Riversway Care Limited

Riversway Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 10 May 2016 and was unannounced. The care home was last inspected on 12 September 2014 and met with legal requirements.

Riversway Nursing Home is registered to provide nursing and personal care for up to 69 people. There were 61 people living in the home on the day of our visit.

There was a registered manager in post. 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.

People were assessed before they moved into the home to ensure their needs could be met.

Risks to people were assessed, and where identified, actions were taken to reduce the risks and keep people safe. Some risks had not been identified and sufficient actions had not been taken when a person's condition changed or deteriorated. For example, two people had developed pressure ulcers. These had not been recognised or identified by staff. They were identified by a visiting GP.

People received personalised care that was responsive to their needs. Care plans reflected that people's individual needs, preferences and choices had been considered.

People were supported to have their nutritional needs met. The dining experience was relaxed, and people received the support they needed.

Governance systems were in place to monitor and mitigate most of the risks relating to the health, safety and welfare of people.

The rights of people who did not have the capacity to consent to care and treatment were protected because the service worked in accordance with the Mental Capacity Act 2005.

People who were supported by the service felt safe. Staff had a clear understanding about how to safeguard people, and knew the actions they would take if they suspected abuse.

We found three breaches of the Health and Social Care 2008 (Regulated Activities) Regulation 2014.

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.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Staffing levels were sufficient for the needs of the people living in the home. Robust recruitment procedures were in place. This reduced the risk of unsuitable people being employed.

Risk assessments were completed and risk management plans were in place to provide support to people in the event of an emergency.

People received their medicines safely. The provider had procedures in place to assess and monitor the safety of medicines management. Issues with regard to the supplier of medicines had been identified and were being addressed by the provider.

Is the service effective?

Requires Improvement

The service was not always effective.

People's health care needs were assessed. However, actions were not always taken in response to a person's changing or deteriorating condition. For example, monitoring of pressure relieving equipment and pressure areas was not always sufficient.

People did not always receive the care needed when their condition changed. For example, people did not always receive the fluids they needed.

Staff received supervision and training in key areas to enable them to meet people's needs.

The rights of people who did not have the capacity to consent to care and treatment were upheld because staff acted in accordance with the Mental Capacity Act 2005.

People had access to community healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for by staff in a kind and caring manner and their dignity and privacy was respected.

People's care was planned in line with their personal wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to their individual wishes and preferences. The care plans held personal information about people including their likes, dislikes, preferences and what was important to them.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

Good

The service was well-led.

A range of quality assurance and monitoring systems were in place. Where shortfalls were identified actions plans were implemented.

People who used the service and their relatives were given the opportunity to provide feedback at meetings and in surveys. This enabled the registered manager to identify areas for improvement and address them.

Staff meetings were held regularly. Staff representatives attended regular meetings with the provider's directors to discuss issues on behalf of their colleagues. Written feedback with agreed actions was provided. This demonstrated that staff contributed to the running of the home.

Riversway Nursing 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 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.

This inspection took place on 10 May 2016 and was unannounced. This meant the provider and the staff did not know we would be visiting. The inspection was carried out by an inspector, a specialist advisor for people with nursing needs and a specialist advisor for people living with dementia.

Before the inspection we reviewed the information we held about the service. The registered provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received for this service. Notifications are information about specific events the service is required to send us by law. We received feedback from two health professionals who were involved with people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was managed.

We spoke with five people who lived at the home and three visitors. We spoke briefly with other people living in the home who were not able to fully communicate their views about the service. We spent time with people in their bedrooms and in communal areas. We observed the way staff interacted and engaged with people. We also spoke with two visiting health professionals, the registered manager, two senior staff, and seven staff which included nursing, care, housekeeping and maintenance staff. We observed medicines being given to people. We observed how equipment, such as pressure relieving mattresses and hoists, was being used in the home.

We looked at six people's care records. We also looked at 15 medicine records, staff recruitment files, quality assurance audits, staff and service user feedback surveys, complaints records, compliments records and other records relating to the monitoring and management of the home.

Following the inspection we received further information relating to staff supervision and training, and

policies and procedures. We also received feedback from two health professionals.

Good

Is the service safe?

Our findings

People living in the home told us they felt safe. One person commented, "Yes it's definitely safe and we can call for help (referred to the call bell) if we need to" and a relative told us, "The staff are helpful and I am more than happy as I know my partner is safe here and I feel safe."

Staff had received training and were able to explain their roles and responsibilities for keeping people safe from harm and abuse. All the staff we spoke with told us they would report concerns without hesitation. For example, one member of staff said, "I would speak with my manager and contact the local safeguarding department." Where safeguarding concerns had been reported, these were being addressed in line with safeguarding procedures.

