harm or distress.
● Staff worked to safeguard people from the risk of abuse from others. We observed staff intervening promptly and effectively to offer reassurance and de-escalate situations where one person raised their voice on a couple of occasions during our inspection. A relative also described an occasion when a person was "very angry" and they observed a staff member was able to "talk him down and they ended up sitting outside, laughing together…I have seen a lot of things like that. The staff are great."
● Records showed a person had missed doses of a medicine on two days in May 2022 when a prescription was not available at the pharmacy. The incident form had not been shared with the registered manager and therefore the manager had not reviewed the form to consider whether a safeguarding referral was required. A safeguarding referral was submitted by the registered manager after our visit.

Staffing and recruitment
● Staff were safely recruited. Staff completed an application form and provided identification (ID), including confirmation of their right to work in the UK. Gaps in employment history were checked and interviews explored whether applicants had appropriate values, skills and experience to support vulnerable people. The service obtained medical certificates to confirm applicants' fitness to work. The service was supported by a specialist recruitment company to identify skilled staff.
● Some senior and nursing staff were recruited overseas. The service obtained overseas criminal record checks and assessed that candidates could communicate in English. Staff needed to obtain UK proof of address before applying for a disclosure and barring service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information

helps employers make safer recruitment decisions. Risk assessments were in place for staff commencing induction before a DBS check could be obtained.
● Safe systems were in place for the use of agency staff. Agency worker profiles were checked for evidence of qualifications and safe recruitment. An agency induction process was in place.
● Staff received training to enable them to provide safe care. For example, staff were trained in safe moving and handling techniques. We observed staff working safely with people who required supervision to safely stand from a chair and mobilise with walking aids.
● Handovers were in place between day and night shifts and written handover records were kept. A support worker explained handovers helped them to stay informed about any changes in people's needs. The service also held daily senior staff meetings to ensure oversight of each person, such as identifying if people had appointments booked and discussing any incidents.
● Staff told us sufficient staff were deployed to meet people's needs. The service assessed safe staffing levels. Staff confirmed staffing levels had risen as more people moved into the service. We observed sufficient staff in the communal areas and at meal times to ensure people were supported. We observed people requiring one to one support had a staff member with them.
● Most relatives were satisfied the service deployed sufficient staff. Comments included, "There's always enough staff. Always people to move him, take him to the toilet", "It seemed pretty reasonable yesterday…I saw several staff sitting with the patients yesterday" and "I thought they were a bit scarce, but there [now] seem[s] to be a lot more residents and a lot more staff."

Preventing and controlling 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. We have also signposted the provider to resources to develop their approach, to ensure the service's COVID-19 risk assessment is updated to reflect current government guidance.
● Feedback from families indicated there was a lack of clarity regarding visiting arrangements. A family member advised, "We weren't asked anything the first time, so I did not think anything was needed, but yesterday [staff]…asked for proof of non-Covid…we were not asked to wear a mask." Other comments included, "They say I can go any time, usually a one hour visit", "I have phoned to come in and have been told I can't because the room was already booked" and "I wish there was a more free and easy visiting policy." During our inspection we observed family visits were taking place.
● The July 2022 newsletter asked visitors to pre-book visits and stated each visiting slot would be for 45 minutes. We discussed this with the registered manager as the government guidance is clear that visits should be encouraged if it is safe to do so. The registered manager told us visitors could stay for as long as they wanted to but if it was busy this time would need to be limited for safety reasons. They stated this was unlikely to happen. We asked the registered manager to ensure visiting arrangements were made clearer to people and their relatives to ensure people received visitors as they wished.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

● Mental capacity assessments considered whether people could consent to receive care and treatment, including the use of locked doors and CCTV. Where people were found to lack mental capacity, the service documented best interests decisions. We reviewed the decision making for a person who had recently moved to the service. The best interests document stated, "Family also agreed that this would be an important factor to ensure patient safety", without noting which family member was involved or details of the conversation which took place. The person's care records stated a relative held power of attorney, however the deputy manager advised evidence of this had not yet been obtained and would be requested.
● We also identified another person's records stated a family member held power of attorney. Follow up by the registered manager at the request of the inspector confirmed this information was inaccurate.

We recommend the service refer to best practice guidance in relation to the Mental Capacity Act 2005, to ensure best interests decisions are effectively assessed and recorded in line with legislation and guidance to evidence how people's human and legal rights are respected.

