

Tamaris Healthcare (England) Limited

Riverside Court Care Home

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Riverside Court Care Home is a residential home providing personal care and support for up to 60 people. The service also provides nursing care. At the time of inspection there were 56 people living in the home.

People's experience of using this service and what we found

The entire team put people at the heart of the service delivery. People received care that was individually planned to meet their unique needs.

People were very engaged in activities both within the home and in the local community. The service was creative and innovative in supporting people to actively access interests and activities that were important to them.

Staff excelled in providing compassionate and dignified end of life care. We received exemplary feedback from people's relatives around support they had with planning for the end of life care and the delivery of palliative care.

People we spoke with told us they felt safe and staff had enough time to support them. Safeguarding policies and procedures continued to protect people from the risk of abuse and avoidable harm.

Risk assessments supported people to manage the risks in their daily lives in ways which upheld their rights.

Staff carried out assessments to identify the support people needed and how to promote people's independence. People were supported by experienced and skilled staff.

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well. People told us they enjoyed the food, which was freshly made and high quality.

Staff were caring and committed to supporting people in ways which upheld their dignity. Staff communicated well with people and respected their decisions. People felt comfortable when staff supported them with their personal care.

Staff were extremely motivated and proud to work at the service. We found an open ethos with a clear vision and values which were put into practice by staff.

The management and staff team were committed to providing high-quality care. The management ensured the quality of the service was maintained by regular checks and monitoring. People were encouraged to provide feedback about the service and take action.

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

Rating at the last inspection

The last rating for this service was good (published, March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Riverside Court Care Home

Detailed findings

Background to this inspection

The inspection

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

The inspection team

This inspection was carried out by two inspectors and an expert by experience. 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 19 people living in the home and with 11 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, two registered nurses, five care staff, and the cook.

We had a tour of the premises and reviewed a range of records about people's care and how the service was managed. This included seven people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the provider's quality assurance audits the management team had completed.

After the inspection

The management team provided us with further evidence to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Staff were well-trained and knowledgeable. People told us they felt safe and were happy with the care they received. A relative told us, "I have never seen anything untoward, there are a lot of staff around, I have every confidence in this place."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.

Assessing risk, safety monitoring and management

- Risks were well managed. The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. A risk alert system termed 'clinical hotspots' was used to flag up people's individual health risks. This included the risk of falls, risks to skin integrity, weight loss and allergies.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.

Staffing and recruitment

- Staffing levels met people's needs and kept them safe. The registered manager used the provider's dependency tool to consider all aspects of people's needs and the layout of the home, to determine safe staffing levels. People said there were enough staff to meet their needs in a timely way. One person told us, "There are plenty of girls and they always come if you call."
- The provider made sure robust recruitment procedures were followed to recruit staff safely; all necessary pre-employment checks had been completed prior to people starting work.

Using medicines safely: Preventing and controlling infection

- Medicines continued to be managed safely. The provider's policies and procedures provided clear guidance for staff on medicine management, and these were in accordance with current guidance and regulations. Robust monitoring of 'as required' medicines meant people did not receive them unnecessarily. Staff were proactive in ensuring people's medicines were regularly reviewed.
- Staff had undertaken medication training and competency checks to help ensure they had the skills and understanding to administer medicines safely.
- The registered manager conducted 'walk arounds' to ensure the home was clean and tidy and cleaning rotas and schedules were adhered to. Care staff followed good practice, using personal protective equipment, including; gloves and aprons when providing personal care.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

Learning lessons when things go wrong

- The registered manager and provider promoted an open culture of continuous learning when things went wrong. Safety concerns raised were valued as integral to learning and improvement. The service had recently improved working practices after mistakes had been made when dispensing medicines. They now had two staff to check medicines.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Staff applied their learning in line with current good practice guidelines, such as recommended by National Institute for Health and Care Excellence (NICE) on the management of pain and through implementing a falls strategy. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as age, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were provided with training so that they had skills and knowledge to support people effectively. Staff were particularly well-trained to support people living with the effects of dementia. Nursing staff received training and support to renew their nurse validation, such as catheterisation and sepsis training. Staff received additional training to take champion lead roles, such as in dementia care and moving and handling.
- One healthcare professional told us, "There is a high level of expertise within the home, both nursing and care staff."
- People and their relatives expressed great confidence in the staff and their skills. A relative told us, "Staff know what they are doing. The moving and handling here, amongst other things has been really good and we are very happy that she [relative] will be safe and well looked after here."
- The provider made sure new staff were given an induction to ensure they could carry out their role safely and competently. The registered manager ensured all staff received supervision, with the opportunity to discuss their responsibilities, concerns and to develop their role.

