Mrs Rishpal Singh

Riverview Residential Home

Inspection report

1 Heyfields Cottages, Tittensor Road
Tittensor
Stoke On Trent
Staffordshire
ST12 9HG

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25 August 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We completed an unannounced inspection at Riverview Residential Home on 25 August 2016. At the last inspection on 04 January 2016 we identified multiple breaches in regulations. We found that the service was not safe or well-led and we asked the provider to take action to make improvements. The provider sent us an action plan which showed how they planned to make improvements and we found that some of these actions had been completed.

Riverview Residential Home are registered to provide accommodation with personal care for up to eight people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection the service supported 7 people.

The service did not require a registered manager because they are registered as an 'individual'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a manager, assistant manager and a deputy manager.

The provider did not always have effective systems in place to consistently assess, monitor and improve the quality of care. This meant that inappropriate care was not always identified and rectified by the provider.

People's risks had been assessed, but we found improvements were needed to ensure these were consistently monitored and managed to protect people from the risk of harm.

We found improvements to the way medicines were managed in a safe way and people received their medicines in a safe way.

People told us they felt safe with the care provided by staff. Staff understood how to protect people from the risk of abuse.

There were enough suitably qualified staff available to keep people safe and the provider had effective recruitment procedures in place.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS) when they provided support.

People were supported with their nutritional needs and to drink and eat sufficient amounts. Action had been taken where concerns were raised about people's nutritional intake.

People were supported to access other health professionals to maintain their health and wellbeing.

People were supported by staff that were caring and respected people's dignity. Choices on how people wanted their care and support provided were promoted, listened to and acted on.

People were able to access hobbies and interests that were important to them and people's wishes to spend time alone were respected.

People were supported in a way that met their communication needs and people received support in line with their preferences. People and their relatives were involved in the planning and review of their care.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

People were given the opportunity to feedback on the quality of their care and actions were in place to make improvements.

People and staff told us the provider was approachable and staff felt supported in their role.

The manager was aware of their responsibilities to notify us (CQC) of any incidents that occurred at the service.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration Requirements) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed to ensure that people's risks were consistently managed in a way to protect people from harm.

People were protected from the risk of abuse because staff understood and followed the procedures to report suspected abuse.

There were enough suitably qualified staff available to support people safely.

Medicines were administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they had the skills and knowledge to support people effectively.

Staff and the provider were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and their actions to refer restrictions under the Deprivation of Liberty Safeguards (DoLS)

People experienced positive mealtime experiences and were supported with their nutritional needs.

People received care from other health professionals when required.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in their care.

Is the service responsive?

Good

The service was responsive.

People were supported to undertake hobbies and interests that were important to them.

People received care that met their preferences and were involved in the planning and review of their care.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to ensure there were systems in place to monitor and mitigate risks to people.

The provider needed to consider appropriate arrangements to manage family members who worked at the service to ensure that personal and professional boundaries were respected.

Feedback was gained from people and their relatives about the standard of care and improvements were made where needed.

People and staff told us the provider was approachable and staff felt supported in their role.

The manager was aware of their responsibilities to notify us (CQC) of any incidents that occurred at the service.

Riverview Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 August 2016, and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries, safeguarding concerns and deaths that had occurred at the service.

We spoke with five people who used the service, two relatives, three staff, the assistant manager and the provider. We observed how staff supported people throughout the day and how staff interacted with people who used the service.

We viewed five records about people's care and seven people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, seven staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that risks to people's safety and welfare were not consistently planned, monitored and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that there was no longer a breach in regulation, but there were some areas that needed improvements.

We found improvements in the way people's risks had been assessed and managed. A relative told us how staff supported their relative to ensure their pressure areas were reduced. They said, "My relative is supported with their pressure needs. Staff always make sure they have their specialist boots on". However, further improvements were needed to ensure where people's needs had changed their risks were managed to keep them safe whilst they were awaiting assessments from other professionals. For example; one person had suffered two falls. The records had been updated and stated that staff needed to provide close monitoring when the person was walking and a referral had been forwarded to the occupational health team for an assessment for a walking aid to be provided. The person had not suffered any further falls, but on the day of the inspection we saw the person mobilise on one occasion without supervision and they were very unsteady on their feet. We asked the provider and assistant manager what they had put in place to ensure this person was kept safe until they had an assessment for their mobility. We were told that staff supervised when they were walking, but there was no system in place to alert staff that the person was mobilising to enable staff to provide the planned support to keep the person safe.