The service was responsive to our feedback. The registered manager told us additional training would be provided for staff carrying out assessments to ensure they understood the evidence gathering required where people's representatives were involved in best interests decisions and indicated a power of attorney

or deputyship was in place. The registered manager also advised care plan audits would be updated to check references to powers of attorney and deputyship.

● Staff received training in relation to MCA and DoLS. Staff we spoke with could describe how they applied training in relation to MCA in their everyday work. A staff member told us they took steps, including speaking with a person's family, to understand how the person liked to be dressed. They explained how they supported the person to dress, advising, "[I] try to make question easy [to understand], hold up two colour tops, suggest 'maybe wear this one today'…if not able to fully understand, try to prompt and make [person] feel like [they] have an option."
● The service identified where legal authorisation was required to deprive a person of their liberty. Care records showed applications had been made as required. Prior to our inspection one person's DoLS authorisation had been reviewed. The person had re-gained mental capacity and their DoLS authorisation ceased during our inspection. On our return visit we were satisfied the decision had been explained to the person who was pleased with the outcome.
● People's care records documented whether they had a DNACPR in place and included relevant additional information, such as whether a person would want emergency first aid in the event of an incident such as choking. DNACPR stands for do not attempt cardiopulmonary resuscitation and a DNACPR form is used where a decision has been reached that if the person's heart or breathing stop, cardiopulmonary resuscitation (CPR) should not be attempted.

Supporting people to eat and drink enough to maintain a balanced diet
● People were not always provided with meals that offered sufficient choice, variety and nutritional quality. We observed an evening meal. Pasta was served in a white, creamy sauce with a very small portion of side salad. A strawberry yoghurt was offered for dessert, swiftly followed by a cup of tea. Choices were limited but it was noted that one person had been prepared sausage and mash as an alternative to the pasta. There were two types of squash served. There was a menu board on the wall. This had been added following feedback given on the first day of our inspection but it was not clear from looking at the menu what was being offered at mealtimes.
● People provided variable feedback regarding the quality of the meals provided. One person described the food as "lovely" and told us they had gained weight since moving to the service. The person explained the home provided their preferred breakfast but was not aware of having a choice of main meal, saying at lunch "[they] serve us a plate of food", and explained the evening meal was a smaller meal, describing this as, "tasty stuff like pizza and chips." Another person was less complimentary about the food, commenting, "No way…should be eating chips and oil on every meal." The person told us they were not aware of a menu and stated they did not feel they had sufficient choice of meals.

We recommend the service review their approach to ensure people are supported to have a balanced diet that promotes choice, healthy eating and the correct nutrition.

The service was responsive to our feedback. The service had already planned improvements to the kitchen including more worktop space and a new electric oven. These changes would assist chefs to provide a more varied menu. The head chef explained that following the recent arrival of several additional people the menu would be further developed. The chef shared a draft menu and we received revised visual menus following our inspection. These included photos and confirmed people would be offered a daily choice of two main meals at dinner time. The service had also developed an Asian food menu to support people's cultural needs.

● Monthly resident meetings had been used to seek people's feedback about meals and feedback had also

been gathered via a survey. A one page profile showed people's likes and dislikes and kitchen staff received information about people's dietary needs and preferences.
● Some relatives provided positive feedback regarding meals. One relative advised, "He enjoys his food. They will try to encourage people to eat…he is eating well, and looking fitter." A second relative stated, "They regularly make cups of tea. The food looked very nice, vegetables on the plate with lasagne…I don't know about choice." A third relative commented, "I am not sure about choice. I don't think [person] would be any the wiser…a lot of things with chips at tea…they will bring [person's] tea into [their] room if [person] doesn't want to go to the dining room."
● Staff were aware of people's dietary needs, including a person's food allergy, one person's diet related to their religion, and where people required a different food texture to reduce risks of choking. We observed a staff member supporting a person to eat pureed food. They checked the temperature and consistency and supported the person to eat at a slow, safe pace.
● People were supported to maintain good hydration. We observed people were offered refreshments between meals. A relative advised, "She only drinks tea and whenever I go they always bring her a cup of tea. Water is always there, there's always a jug of water on the table."

Adapting service, design, decoration to meet people's needs
● People with dementia were not supported by a fully dementia friendly environment to enable better understanding of their surroundings. This was something that more attention needed to be given to, to ensure that people's needs were met effectively. The service had supported people of varied ages but at the time of our inspection was supporting several older people living with dementia and the environment required further review.

