

Shropshire Council

Four Rivers Nursing Home

Inspection report

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Date of inspection visit:
25 April 2019

Date of publication:
22 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Four Rivers nursing home is a residential care home registered to accommodate up to 40 people. Accommodation is set out in four self-contained units. At the time of this inspection the service was providing personal and nursing care to 39 people some of whom were living with dementia.

People's experience of using this service:

- People and their relatives were positive about the care and support provided. One person said, "I love all the staff. I am very happy here." A relative told us, "The staff are incredible and they have transformed my [relative's] life."
- The provider had made improvements to the service since our last inspection.
- Governance of the service had improved. Effective checks and audits were carried out to determine the quality of the care. The provider had acted promptly to address areas identified for improvement.
- The provider had informed us of significant events and Deprivation of Liberty authorisations in accordance with their legal responsibilities.
- There were safe systems for the management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.
- Risks to people were monitored and procedures were in place to help keep people safe.
- People were supported by adequate numbers of staff who were safe and competent to work with them.
- People were protected from the risks associated with the control and spread of infection.
- Staff understood the importance of ensuring people's rights were understood and protected.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's health care and nutritional needs were monitored and understood by staff.
- People told us staff understood their needs and were kind, caring and compassionate.
- People had opportunities for social stimulation and were able to maintain links with the local community.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in April 2018

(Report published May 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Four Rivers Nursing 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 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector 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:

Four Rivers Nursing Home 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:

The inspection site visit was unannounced and took place on 25 April 2019.

What we did:

The provider submitted a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority, commissioners and Healthwatch for any information they had which would

aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with 10 people who lived at the home and seven relatives to ask about their experiences of the care provided. 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. The registered manager was not present at this inspection. We spoke with the deputy manager and six members of staff which included nurses and care staff. We looked at four people's care and medication records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we rated this key question as requires improvement. This was because the provider's procedures for the management and administration of people's medicines were not always safe. The management of people who exhibited behaviours which may challenge were not always effective in identifying or reducing possible triggers. At this inspection improvements were found.

Using medicines safely

- Improvements had been made to ensure that there were clear protocols in place for the administration of 'as required' medicines.
- Action had been taken to ensure people's creams and topical lotions were administered as prescribed.
- Procedures had been put in place to monitor the expiry dates of people's medicines.
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.
- Medicines were securely stored. People's medicine administration records had been fully completed and there was an audit trail of all medicines held at the home.

Assessing risk, safety monitoring and management

- Following our last inspection behavioural charts had been introduced to monitor behaviours which may challenge. These charts helped to identify possible triggers such as pain.
- There were effective procedures to assess and manage risks which staff understood and followed. These included, risks associated with pressure damage to the skin, mobility, eating and drinking and risks associated with behaviours which may challenge. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- Regular checks were carried out on the environment and equipment used by people to ensure they remained safe to use.
- External contractors ensured equipment, such as moving and handling equipment and the shaft lift were regularly serviced and maintained.
- Maintenance staff were employed and any repairs were dealt with in a timely manner.
- Staff were trained in fire safety and each person had a emergency fire evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I am very safe and well looked after here."
- Staff had been trained to recognise and report any signs of abuse. A member of staff said, "I have never seen any bad practice. If I did I would report it straight away."
- Where concerns had been brought to the attention of the registered manager they had informed the local

authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

Staffing and recruitment

- Staff told us there were enough staff on duty to meet people's needs and help keep them safe.
- Staff responded to any requests for assistance in a timely manner and they recognised when people needed support.
- The atmosphere in the home was relaxed and staff interacted and supported people in an unhurried manner.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Preventing and controlling infection

- The provider's infection control procedures were understood and followed by staff. We observed staff following good hand hygiene and using single use personal protective equipment (PPE) appropriately when assisting people.
- Domestic staff ensured the home was kept clean and fresh smelling.

Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any traits. We saw measures were put in place to reduce the risk of the incident happening again and to reduce the risk of injury.
- When an accident or incident occurred, the registered manager informed the person's relative detailing the action they had taken.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we rated this key question as requires improvement. This was because the provider had not always ensured people's rights were protected in accordance with the Mental Capacity Act 2005 (MCA). This related to the use of bedrails. We found improvements at this inspection.

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

- 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.
- In accordance with the MCA, assessments of people's capacity to consent to aspects of their care and treatment had been completed. These included the use of bedrails and the use of covert medication. Where a person did not have the capacity to consent to their care and treatment, best interest meetings had taken place involving the person's relatives, GP and staff that knew them well.
- People's rights were respected. We observed staff asking people for their consent before assisting them. We also heard staff asking people if they were happy where they were and what they were doing.
- Staff had been trained and understood the principles of the Mental Capacity Act 2005 (MCA).

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

- People were assessed before they moved to the home to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to admission. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People saw doctors and other professionals to meet their needs when they needed. These included GP's, dentists, opticians, speech and language therapists, tissue viability nurses and mental health professionals.

- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
- People were provided with specialist equipment to meet their needs. This included pressure relieving equipment, mobility aids and specialist chairs.