We saw records of accidents that had occurred at the service. The manager had a system in place to review the accidents on a monthly basis. However, there were no details included of the actions taken to ensure people were protected from further harm. We found that minor accidents and incidents that had occurred at the service had not been included in the audit. For example; where there had been incidents of challenging behaviour, these had not been recorded in the incident audit. This meant that the manager was unable to assess whether appropriate actions had been put in place to protect people from the risk of further incidents.

We found the provider had a recruitment procedure in place. Staff told us they had undergone checks to ensure they were suitable to provide care to people. We viewed seven staff files which showed that the manager had obtained references and staff had undergone criminal checks with the Disclosure and Barring Service (DBS). We also saw that there were details of staff's approval to work in the UK, which had been approved by the immigration service. However, we raised concerns regarding one staff member's DBS check and we are awaiting details from the manager to ensure that this staff member is safe to provide support to people.

People told us that they felt safe when staff provided care. One person said, "I feel safe with the staff helping me". A relative said, "The staff are very good and I leave the home knowing my relative is safe". Staff told us how they supported people to remain safe and were able to explain the actions they would take if they felt a person was at risk of abuse. One staff member said, "I would tell the manager and record it. There are lots of different types of abuse and I understand about whistleblowing if I felt I couldn't raise issues at the service".

We spoke with the manager who understood their responsibilities to report abuse to the local authority where concerns were raised.

People told us there were enough staff available to help them when needed. One person said, "There is always somebody around and I can get a drink when I need it. I wake early and I can even get one at 6.00a.m". Another person said, "There is plenty of staff, they always come when I need them. When I press my call bell the staff are here very quickly". We saw that there were enough staff to meet people's needs in a timely manner and people were not kept waiting when they needed support. We saw staff supported people in a calm and unrushed way, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people's needs and where there have been shortages in staff these have always been covered so people had the support they needed. One member of staff said, "There is enough staff, we have a good staff team and we help each other out if there are gaps on the rota that need covering".

We found that improvements had been made to the way medicines were administered. People told us they received their medicines when they needed them. Staff told us they had received medicines training to ensure they understood how to administer medicines safely. One staff member said, "I have had medicines training, which was good and I feel confident in administering medicines". The Medicine Administration Records (MARs) had been improved and each person's record was clear and contained details of the medicine frequency and the time people needed their medicines. We checked people's MARs against the amount of stock held at the service and found that people's medicines balanced, which meant that people had received their medicines as prescribed and improvements had been made to the way medicines were managed.

Good

Is the service effective?

Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they were able to choose different food if they did not like what was planned. One person said, "The food is very good and the staff will make me something different if I ask and staff get me something else". Another person said, "The food we have is good. I like to eat in my room, which is never a problem". We observed people's experiences during lunch. We saw staff chatted with people giving encouragement and asked if they were okay. We saw that one person's records stated that they did not like to sit at the dining table because it made them anxious and we saw that staff supported tis person to have their lunch where they felt comfortable. Staff we spoke with understood people's nutritional needs and knew how to support people in a way that met their needs. One staff member said, "I help one person with their food and make sure that they are given time and I have alerted the manager when I have been worried about loss of weight. They have referred the person to the doctor and we now make sure they have their nutritional supplements". The records we viewed confirmed that the actions staff had told us had been taken by the manager.

People were supported to access health professionals. One person said, "I see the doctor and the seizure nurse". We saw that people had health action plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. We saw that staff had identified that one person had been suffering from an area of sore skin. This person had been referred to the district nurses for advice on how to manage this person's skin. Staff told us the support they provided and we saw there were plans in place, which showed the advice from the district nurses was being followed by staff.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction when I started. I shadowed another member of staff for 2 days and I felt ready to provide support. Management were always available if I needed any help or advice". Staff told us they received training, which had recently been refreshed and updated. One staff member said, "I have recently completed refresher training, which has helped to refresh my memory on the best way to support people". The staff records we viewed confirmed this had been completed. Staff told us they received supervision on a regular basis, where they discussed any concerns they had regarding the people they supported and their development. One member of staff said, "Supervision is good and I can raise any issues, we also talk about my training". This meant that people were supported by staff that were trained and supported to carry out their role effectively.