We recommend the service review their approach to ensure the signage, the decoration and other adaptations to the premises help to meet people's needs and promote their independence.

The service was responsive to our feedback and the provider told us they would utilise best practice guidance and review the environment to identify areas for further improvement.

● People had access to four communal spaces; a quiet lounge, dining room, reception area seating and a large communal lounge where activities took place. People made regular use of communal areas and the kitchen was situated off the main lounge which enabled staff to conveniently access refreshments for people. The reception area was preferred by some people, enabling them to observe activities from a quieter location and engage with nearby staff.
● People were supported to access the garden outside which was laid with artificial grass and included seating and flower beds. The registered manager told us there were plans to install a raised planter which could be used as a meaningful activity for people using the service. Following our initial visit the large waste bins, which had been stored adjacent to the garden, were re-sited behind a fenced area. This improved the visual appearance of the garden.
● There were some areas of the environment that needed attention. One of the bedrooms that was not in use had suffered extensive water damage from a leaking pipe. The registered manager said this was going to be sorted out. One person's bedroom window frame was damaged and had been screwed shut since March 2022 after allegedly being vandalised twice by a person using the service. Following our visit the person agreed to move to a different room pending repair work. We noted some of the chairs in bedrooms were potentially unsuitable in relation to people's mobility needs and some were marked and needed cleaning. A relative also commented on the chairs, advising, "We might get her a more comfortable chair…at the moment it's a normal chair, a little bit better than a dining chair." The registered manager was responsive to our feedback and the chairs had been replaced by the time of next site visit.

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

● People's needs were assessed prior to the delivery of care. An initial assessment explored people's physical, social and mental wellbeing needs, also identifying areas of risk. We reviewed the records for one person who had moved to the service within the past month. An interim care plan was in place and the person was checked every 15 minutes. This provided an enhanced level of observations to enable staff to manage potential risks and to develop a more detailed understanding of the person's needs and wishes.

● Some people experienced longstanding and complex mental health needs. The service used a risk assessment tool to assess areas of potential risk, such as risks to self, risks to others and risks of deterioration. The tool also considered protective factors such as the person's social support network and willingness to engage with support. Where risks were identified, this prompted detailed risk assessments in areas of concern. These risk assessments helped inform the content of care plans and staff understanding of people's needs.

● Care plans sought to reflect people's holistic needs, although some care records did not capture whether the person had religious beliefs or their sexuality. The person or their representative contributed to a one-page profile with an overview of the person's likes, dislikes, communication needs, favourite food and drinks, and who was important to them. Staff could speak in detail about people they support, with knowledge of what was important to people and how to provide emotional support or reassurance in response to verbal and non-verbal cues.

● The service used best practice tools to assess risks to people's oral health, skin integrity and nutrition. We found some care plans lacked sufficient detail about the support people required to maintain good oral hygiene. Staff could describe how they encouraged and supported people to maintain oral health but this information was not consistently reflected in care plans. The service was responsive to our feedback and provided updated care plans following our visit. The head of operations also provided evidence an updated oral health policy was being circulated by the provider and had been highlighted via a manager's meeting in July 2022.

● The service used technology to support the delivery of effective care and support. An occupational therapist (OT) was employed by the provider and the service could seek advice or refer for an assessment. The registered manager explained equipment recommended by the OT would be purchased by the provider. We observed a sensor mat in one person's bedroom to help reduce their risk of falls.

Staff support: induction, training, skills and experience

● Staff completed a comprehensive training and induction programme when starting employment with the service. Staff told us they had been trained to meet people's needs. A staff member advised, "I have learnt new things…I have been supported since I came by the nurses, [registered manager name] and [deputy manager name] and everyone in the team …I have completed all my training…including the training face to face which I enjoyed a lot."

● Staff new to care had completed, or were working to complete, the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● Some people experienced complex physical and/or mental health needs. Staff received relevant training to help them understand and meet people's needs. Nursing staff had attended catheterisation training. Staff had received training in topics such as dementia awareness, diabetes, epilepsy, dysphagia (swallowing difficulties) and positive behaviour support.