Accidents and incident were reported and recorded. The registered manager told us how they reviewed falls and accidents to identify trends within the home. They participated in a falls project with the local authority. This meant people could be confident that slips, trips and falls were looked at in detail and actions taken to reduce their recurrence. We saw examples where this had been successful. However, although falls, accidents and incidents were still recorded, the auditing and reviews had not been fully completed during 2016.

Risks to people's safety had been assessed and plans were in place to minimise the risks. These included risks associated with nutrition, mobility, falls, distressed or challenging behaviours, and moving and handling. Risk assessments and risk management plans were reviewed and updated on a regular basis. The risk assessments reflected the abilities of some people which varied from day to day. One person's mobility assessment and plan stated, 'On a good day will walk with zimmer frame, other times needs a stand-aid (type of hoist).'

Safe recruitment procedures were followed before staff were appointed to work at Riversway Nursing Home. Appropriate checks were in place to ensure staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

On the day of our visit, sufficient staff were on duty to provide the support people needed and meet their needs. The registered manager told us they adjusted staffing levels according to the needs and numbers of people living in the care home. A member of staff told us, "I feel safe here now as staffing levels have improved recently. Before there were issues around staff going absent on a regular basis." Another member of staff commented on what they said had been significant issues with staffing levels, due to vacancies and staff sickness. They said that staffing had improved recently and was continuing to improve. We spoke with a representative of the provider. They told us about the support they provided and told us they visited the home each week. They explained the support they had provided to manage staff sickness. This had which resulted in a reduction in sickness levels and a reduction in the use of agency staff. This meant there would

be more consistency in the care and support people received.

We observed medicines being given to people in a safe way. The Medicine Administration Records (MARs) were signed by staff after they had made sure the person had taken their medicines. People were asked if they needed any medicines that were prescribed 'when required', for example, pain relieving medicine.

The provider's policy states that all MARs should record 'details of allergies (even if none known).' Some MARs did not provide this information. This was brought to the attention of the registered nurse at the time of our visit.

There were systems in place to guide care staff on how to apply creams and to record when these were applied to people. Medicines record charts were fully completed, showing that people received their medicines in the way prescribed for them. There were systems for storing medicines, including medicines that required additional security and medicines that required cool storage. People were not looking after all of their own medicines at the time of the inspection, but systems and policies were in place to allow them to do this, if it had been assessed as safe for them to do so.

Care plans included medicine assessments and provided confirmation that people had agreed to have their medicines given to them. For example, staff had recorded, "Have asked (name of person) if it would be good for the nurse to give her medicine" and their response was, "I think that will be ok." This meant people had been involved and had agreed to take their medicines.

We checked the records for one person who was given their medicines covertly by staff. This meant the person received their medicines in a disguised way. There had been discussions with the person's relatives, the GP, the pharmacist and the care home staff. It was agreed this was appropriate and this was recorded. It was also recorded the medicine should be given in yoghurt. This meant the person received their medicines lawfully and in their best interests.

One person had thickening powder prescribed. The container stated it was to be given 'as directed'. There were no records stating the consistency needed for the person although staff told us they knew what was required. However, there was a risk the person may not receive the medicine in accordance with their individual need. We brought this to the attention of senior staff at the time of our visit.

There was a record of medicines received into the home and those sent for disposal. This helped to show how medicines were managed and handled in the home. Medicines should be returned or disposed of when they are no longer needed.

Medicines that had not been required since February 2016 were still being stored in the home. In addition, senior staff told us the equipment needed to render medicines that required additional security inactive before they were returned to the pharmacy had not been provided to the home. The medicines were awaiting collection by the pharmacist. The senior staff were already aware and were taking action to address the issues noted above.

Policies and procedures were available to guide staff. Staff had received training and their competency was checked by senior staff, before they were allowed to administer medicines on their own.

Equipment was readily available and in sufficient quantities. Hoists were available and people who required full body lifts had their own slings which were kept in their bedrooms. Personal protective equipment was provided in sufficient quantities. For example, we saw gloves and aprons used appropriately by staff

Emergency planning had been considered and people had personal emergency evacuation plans within their care records. Other health and safety checks on the premises, such as checks on the standard of electrical, gas and water safety had been completed. This meant people could be confident the premises were safely maintained and their needs could be met in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

Two people had developed pressure ulcers which were diagnosed when they were visited by the GP on the day of our visit. Senior staff told us they had not been aware that pressure ulcers had developed. Both people required treatment and actions plans were implemented. This meant people were at risk of not receiving the care and treatment needed when their condition changed. Their changed level of risk had not been identified or acted upon and their care and treatment needs had not been met.