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. We saw that people were asked their consent before staff provided support. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff explained how they supported people

to understand decisions that needed to be made and how they supported people if they lacked the capacity to make certain decisions about their care. One member of staff said, "I support people to make decisions but if people are unable to do this for themselves we refer for an assessment to make sure we are supporting people with decisions in their best interests". We saw records that showed people's mental capacity to make decisions had been assessed and the arrangements in place if people were unable to consent. For example; one person's relative had a lasting power of attorney in place, which authorised them to make specific decisions about their care. Lasting Power of Attorney (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider understood their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) and how they ensured that people were not unlawfully restricted. We saw that the registered manager had considered whether people who used the service were being restricted and had referred people to the local authority for an assessment. This meant that the provider was acting in accordance with the MCA 2005.

Good

Is the service caring?

Our findings

People told us they were happy with the way the staff supported them and staff were kind and caring. One person said, "It's very homely here and the staff are very friendly, they talk to me in a nice way". Another person said, "The staff are so caring towards me, there is a personal touch here. I'm glad I chose to come here, such a nice atmosphere". Relatives told us that the staff always treated people in a kind way and they were happy with the way staff cared for their relative. We saw staff chatting with people in a caring way and they gave reassurance to people by putting a caring hand on their arm. Staff told us they treated people in an unrushed way, which made people feel cared for and comfortable with the support provided. One staff member said, "I talk to people and give them my time so they have the help they need". Staff told us that they enjoyed working at the service and that the provider promoted a caring atmosphere. One staff member said, "I enjoy working here. I treat people like family because I care about them and I look forward to coming to work to see them" and "The owner is very caring and it is clear that they want us to provide good care. They have a lot of time for people and makes sure people are happy".

People were given choices in the support they received and they told us staff always asked them what they needed. One person said, "I have lots of choices as I'm quite independent. Staff always listen to me". Another person said, "I choose lots of things such as what I want to do, the clothes I want to wear and food. Staff are very helpful and do what I ask". We saw staff offering people choices whilst giving people time to respond and staff respected their wishes. For example; we saw staff ask one person if they wanted to get dressed. The person did not feel like getting dressed from their nightwear at that time and staff respected their choice and we saw they decided that they wanted staff to help them get changed later in the morning. Where people had difficulty communicating staff showed patience and explained the choices on offer slowly and in a way people understood. Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I always let people choose what they want to wear, what they want to do. I always give people time to answer and if people have communication difficulties we have picture cards to help them choose too"

People and their relatives told us that they were treated with dignity and respect when staff were supporting them. One person said, "The staff keep me covered when they help me". Another person said, "Staff make me feel dignified when I have a shower, staff treat each other well too, which is nice to see". We saw staff treating people with dignity and spoke with them in a way that promoted their dignity and privacy. One relative told us that staff called their relative "Sir" and this made their relative feel important and they always smiled when staff referred to them this way. Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I keep my voice low when talking with people in communal areas so it protects their privacy". Another member of staff said, "It is important that people are treated with dignity as it can be difficult for people especially when providing personal care. I ask if people are okay and feel comfortable all the time".

Good

Is the service responsive?

Our findings

People told us they were supported to undertake hobbies and interests that were important to them. One person said, "We do activities, I like playing cards and just chatting. I go to the pub with staff too". We also saw that some people had chosen not to take part in activities and when we spoke with them we were told that staff respected their wishes not to be involved. One person said, "I get asked if I want to go out or join in with activities, but I choose to stay in my room, I have a lovely view and I like my own space". Records we viewed contained details of people's interests and where people had been out such as, a visit to the local pub for a meal. This meant people were supported to maintain their social wellbeing.

We saw that people's preferences were respected by staff. One person said, "Staff know me well and know what I like. They [the staff] are very good". A relative told us that staff supported their relative in a way that met their preferences. They said, "The home has a homely feel and being small there is a personal touch, staff make sure my relative has things they like such as; listening to classical music whilst they are in their room". Staff we spoke with were able to explain people's preferences in how their care was provided and it was clear staff knew people well. The records we viewed showed people's lifestyle history, current health and emotional wellbeing needs, which included who and what is important to people. The information we viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes.

People and relatives were involved in the planning and reviews of the care provided. People told us they were involved when they started to use the service and both they and their relatives were included in discussions about their care. One relative said, "I am kept informed of any changes in my relatives care and I feel involved". We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's medicine had been changed due to concerns with heightened anxieties and the records showed that the manager had been responsive to a change in the person's needs and had taken action to respond to these changes.