● Some topics, such as equality and diversity, had been designated as 'once only' training courses, rather than scheduled for mandatory refresher training. This was not in line with best practice guidance which recommends certain key training subjects are refreshed at minimum frequencies. The service was responsive and the head of operations stated the provider would review the service's training needs

analysis. Staff knowledge was monitored and enhanced through regular supervisions, team meetings, reflective practice sessions and sharing of lessons learnt feedback, including de-briefings after accidents or incidents.

● Following the completion of a probation period during induction, staff received bi-monthly supervision and annual appraisal. The service was registered with CQC in June 2021 and therefore several staff were within their first year of employment, however records showed appraisals had been scheduled. Supervisions provided an opportunity to raise concerns, discuss learning and reflect on the development of the service including teamwork and communication.

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

● Prior to our inspection there had been ongoing contact between the service and local healthcare partners to agree arrangements for general practitioner (GP) care for people residing at the service. This had led to a risk of delays in transferring people to a local GP practice after moving to the service. At the time of our inspection a local protocol had been agreed for the service to follow when registering new patients.

● Whilst discussions with healthcare partners were ongoing, the provider had commissioned a private GP to support the service. The GP visited on-site during one of our visits and explained they had supported the service since January 2022. The GP also provided written feedback, advising, "My role was to support residents and ensure they had access to a GP. However, that matter is now resolved and residents are registered with a local GP. I continue to…[provide] a faster service at Riders and liaising with their GPs if needed…there is a great management team…they are very responsive to the needs of staff and residents… when I have made suggestions to improve areas of care, this has been done without delay."

● One person experienced an episode of choking on 24 June 2022. During our inspection the person was reviewed by a GP who requested the service make a referral to speech and language therapy (SALT) for an urgent review. We received a copy of the referral and provided feedback that it appeared the referral had been sent to the wrong county. The registered manager confirmed the referral had been re-directed to the correct team on 11 July 2022. We were advised telephone contact had been made with SALT to confirm appropriate measures were in place pending review. We observed the person was supported with soft food to reduce the risk of choking. We asked the service to ensure all staff understood referral routes to access specialist services. The head of operations confirmed the service would respond to our feedback and suggested the registered manager produce a poster for staff with key information.

● People were supported to attend appointments relating to their health conditions. One person attended an eye clinic and another person attended a clinic relating to their breathing condition.

● We reviewed the records for one person with complex and challenging diabetes control. The person had ongoing issues with persistently high blood sugars. The person had a diabetes care plan in place and there had been recent contacts with NHS 111 and a GP to seek guidance. These had resulted in interventions to address immediate concerns. After our inspection the registered manager confirmed the person's GP had requested a review by the community nurse in relation to their diabetes management.

● Relatives described occasions where healthcare support had been provided. A relative advised, "[Person] does fall. I had a phone call…they called the doctor when he fell…they are very kind." A second relative advised, "They have a GP there now. They did notify that they had finally found a GP that would look after the home…There are opticians going in there…[and] the chiropodist, he sees them every six weeks."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who showed them respect and engaged with them in a caring manner. During a meal one staff member sat very patiently supporting a person with their meal, responding to their cues about things they did not want or like and engaging in conversation with them. All staff were engaging with people in a polite and friendly way throughout the mealtime.
- Staff providing people with one-to-one care were attentive and respectful. We observed a staff member engaging a person in conversation and helping them to read a newspaper. The person appeared relaxed in the company of staff. Another person was frequently mobile and needed close supervision; their allocated staff member was attentive and carried one of the person's belongings so they could be reassured by something familiar to them.
- Staff developed a good rapport with people. We noted most people made regular use of the communal areas and staff were on hand to offer support. When people wished to engage in conversation, we observed staff, including care, management and administrative staff, took time to speak with people, to offer reassurance or engage in friendly chat. We observed people and staff sharing jokes and laughing together.
- Some people were living with complex mental health support needs. Staff understood people's needs, including their likes and dislikes, and we observed staff offering emotional support. A relative described, "When I was trying to wake him, they held his hand. They didn't shake him. [They] asked him if he would like a cup of tea, made sure he had a table. They sat by him when he started crying…very caring to my [relative]…very caring to the other people there."
- Staff received training and information to enable them to fully understand and respect people's diverse backgrounds and needs. Training topics completed by staff included communication, person-centred care, equality and diversity, and dignity and respect.
- Relatives told us staff were kind and caring. Comments included, "They are pleasant, they are always keeping an eye on her. They are nice, friendly people", "Friendly, competent, caring" and "They look after her, treat her with respect. They understand her." One relative provided more mixed feedback, advising, "I know it's a difficult job to do. We have come across a couple that can be a bit moody, or a bit stroppy, but then there's a couple that are very lovely."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity. We observed staff knocking on people's bedroom doors before entry and seeking consent to support people. Staff described how they provided people with dignified personal care support. A staff member explained, "[I] make sure person is aware and explain…what we are going to do, ask for permission…make sure for example, when washing the person, use towels [to protect dignity], curtains closed, doors closed."