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

- People's nutritional needs and preferences were being well met. Staff understood who needed a modified diet and ensured they received this. Kitchen staff were knowledgeable about modified diets and allergies. Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed.
- People enjoyed the food provided. Food was freshly made and of high quality. The tables were appropriately set with napkins, menus, condiments and drinks and the atmosphere in the dining room was relaxed. People told us, "The food is marvellous, lots of choice, I can't fault it" and another person told us, "I get plenty of food, it's not always to my taste but they get me something else if I want, it's no problem."

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

- People received appropriate support to meet their healthcare needs. Staff worked closely with other social care and healthcare professionals, as well as other organisations to ensure people received a coordinated service.
- Staff shared information when people moved between services, such as admission to hospital or attendance at health appointments.

Adapting service, design, decoration to meet people's needs

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable, and bathrooms were suitably equipped. There was access to safe, well maintained gardens. Plans were available for ongoing redecoration and refurbishment.
- The provider used technology to assist in the effective delivery of care. Some people had movement sensors in their rooms to help keep them safe.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's rights were protected. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection 16 had been authorised and these complied with the agreed restrictions.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff received training and demonstrated an understanding of the principles of the MCA. People's capacity to make decisions was recorded in care plans, with details of support in making best interest decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness, care and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- We observed respectful and positive interactions between people and the staff. Staff were able to support people when required and people said they weren't rushed. Staff expressed high regard for the people they were caring for. One staff member said, 'I love making a difference. We can be the difference to someone having a bad day or a great day.'
- Care plans included descriptions of how to support a person if they became distressed in ways which minimised the persons anxiety.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were able to make choices and decisions. Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences. They said, "I can get up and go to bed when I want. I can go out in a taxi when I want" and "I can decide what I want to do. I can order a take away if I fancy one."
- Staff encouraged people to express their views as part of meetings, daily conversations and customer satisfaction surveys. Staff used iPads to sit with people and gain their views. Information displayed around the home helped keep people informed of proposed events and any changes.
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy ensures people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. There were policies and procedures about caring for people in a dignified way. This was demonstrated by how staff supported people to express their individuality.
- People were supported to be as independent as they could be. Staff were knowledgeable about accessing services, so people could have equipment and adaptations to keep them safe and promote their independence.
- Staff protected people's privacy by speaking discreetly when required and always knocking on bedroom doors before entering. Bathrooms, toilets and people's bedrooms were fitted with appropriate locks.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were very engaged both within the home and in the local community. The service was creative and innovative in supporting people to actively access interests and activities that were important to them. The two dedicated activity co-ordinators ran groups such as, a cuppa and a crack conversation group with home-made cakes served using vintage style china crockery. The knit and natter group was also popular with an area of the home themed on a wool shop. The knitting group had made blankets for a homeless charity. Staff told us, "This has been really important for people to feel they can give back to the community and contribute." There was also a men's group with topics and trips out chosen to suit their interests.
- The home had been part of an innovative project to develop the care and activities for people living with more advanced dementia led by Lancaster University. Staff now had the skills to lead on yoga, mindfulness and meditation sessions for people in the home. People told us they really enjoyed these sessions and relatives told us that this had made a big difference to their relatives mood, was very calming and helped with challenging behaviours.
- Staff had an excellent understanding of people's social and cultural diversities and their personal values and beliefs. People were strongly encouraged to pursue their interests. A mini-bus with a dedicated driver was available to take people out whenever they wanted a trip out. There were trips out to local shopping centres, the seaside, to the theatre and for music and dancing. One person told us, "I loved my dancing last night it was great." They had been with the activity organiser to a local dance the night before.
- The activity co-ordinator had introduced 'Purple Angels' designed for people with advanced stages of dementia to reconnect and engage with music. This involved downloading people's favourite music onto MP3 players and listening to music on headphones. The activity co-ordinator told us, "The results have been out of this world. People come, alive. Some sing along when they had lost the ability to fully communicate." One person who had limited communication for a number of years had opera music in their native language played and became very emotional and gave the thumbs up and smiled and tapped their foot along to the music. One relative told us, "This has been amazing. The whole family are involved, and it's been a joy to see [relatives] face light up. We never thought we would see them enjoying music again."