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

- People told us and we observed, they received enough to eat and drink and that their preferences were understood and respected.
- People's nutritional needs were assessed and kept under review. Care plans contained information about people's needs and preferences.
- Staff told us about people who required fortified meals, thickened fluids and those people who required their meals to be prepared at different consistencies. We observed people were provided with food and drink which met their assessed needs.
- We observed people were offered a selection of drinks and snacks throughout the day.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent to support them.
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed.
- The registered manager monitored staff skills and training to ensure they remained competent and that they received refresher training when needed.
- A member of staff said, "The training is really good here. If there is something you particularly want to do you just have to ask."

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

- People lived in a comfortable and well-maintained environment. The home consisted of four self-contained units each of which accommodated 10 people.
- Décor and furnishings helped to promote a homely feel and there were communal areas where people could choose to spend their time.
- Work had started on one of the units in the home to create more dementia friendly environment.
- Each person had their own bedroom which they could personalise in accordance with their tastes and preferences.
- Grab rails and ramps helped people to maintain a level of independence when mobilising around the home.
- People had access to well-maintained gardens.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were cared for by kind and considerate staff. One person said, "I love them all." A relative told us, "The staff are incredible. They are so kind and caring and they have transformed my [relative's] life."
- We observed staff interacting with people in a warm and caring manner. They took time to listen to what people wanted and responded to their requests.
- The atmosphere was relaxed and people looked comfortable in their surroundings. People's facial expressions and responses indicated they were at ease with the staff who supported them.
- People's protected characteristics such as sexuality and religious preferences were discussed with them and recorded in their plan of care.
- Staff had received training in equality and diversity and four staff had received lesbian, gay, bi-sexual and transgender (LGBT) training.
- People were supported to maintain contact with the people who were important to them. A relative told us, "I can visit whenever I want to. Everyone is so friendly and I am always made to feel welcome."

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

- Care plans contained information for staff about how to support people with a sensory impairment. For example, ensuring people had their spectacles and hearing aids where required.
- Staff had a good understanding about people's needs and they had the skills and information to support people with communication difficulties to have a voice and express their needs and views.
- People made choices about their day to day lives. We heard staff checking people were happy where they were and with what they were doing. A member of staff responded straight away when a person said they wanted to go to their bedroom.

Respecting and promoting people's privacy, dignity and independence

- Staff offered people assistance with their personal care needs in a discreet and dignified manner. Assistance was provided in the privacy of people's en-suite facilities.
- Each person had their own bedroom which they could spend time in whenever they wanted.
- Staff respected people's privacy and we saw they knock on bedroom doors before entering.
- People were supported to be as independent as they could be. Staff ensured people had access to their mobility aids so they could move around their environment.
- The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- Care plans detailed information which was important to the person such as daily routines and family members. A relative told us, "All the staff know [relative] really well and they know what is important to them. Even the maintenance man and cleaners know [relative] really well."
- We heard a member of staff chatting to one person about their family member. The person responded positively and engaged in the conversation.
- Information was available in accessible formats to assist people with a sensory impairment; for example large print.
- The home had a braille signage in key areas and also a hearing loop.
- People were provided with opportunities for social stimulation. On the morning of our visit people were enjoying an exercise session.
- There were organised musical sessions and visits from 'pat dogs' and other animals. A hairdresser visited the home every week.
- People and those close to them were involved in planning and reviewing the care they received. A relative said, "I am fully involved and kept well informed. I couldn't ask for any more."

Improving care quality in response to complaints or concerns

- People and their relatives felt confident in raising concerns.
- Any concerns brought to the attention of the registered manager were taken seriously. They were investigated and responded to in accordance with the provider's procedures.
- People were provided with a copy of the provider's complaints procedure when they moved to the home. The complaints procedure was also displayed in the home.
 - The complaints procedure could be produced in accessible formats where required.

End of life care and support

- People's care records contained information about people's religious preferences and their preferences during their final days and following death.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we rated this key question as requires improvement. This was because the provider had not always informed us of significant events and Deprivation of Liberty authorisations. The provider's quality assurance systems were not always effective in identifying shortfalls. Improvements were found at this inspection.

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

- The service had a manager registered with the Care Quality Commission. A registered manager 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.
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff considered that the team work in the home was good. A member of staff said, "[Name of registered manager is very supportive and their door is always open.]"
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- There were effective systems to monitor staff skills, knowledge and competence.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- Procedures to monitor and improve the quality and safety of the service had improved. Regular internal audits and checks were carried out and these were effective in identifying and addressing areas for improvement. Quality visits were also carried out by the provider's management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, injury, safeguarding and Deprivation of Liberty Authorisations.
- The home's last inspection report and rating was clearly displayed in the home and on the provider's

website.

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

- People's views were encouraged and respected. Annual surveys provided people and their relatives to express a view about the service provided. The results of a recent survey had shown a high level of satisfaction.
- There were good links with the local community which benefitted the people who lived at the home. These included local churches and schools. Local brownies also visited the home.
- A recent coffee morning was well-attended by the people who lived at the home, their relatives and people from the local community. Money raised was used to benefit the people who lived at the home.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's and health care professionals.