● Staff understood the importance of confidentiality to protect people's privacy. A staff member commented, "Of course, [I] don't talk about other residents with friends or family members, very confidential, really make sure [I follow] policy and training of GDPR [data protection]."
● CCTV was in operation in communal areas. Signage was in place and the service had assessed people's ability to consent to the use of CCTV. An impact assessment outlined how the recorded data would be safely stored and used, including safeguards in place to ensure data was accessed by authorised individuals for specific purposes.
● Staff responded appropriately when people experienced discomfort or emotional distress. One person indicated to a nurse they wanted to remain seated in the dining room after finishing their meal, however they were sitting in an awkward position. The nurse returned to offer the person a cushion for comfort and support. Another person experienced periods of emotional agitation and could express when they required a medicine prescribed to support with these symptoms. Records showed, and feedback from a nurse confirmed, the person was given timely access to their medicine when they experienced distress.
● Staff promoted people's independence. We spoke with staff about the support people required with personal care. Staff could describe what tasks people could undertake more independently on a 'good day' and what extra support or encouragement people may need on a 'bad day'. This meant staff approach was flexible to help people maintain their independence where possible.

Supporting people to express their views and be involved in making decisions about their care
● Residents were invited to participate in monthly meetings, and we noted the resident meeting held in March 2022 had been facilitated by an independent advocate via virtual technology. The advocate sought people's opinions about topics such as food, activities and how the staff were supporting people. The meeting minutes from April 2022 indicated people's requests in relation to activities had been actioned. One person enjoyed drawing and had requested painting canvasses. The person proudly showed us a canvas painting they had completed and we observed they had been supported to purchase a supply of paints.
● Some people were able to verbally communicate, to ask questions and express opinions about their care and support. We observed staff took time to speak with people and answer people's questions. For example, one person wished to move back to their home county. Staff spoke with the person about their wishes and assisted the person to contact their social worker.
● Several people had recently moved to the service. Feedback from relatives showed there were varying levels of understanding about topics such as visiting, how to access care plans and who to speak with for information. Relatives were invited to family meetings, which were not well attended, however minutes noted where feedback had been received from relatives. The most recent meeting minutes provided useful information for families, such as arrangements for opticians and a reminder that relatives could ask to see care plans. The registered manager informed us they planned to schedule meetings with the families of new residents.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Relatives told us they had not seen their family member's written care plans. Comments from relatives included, "No, I haven't seen the care plan. All I see is he's happy there", "Nobody has asked me about my husband" and "No, I haven't seen it [care plan], and nobody has spoken to me about that." Some people had recently moved to the service and their care plans were under development. However, where family members were involved and contributed information for inclusion in care plans, it appeared in some cases these documents may not have been shared with representatives in a timely manner for their oversight and agreement.
- Some relatives felt they needed more assurances that meaningful person-centred activities were taking place. One relative commented, "I hope there are different things happening there, to stimulate him. I suggested animals come in. My [relative] would love that. He told me 'It feels like a prison here'." A second relative advised, "She says they don't really do anything, that people don't talk. It's difficult to know, but I am hoping [relative] is okay." A third relative commented, "There are not too many activities. They have karaoke, bingo. The garden is very small. I don't know if they take them out. Do they have anybody come in?"

We recommend the service ensure people, and those with authority to act on their behalf such as family members, are empowered to contribute towards care and support plans, to ensure these fully reflect the person's wishes, strengths, levels of independence and quality of life.

The service was responsive to our feedback. The minutes of the June 2022 family meeting included a reminder for families that reception staff could assist with providing a copy of care plans. We noted an activity plan was also displayed near the service entrance. The registered manager told us they planned to schedule one to one meetings with families of people who had recently moved to the service. The deputy manager also explained care assessments were ongoing for new residents, including engagement with families to enable more detailed care plans to be developed. We observed when people were discharged to the service from hospital, an interim care plan containing essential information for staff was in place, pending a fuller assessment of people's holistic needs.