End of life care and support

- The team excelled in providing compassionate and dignified end of life support. Staff received training around palliative care and worked towards a nationally recognised accreditation in end of life care. This meant they aimed to provide outstanding and innovative person-centred end of life care based on current best practice.
- The service had a dedicated room designed for people at the end of life. This contained a sofa for relatives,

and other small touches such as tea and coffee making facilities, low lighting and bird feeders outside the window. Staff took time to sit with people and ensured that towards the end of life a member of staff was always available when relatives were not present.

- We received exemplary feedback from relatives around support they had with planning for the end of life care and the actual delivery of palliative care. A relative told us, "Staff are continually reviewing [person's] care as her needs are changing all the time. We have discussed end of life care for [person] and I am involved as much as I want to be allowing the staff to do their job and putting my mind at rest". This showed there was rapid response to people's changing care needs and timely advice given to relatives at the times they needed it. One professional told us, "They (staff) also provide excellent end of life care when this is required. Staff take care of the resident and their family and friends during this emotional time".

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

- Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual communication styles, creating a truly person-centred environment. We observed staff using this detailed knowledge to make people comfortable, have fun and reduce any distress. It was clear staff were extremely dedicated and passionate about people.

- External professionals were extremely complimentary about the person-centred approach. One healthcare professional told us, "The team provide exceptional and compassionate care at all times. I have found them to be honest and will seek advice when required. Their knowledge of the individuals in their care is outstanding."

- This was particularly the case for people experiencing mental health problems with staff being very proactive in engaging both the person and external professionals to review and develop skills. People who had previously been in the home for several years were now being supported to move onto more independent living. One person told us, "I used to not want to leave my room. Now I'm going out, getting taxis, going to the bank, going out for meals and to the pub. I never would have thought this possible without the manager and staff being behind me. Their help has made the world of difference."

- People were supported to express their individuality. This was seen by the clothes people wore and even down to the colour of their hair. Plans of care suggested ways to assist people's physical, mental and emotional health and well-being and recognised their protected characteristics under the Equality Act 2010.

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

- People's communication needs were explored, and people's care plans contained clear instructions how to ensure effective communication.

- There was a strong focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued, such as by using iPads. The service had worked with the speech and language therapy team to embed communication support throughout the service. We saw people were consulted on every aspect of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated supportive leadership, a close daily involvement in the service and had a clear vision for service development. People told us, "The standards have definitely gone up since this manager came in post. There's been lots of improvements."
- Senior staff led by example and staff were clear of the high expectations. One staff told us, "This is the best home I've worked in. It runs like clockwork. Staff all work really hard to improve people's lives. We all pull together." And another staff said, "The manager has high standards. You know where you stand with her and any issues are always dealt with."
- The registered manager completed monthly audits covering quality indicators such as bed rail safety, medication audits, the dining experience and wound care analysis. These were checked for any patterns to highlight lessons to be learned and action to be taken when needed.
- Staff used relevant legislation and best practice guidelines to drive improvement. For example, from NICE and recognised good practice research for people living with dementia and for those people with mental health issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team demonstrated a commitment to providing person-centred, high-quality care. People's wishes were highly respected and care was arranged around people's preferences and requirements. People's identities and equality characteristics had been identified in care records. Staff we spoke with were knowledgeable about people's backgrounds, experiences and respected their beliefs.
- There was an open atmosphere in the home. People were comfortable speaking to the registered manager and staff. Resident and relative meetings had been held, however, people told us they were comfortable to discuss their experiences with the staff and the management team at any time.
- Staff meetings had been held regularly to discuss practice matters and other issues relating to care and support. Staff told us they found these useful and informative. Staff said they could raise anything for discussion and the registered manager would add it to the agenda.

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 management team promoted and encouraged candour through openness. Good relationships had

been developed between management, staff and people using the service and their family members.

- The management team had spoken with people when things went wrong, and reported to the relevant authorities. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

Working in partnership with others

- The registered manager and staff worked effectively in partnership with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met. This included collaborative working with specialist nurses, learning disability teams, mental health teams and speech and language therapists.
- People's lives were enriched by the strong links forged with local community.