Some people who used the service had limited communication and staff understood people's individual way of communicating. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person found it difficult to understand questions and staff told us that this person needed short simple questions to aid their understanding. We saw that the support plans gave staff guidance on how to recognise when people needed specific care, for example; how individual people showed signs they were unhappy or in pain. This meant that staff were responsive to people's individual ways of communication.

People told us that they knew how to complain and they would inform the deputy manager or the manager if they needed to. One person said, "Staff and the manager listen to me if I raise anything". A relative we spoke with said, "Any problems with my relative are sorted straight away. I have nothing to complain about here". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. There was a complaints log in place to record any complaints received. There had been no complaints received at the time of the inspection. This meant that the provider had a complaints

system in place that people understood.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found that systems were not in place to monitor, manage and mitigate risks to people's safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found there were still improvements needed to meet the regulation.

We found that there had been some improvements to the monitoring systems in place to ensure that people received appropriate care and support. For example; we found that medicines were managed effectively to keep people safe. The provider had also implemented a system to ensure that staff training was monitored and updated, which ensured people were supported by staff that were sufficiently trained. However, further improvements were needed to ensure that the provider had an overview of the service and to ensure that further systems to monitor and manage the service were implemented. For example; the system in place to audit incidents was not effective. We found that incidents were not always recorded in the audit and there were not actions recorded to show what had been put in place to protect people from harm. There had not been audits carried out for the environment, infection control or care plan audits to ensure the provider was aware of changes in people's needs and staff were not always recording information as required. For example; we found that staff had not always recorded on the specific charts when people had displayed behaviour that challenged. This meant that the provider was unable to assess if people needed further support and if there were any trends in their behaviours. We were told by the assistant manager that this was due to be carried out as they had given priority to other areas of concern within the service.

We found that improvements were needed at the service to ensure that the management of family members who worked at the service was appropriate. For example; the provider currently undertook the formal supervision for the deputy manager who is also their son. The provider told us that they treated their family member like any other member of staff, but they agreed this was not appropriate and they would ensure that future supervisions would be carried out by the assistant manager to ensure that professional and personal boundaries were not crossed.

The above evidence shows that there were not always effective systems in place to assess and monitor the quality of the service provided. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found that the provider had failed to notify us (CQC) by law, of incidents that had occurred at the service. For example; expected and unexpected deaths, serious injuries, Deprivation of Liberty Safeguards (DoLS) and alleged abuse. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to meet the regulation. We found that the manager had notified us of an incident of alleged abuse. Since the last inspection the manager told us that they now understood their responsibilities to notify us of these incidents.

People told us and we saw that feedback was gained about the quality of their care. One person said, "We

have meetings and we discuss different things like the food, what we want to do and if we feel there any improvements that can me made". A relative told us they had completed a questionnaire that asked them about their relatives care. We saw records that showed a questionnaire had been circulated to people and their relatives to gain feedback on people's experiences. We saw where there had been concerns raised these had been acted on by the manager. For example; three people had stated they did not know about their plans of care. We saw actions had been taken to sit with people and look through their plans of care and discuss these with people when the monthly reviews were undertaken. This meant that feedback gained had been acted on to make improvements.

People and their relatives told us the provider was approachable and they felt comfortable raising any concerns with them. One person said, "I can approach the manager and they are always around for me if I need them". Relatives told us there had been improvements made at the service. One relative said, "I've noticed a lot of changes and the home has made improvements such as more staff available, staff are wearing uniforms so they are easily identifiable if I need to speak to someone". Staff told us that they could approach the provider if they needed to. One staff member said, "I can approach the provider and the deputy manager. Even though it is a family run home, it is professional and I could approach the provider if I was unhappy about the response received from the Deputy Manager". We saw staff were comfortable approaching the provider on the day of the inspection. We found the atmosphere within the home was friendly between staff and people, relatives and the senior management team.

Staff were positive about their role and told us there had been improvements made since our last inspection. One staff member said, "There have been improvements in lots of areas across the home, the whole place has changed. The management are more approachable and listen if we raise anything. There is now a 'let's get it right' attitude" Another member of staff said, "It has changed for the better, the standards have improved a lot. It is a small home and people get dedicated attention, which is personalised". The provider told us they were committed to providing a good standard of care and they were working hard to ensure people receive the best care they can. They told us they were happy with the improvements made and understood they had some areas that needed some improvements, which they would rectify as soon as possible. We found the assistant manager who had recently been employed at the service was reactive to our concerns and where we raised minor concerns these were rectified at the time of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not always effective systems in place to assess and monitor the quality of the service provided.