Some people in the home used pressure relieving mattresses because they were at risk of pressure ulcers. The mattresses required the settings adjusted according to the person's weight. We checked four mattresses at random and found they were all set incorrectly. For example, one person weighed 80.4kgs in March 2016. Their mattress was set for a person with a weight of 125kgs. Another person weighed 41.7kgs and their mattress was set for a person with a weight of 70kgs. This meant people were not always receiving the health care and treatment they needed.

Care plans were not always fully updated in response to a person's condition changing or deteriorating. For example, we saw one person who needed support with fluid and food intake. The person's mouth was dry. There was no care plan in place to guide staff about the amount the person needed to eat and drink and there was no mouth care plan in place. Another person had their fluid intake recorded. For the days leading up to our visit, the records showed they had a significantly reduced fluid intake. There were no records to confirm this reduced intake had been reported or reviewed. The above examples meant people were not always having their hydration needs met. This was brought to the attention of the nurse on duty at the time.

The above were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought the issues above to the attention of a senior member of staff. They also told us they had recognised the shortcomings in the effective management of the pressure relieving mattresses. They had devised a reporting and monitoring record which they had planned to introduce into the home.

Another person who had a pressure ulcer was being treated and cared for appropriately. The tissue viability nurse had provided advice and guidance and we saw their instructions had been followed.

People had access to healthcare professionals. People had received support from chiropodists, opticians, community psychiatric teams, dieticians, occupational therapists and GP's. A relative told us, "If they (the person) need a GP the home will make the necessary arrangements."

Staff had received training and demonstrated an understanding of the Mental Capacity Act. They understood they needed to obtain consent from people before they provided care. Staff told us they knew people had the right to make choices that may be considered unwise. We heard staff asking people before they provided support and assistance. For example we heard people being asked, "Shall I help you know", "Do you want some help to go into the lounge" and "Are you ready or shall I come back later?."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions themselves. DoLS are part of this legislation and ensure where a person may be deprived of their liberty, the least restrictive option is taken, and undertaken in a safe way.

Staff were knowledgeable about the needs of people who had DoLS authorisations in place. They understood their responsibilities. For example, we saw where one person was subject to continuous supervision and monitoring, staff understood what was expected of them. We saw support provided to the person in a kind and dignified way.

Staff told us they were supervised regularly and records confirmed this. Staff received training in a variety of key areas related to the delivery of care such as safeguarding, Mental Capacity Act, moving and handling, nutrition and health and safety. Additional training was provided, for example for dementia awareness and Parkinson's disease.

Staff spoke positively about the opportunities and encouragement they had to undertake training. For example, One member of staff commented, "I have recently completed my NVQ level three. Staff here are encouraged to complete this qualification."

The management team had identified a training need for staff providing support to people with distressing or challenging symptoms and behaviours. This training programme had commenced and was being rolled out to nursing and care staff. A senior member of staff told us the training was really useful in helping staff to understand people's symptoms so they could provide more effective support. In addition, one member of staff commented, "It was excellent. It made you reflect on your approaches and not put yourself at risk."

We observed lunch being served to people in the dining rooms and in people's rooms. People were offered choices of drinks. Main meals had been chosen in advance. Some people who were not able to make advance choices were offered choices at the time of service. Staff engaged in conversation with people and provided support in a calm unhurried manner. They explained what the meal was for those people who had their meals pureed or mashed. For example, we heard one staff member say, "Are you sure you don't want help with any more, are you sure?" There was a system in place to record people's needs in relation to specific diet and allergies. The chef was aware of the people's specific needs and requirements. A relative commented, "The food is good and so are the portions."

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring and our observations confirmed this. Comments included, "The staff are a good crowd" "She couldn't have better care than in here" "I'm very happy here and with the staff" and "When she came back from hospital staff were so welcoming, the carers hugged her."

Several people were not able to express their views. However, we watched interactions with staff and people looked relaxed and comfortable in their presence. For example, one person who walked around the home during the day beamed with pleasure when they saw staff approaching them. Staff responded positively and warmly to this person, acknowledging them each time they passed by and sometimes stopping to offer words of reassurance or to have a brief chat.

Staff were aware of people's preferred names. One member of staff commented on the importance of knowing what each person liked to be called. The atmosphere in the home was calm and pleasant. There was chatting and appropriate use of humour between staff and people living in the home, throughout the day.

People were treated with dignity and respect by staff and they were supported in a caring way. Staff ensured people received their care in private and staff maintained their dignity. Staff were aware of the importance of this. One member of staff told us, "It is so important, making sure people are covered when we give care and the doors are closed." An agency member of staff told us, "I always ask for my shifts to be located here (at Riversway), the home is lovely.

People were involved in decisions about their end of life care and this was recorded. For example, one person had a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place and a planning for the future document had been completed. This states what the person's wishes are at their end of life. We saw the person and their relatives had been involved in the discussions and the decisions that were made.

