

Riversdale (Northwest) Limited

# Riversdale Nursing Home

## Inspection report

14-16 Riversdale Road  
Wirral  
Merseyside  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Riversdale Nursing Home is a residential care home providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 40 people in an adapted building over three floors.

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

Medicines were not always managed safely. Guidance was not in place for the use of cream medications, medication patches and 'as and when needed' medications. Health needs of people were not always monitored in their care records. We have made a recommendation about the management of recruitment. There were a range of provider and manager audits in place, however, some of these were not effective due to the issues we found.

We could not be certain that people were supported to have maximum choice and control of their lives or that staff supported them in the least restrictive way possible and in their best interests; this is because there was no appropriate documentation in place to show the systems in the service supported this practice.

Care plans and risk assessments were not clear or detailed how people wished and needed to be cared for. They had not been regularly reviewed or updated.

People told us they felt safe living at the service. Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management and other health professionals such as GP's were accessed when needed. The manager and provider had worked with other professionals such as infection control and the local authority and followed advice to improve aspects of the service.

Observations of staff indicated warm and caring relationships had developed with people living in the home and interactions were respectful and familiar.

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 17 August 2019.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riversdale Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified breaches in relation to governance, medicines management and risk management at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Riversdale 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection was carried out by one inspector and one 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

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

The service had a manager who was going through the registration process with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the manager, and area manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had visited the service.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments did not reflect people's current needs. The information was not clear and did not give specific guidance on aspects of care. As there was a use of agency staff, this meant that staff did not have the appropriate information to support people safely.
- Monitoring information for people was incomplete or we were not able to see appropriate documentation to ensure the safety of people. For example, people's pressure area care was not fully documented, there was no evidence pressure areas care was regularly provided.
- Other examples included weights that has fluctuated but it was not clear what actions had been taken and those people who had their fluids monitored did not have their total daily intake calculated and so it was not clear if people were receiving the appropriate amount of fluids.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- The provider was in the process of improving the fire doors and environment to ensure the safety of the people living in the home.

### Using medicines safely

- Appropriate guidance in relation to 'as and when needed' and topical medications were not in place.
- The use of patches and topical medications were not managed in line with guidance, for example there was no instruction on where to apply these medications on the body.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate measures were in place for controlled medicines and these were regularly audited.

### Staffing and recruitment

- During the inspection there appeared to be an appropriate number of staff on duty. However, we received comments from people and family that staffing was an issue at times and that there was a high number of agency staff.
- We looked at three staff files and saw staff had their criminal conviction checks in place. However, we identified that other aspects of the recruitment process needed to be improved, for example ensuring appropriate references were in place prior to the start of employment.

We recommend the provider consider current guidance on appropriate recruitment processes and take action to update their practice accordingly.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- None of the people we spoke with had concerns over safety within the home either with staff or the environment. Comments included "I feel safe as there are staff always on hand." Another person said "I feel safe when carers are about including when they give me personal care. I'm restricted in movement and stay in my room but I'm happy."
- There was a policy in place to ensure that people were protected from the risk of harm and abuse referrals had been made to the local authority safeguarding team when abuse had been suspected.

#### 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 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

# 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 now deteriorated to 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.

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

- There were systems in place to check the quality and safety of the service, however we identified improvements were needed due to some of the issues we found during the inspection. For example medication management, care planning and the monitoring of peoples health and well-being.
- We also identified that care files did not always contain documentation that showed people had consented to their care, that care was delivered in people's best interests or that families had been Involved in decisions that had been made.
- The home had changed provider in December 2020 and a new management system had been implemented. However, these changes were recent, and improvements still needed to be embedded within the service and the culture of the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and transparent and engaged positively in the inspection process.
- The new provider, and manager, were clear with regards of what was expected of them within the home.
- The majority of the people and relatives we spoke with were aware of the new manager and provider. We were told they would be happy raising issues with staff and two people mentioned that the complaints procedure was on the wall in reception. However, we received some comments that indicated that communication was not always robust between families and the staff. For example one relative told us "The home has changed hands although I was never told officially, and I think that the new manager is trying to get things sorted but their communication could be better."
- The manager had shared information with the CQC and the local authority as required.

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

- During the inspection we observed that the manager and permanent staff had a good rapport with the

people living in the home.

- We identified that although care plans did not reflect people's needs, the manager and permanent staff had good knowledge of people's manner and their likes and dislikes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and provider representatives were responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- Support from other health and social care professionals was sought when required.
- Staff meetings had been held and there was a supervision and appraisal system in place giving staff an opportunity to discuss any issues they had.
- No resident or relative meetings had been held however, the manager informed us that these were being planned; the COVID-19 pandemic had impacted meetings taking place.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate risk was effectively managed or that medicines were effectively managed..
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate good governance.