- Whilst family members indicated they had not reviewed care plans, some relatives described how the service engaged with them. Family members were asked to complete a one page profile, showing information such as likes, dislikes and communication needs. One relative commented, "We spoke to them about lots of different things…they made us fill out a form to get to know [relative's] likes and dislikes so they could get to know [person] better. Another relative added, "Very informative…asking me different

things. They did a questionnaire for a second time, what my [relative's] likes and dislikes were, whether he has any hobbies."

● People were supported to achieve their potential. At the time of our inspection a date had been agreed for one person to move back to their family home. The service had worked with other professionals and the person's family to help them achieve their goal. This was a significant achievement as the person had required specialist hospital care prior to moving to the service. Another person's health and self-care skills had improved and following a review, the person no longer met the criteria for a deprivation of liberty safeguards (DoLS) authorisation. The person hoped to continue their progress with a view to returning to live in the community.

● Staff understood what was important to people. One person was supported to follow a diet in line with their religious beliefs and a support worker told us they had played a daily prayer online for the person during a religious time of reflection. Care records included a detailed overview of the person's background, family life and the impact of their progressive illness. Contact for the person with family was highly important to their wellbeing. A support worker explained staff supported the person with daily calls with their family and showed the person photos of their family members. We observed staff supporting the person on an evening call with their family.

● Staff supported people with activities including bingo, karaoke and reading newspapers. Staff played music for people to relax to and staff adjusted the television to programmes people may be interested in, including coverage of a tennis tournament. People were supported to participate in their hobbies such as knitting. The service had sought support from an occupational therapist employed by the provider to assess how one person could safely access the community. This enabled the person to shop and pursue their interests with staff support.

● At the time of our inspection the service supported people with a range of ages and needs. This was in part because some people's needs had changed since their arrival at the service. One person told us, "[I] feel isolated most of the time…surrounded by…old men…must be more to life." The person's support needs and their desire to move closer to family impacted their wellbeing. We observed staff positively interacting with the person who told us staff put on their preferred television programme in the afternoons and had helped them to paint their nails. When their family visited staff brought out refreshments to where they were seated in the garden.

● We observed an entertainer who was regularly booked to attend the service. The interactive music and movement activity encouraged people to participate in exercise, such as moving their hands to the music or getting up to dance. The entertainment was well received by people in the communal lounge. We noted the activity had encouraged positive engagement from one person who at times, due to their complex mental ill health, spent periods of time alone in their room. They were smiling and engaged throughout.

● People's bedrooms showed varying levels of personalisation. Some people had recently moved to the service. The registered manager confirmed people and families were encouraged to personalise their rooms. A family member commented, "I asked if I could personalise the room and they said to get things there before she moved in. We will take other bits and pieces as we go, trying to make it more homely."

Meeting people's communication needs

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

● People's communication needs were clearly identified. Care plans identified where individuals needed support to communicate effectively, for example, due to cognitive impairments or sensory loss.

● Relatives told us staff communicated effectively. Comments from family members included, "They communicate very well. They give her a white board and she can understand. She can write a little bit" and "His language is going, it's hard to know what he is meaning. You can tell by demeanour and body language. I notice they do what we do, and they diffuse his frustrations."
● One person using the service did not speak English. Their care plan cited a language barrier as a potential trigger for distressed behaviours. Rotas were organised to ensure where possible a staff member was available who could speak the person's first language. We observed a staff member speaking in the person's language to ascertain their needs. A staff member, who could not speak the person's language, explained they had access to communication cards if a situation arose where no one on-shift could speak their language. Staff explained incidents of distressed behaviours had reduced. We observed the person was calm when communicating with staff in the communal lounge.
● Some people experienced progressive cognitive impairments which impacted their ability to communicate. One person could not verbalise their needs and staff told us they responded to the person's body language and facial expressions. We observed a staff member using supportive touch to engage with the person during meal time. Another staff member told us they offered the person a drink hourly and if the person did not open their mouth this could mean they were already full or did not like it. Staff worked to anticipate the person's needs, informed by their knowledge of what was important to the person.
● Staff showed insight around supporting people with differing communication needs relating to dementia and other mental health needs. Staff had received training in relevant topics including dementia awareness, communication and positive behaviour support.