We saw information available in the home for people who used the service and their relatives. This included information about independent advocacy services and how to access them. Independent advocates are workers external to the service who can support people to voice their choices and decisions.

Good

Is the service responsive?

Our findings

People who lived at the home and their relatives were generally positive about the service and felt it was responsive to their needs. For example, one person commented, "It's very nice here and the staff look after me very well." Feedback from relatives was positive and complimentary. They told us they were made to feel welcome. We saw that relatives were involved in care planning and reviews of care and this was recorded in the care plans.

In the care plans we looked at we saw the registered manager had carried out assessments before offering the person a place at the care home. This was to make sure they obtained a full picture of people's needs and were confident they would be able to provide the care and support people needed when they moved into the home.

People had documents completed to provide information about their backgrounds, careers, families, interests and hobbies. These were recorded in documents called, "My memories' and 'What is important'. For example, one person's records described their enjoyment of the outdoors and how they liked spend time in the garden. The staff team were aware and supported this person to enjoy the garden on a regular basis.

We saw some good examples in people's care plans about their individual methods of communication. Care plans were written in a person centred way. For one person who was unable to communicate verbally, this included how they liked to be moved, what they liked to eat and that they felt safer with bed side rails in place.

For another person, the care plan provided details of the symptoms they displayed when they were anxious or distressed, and how staff were to provide the support they needed on these occasions. Details were fully recorded and reviews were undertaken. For this person, this led to a change to the person's treatment following which improvements in their well-being were noted.

We received feedback from health professionals who told us the staff team had a good understanding of people's needs. They told us recommendations they made were implemented, staff worked in a person centred way and had a good knowledge of the people they supported.

The home had a complaints procedure in place. This was detailed, and it was provided to people when they were admitted to the home. Further details were also displayed in the reception area of the home. We looked at the complaints file and found complaints were fully responded to in the timescales specified in the policy.

There was a compliments file and thank you cards on display in the reception area. We read a recent compliment from a relative which stated, "We would like to place on record our sincere gratitude for all the care and support that you all give."

An activity timetable provided details of the activities and events available for people. Notice boards in the home also contained photographs from previous events. People told us they had opportunities to join in activities in the home and to go on outings. They gave examples of trips to the local café, garden centre and cinema. A relative said they had attended music therapy sessions and a visit to the local church as part of the activity programme in the home. A member of staff told us, "We speak with the service user and their families to find out their likes and dislikes and to create some meaningful activities." Some people attended the local day centre. Transport was provided for people in the home's minibus. Most people were complimentary about the group activity provision in the home. One health professional told us they thought more consideration should be given to the provision of one to one support for people who did not join in the group activities and stayed in their rooms.

Good

Is the service well-led?

Our findings

The registered manager was supported in the home by a management team. This consisted of senior nursing staff who took responsibility for the management of care on each floor, and a senior nursing member of staff that provided leadership and support for the people living with dementia. A training manager was also part of the management team. The team met each week to discuss and review progress with improvement plans and to agree priorities and actions needed for the current week.

We received positive comments about the registered manager and how the home was managed. Most people told us the registered manager was approachable and they felt comfortable about expressing concerns or discussing issues. One relative commented, "The manager is very approachable and always has time to listen."

People provided feedback in an independent survey 'Your care rating' completed in 2015. The results were compared to other care providers and to the previous year. An improvement plan was in place to address where shortfalls were identified, and this was reviewed each month. For example, actions were taken to improve the quality of the food and the choices of meals.

Feedback from staff was generally positive. Staff told us they felt supported. One member of staff commented, "This home has a real feel good factor to it and all staff work really well as a team." A monthly newsletter was circulated to staff and provided updates and news about staff working in the provider's group of care homes.

Staff meetings were held on a regular basis. Staff were also invited to provide feedback in other ways. For example, an employee engagement survey was completed in January 2016 and staff representatives attended 'employee voice' forums on a regular basis. The directors considered proposals put forward at the meetings, and they provided written responses with comments and actions. The progress with the actions was forwarded to the next meeting. This meant staff were able to contribute and make suggestions about the running of the home.

A range of audits, monitoring and checking systems were in place. Annual three day audits were completed by representatives of the provider. Most of the audits were complete and detailed and actions were recorded. For example, in response to a suggestion for more potatoes and fresh vegetables, a new menu was in the process of being devised.

Where issues in the home had been identified, for example, high levels of staff sickness, the provider had allocated additional support for the home and a representative for the provider supported the home on a weekly basis. This had resulted in a reduction in staff sickness. In addition the representative provided support for staff recruitment, retention and development initiatives.

Staff training and development was encouraged and senior staff were undertaking a leadership and management development programme. This demonstrated the commitment the provider had to the on-

going professional development of their staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health were not always assessed or mitigated. Some equipment was not used correctly. 12 (2) (a) (b) and (e)