Improving care quality in response to complaints or concerns
● Feedback showed there were varying levels of understanding about how to raise a concern or complaint. Some people had moved to the service in recent weeks. Comments from relatives included, "I would complain to the manager first, but I haven't had to do anything like that", "[I would complain to] whoever was on the spot at the moment, or the manager" and "We have had no information whatsoever. I don't know who to contact about anything." The service was responsive to our feedback. Following our visit the registered manager shared an updated complaints poster and informed us this would be shared with people and their representatives.
● The staff reception desk was situated between the dining room and the main lounge. We observed two residents, who could communicate independently, were comfortable to approach the reception desk to speak with staff about any concerns or queries. Staff engaged in conversation with people, providing information and updates as required.
● The service had a complaints policy in place, and systems were in place to log compliments and complaints. The home had received one complaint from a professional and we found the nominated individual had provided a written response, which included a summary of lessons learnt. The service also shared a copy of the provider's investigation which showed the process followed to investigate the complaint.
● The service had logged a number of compliments. Compliments had included, "I am always very pleased at how everyone is looking after her. I know that she is being well looked and well taken care of and want to thank [staff name] for her kind words and assuring words when I speak to her." Staff meetings were used as an opportunity to share positive feedback received.

End of life care and support
● The service had an end of life care policy in place which reflected national best practice guidance.
● Staff received training in relation to death and bereavement. Staff we spoke with, who had experience of providing end of life support, described how they would deliver sensitive and dignified care. A staff member told us about their prior experience of providing end of life care, advising, "[I would] try to make [person] as

comfortable as possible, ask if [they were] comfortable, do more regular checks…encourage visits from family…for me [important to] maintain dignity and just be as humane as possibly can."

● We reviewed the end of life care plan for one person who had been admitted to the service initially for end of life care. The care plan showed feedback from the person's relative regarding their known wishes. At the time of our inspection the person's condition had fortunately improved and the nurse explained the care plan would now be subject to review.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The service had submitted some notifications to CQC in accordance with requirements, however we identified some incidents which had not been reported as required. The registered manager submitted the notifications promptly once brought to their attention.
- The service used an audit dashboard which showed the required schedule and results of audits completed from January 2022 onwards. We commenced our inspection in June 2022 and found all required audits had been completed for May 2022.
- Whilst a wide range of regular audits were undertaken, these had not been fully effective, as they had not identified all of the issues we found. The medicines audits carried out by an external pharmacist had not identified the concerns we found regarding medicines disposal records. Audits of care records had not identified the concerns we found regarding the absence of accurate information or evidence of family members' powers of attorney. The care records and care plan audit for one person dated 27 May 2022 stated "N/A no incidents" to the question "Is there an up to date incident log and analysis in the person's case file?", however the person had fallen on the stairs within the previous month and their falls risk assessment had not been correctly updated.
- Systems were in place to ensure the provider maintained a detailed and regular oversight of the service. These included weekly reports the service was required to share with the provider, fortnightly chief executive officer (CEO) briefings and on-site support from the head of care and quality to support the service to meet key performance indicators.
- The service maintained a risk-register. This identified risks to be addressed, such as outstanding maintenance works and the need for continued vigilance in response to COVID-19. The register included agreed actions and planned timescales for completion.
- There was a learning culture and the service was responsive to CQC feedback during the inspection. The provider's policies and procedures provided clear expectations in relation to monitoring, reporting and accountability. We were informed the provider was responsive to requests, for example, if funding was required for equipment, supplies or maintenance.
- At the time of our inspection we were advised a provider audit, in the form of a mock CQC inspection was scheduled to take place. We viewed an example audit conducted for another service operated by the same provider. The head of care and quality explained the provider commissioned external auditors to carry out monitoring, however this had been on hold due to the pandemic and was due to re-start.

● Staff understood the importance of maintaining confidentiality and received professional boundaries training. The service had identified that the reception needed a sound-proof screen. During our inspection we were seated in the nearby communal area and heard a support worker providing telephone feedback to a family member about a person's care. The required maintenance work to install the privacy screen was due for completion in July 2022.

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 service had a duty of candour policy in place. This incorrectly referred to the criteria for a "notifiable safety incident" for an NHS trust, rather than the criteria for a "notifiable safety incident" applicable to other services such as care homes.

● The registered manager understood their responsibilities in relation to the duty of candour.

● At the time of our inspection, no serious accidents had occurred requiring a formal written duty of candour response. The registered manager described actions they would take if a serious incident took place, describing their duty to inform relevant others such as the provider, CQC, local safeguarding authority and the person's representative such as a family member. The registered manager told us to meet the duty of candour they would provide open feedback about anything which had gone wrong and would focus on "learning lessons from incidents".

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

● Staff showed insight of people's mental health needs and accessed relevant training, such as positive behaviour support training. The registered manager also managed the provider's nearby care home, which included a registered mental health hospital. Some staff had also worked at this location. This meant there were staff and management with prior experience of supporting people with varied mental health conditions. This helped to ensure people with complex mental health needs were supported by staff who understood their needs and could provide person-centred care.

● People were supported to achieve good outcomes. The service was committed to providing a home for people whose needs were complex and potentially challenging, if they were satisfied this could be safely achieved. A professional shared detailed feedback about someone they had placed at the service after the person's previous care home placement broke down because the care home could not meet their needs. The professional advised, "[Person] is now settled and he is allowing the staff to support him. He is also able to participate in social activities and he is building rapport with other residents. However, there are at times when [person] refuses to be supported. The staff use different and proportionate techniques to ensure [person's] healthcare and support needs are met safely."

● We observed a positive staff culture at the service during our inspection. Staff spoke about people with respect and could describe people's needs in detail, with an understanding of what was important to people. Staff spoke positively about working at the service. A staff member stated, "We are a happy team… we understand each other, we support each other."

● We observed a calm, friendly atmosphere at the service. For example, people appeared relaxed in communal areas and staff worked at people's own pace, such as when they were eating or walking around the home. A relative commented, "Quiet, friendly, people seem relaxed. It's homely as much as a care home can be…there's always staff milling around. They never just walk through without speaking to the residents."

● Staff told us they felt supported. The service had an open-door policy and initiatives were in place to show recognition for staff. For example, there was an employee of the month scheme, a free meal for staff on Fridays, and free transport to the nearby railway station.

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

● People were invited to participate in monthly residents meetings. Meetings provided people with an opportunity to provide feedback and raise any suggestions or concerns. Areas discussed included the food menu and activities. Minutes noted where people's requests, for example for particular activities, had been facilitated.

● Systems were in place to engage with relatives, although the last two family meetings had not been attended by any relatives. Families were approached for feedback and this was shared in the form of minutes, showing actions the service planned to take in response to feedback. The minutes provided updates and information, for example, encouraging families to vote for the service's employee of the month.

● A monthly newsletter was produced for people using the service and their families. This provided updates about what was happening at the service, including photos of events.

● A range of meetings were held with staff to ensure any concerns or suggestions were listened to and meetings updated staff about best practice and provided information about the service, such as lessons learnt.

● Systems were in place to conduct surveys with people, families, staff and stakeholders. We viewed the results of the most recent surveys. These showed analysis of the results and actions taken in response to the feedback received.

● There was variable awareness amongst relatives about the management of the service and opportunities for engagement. Several people had recently moved to the service and some relatives were unclear about management arrangements. Relative comments included, "I have met two managers so far. When we were sitting in the garden a manager came out and had a chat with us", "I am on the mailing list and they do send emails about what's going on" and "We have not had any details about the home. No updates." The registered manager told us they planned to hold meetings with the family members of new residents.

Working in partnership with others

● Prior to our inspection we received information of concern, alleging the service had not consistently communicated effectively with other professionals. The registered manager provided feedback regarding the service's contact with other agencies and told us they were committed to working effectively in partnership with others. During our inspection a pharmacist provided feedback about communication, advising, "Management is very proactive in responding online…when medication dialogues are raised… communicating quicker between GP practice, Riders and the…dispensary when medications are changed could be improved."

● We also received positive feedback from professionals. One professional commented, "I have been discussing care with staff and they are very knowledgeable in their field of work…I have noted caring staff, good care plans and attention to the risk that some clients may have." A second professional commented, "They have demonstrated professionalism, empathy, caring and congruence…The Riders have supported one of my complex cases and…have managed to provide proportionate intervention and ongoing support to ensure the client's needs are safely met."

● People were supported to access other services of benefit to them. For example, arrangements were in place for a hairdresser, chiropodist and optician to visit the home.