

Ilkley Care Associates Ltd

Riverview Nursing Home

Inspection report

Stourton Road
Ilkley
West Yorkshire
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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

About the service

Riverview is a residential nursing home situated in Ilkley. The home provides accommodation, personal care and nursing care for up to 45 older people and people living with dementia. On the first day of the inspection there were 26 people living at the home. On the second day there were 27 people living at the home.

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

People's care needs were assessed, and they received good quality person centred care from staff who understood their needs well. People and relatives said they felt safe. They praised the standard of care and said staff were caring and kind.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements were needed to documentation to fully evidence compliance with the Mental Capacity Act (MCA).

The home and grounds had been designed to meet people's needs. The environment had recently had a major refurbishment and creative improvements to the communal space included a tea room, sensory area and dementia friendly activity spaces. The changes provided people with a wider range of choices and opportunities. Staff told us this had a positive impact on people's health and wellbeing.

Staff were knowledgeable about people and the topics we asked them about. They received a range of training, supervision and appraisal. The home had recently introduced 'champion roles' on a range of subjects and the staff team were empowered and enthused about ongoing quality developments.

Medication was managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

The registered manager provided people with leadership and promoted an inclusive and supportive team culture. They maintained good oversight through communication with people and the team and a detailed schedule of audits. They were passionate about continuing to improve the service. There was an inclusive and welcoming atmosphere throughout.

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

Rating at last inspection (and update): The last rating for this service was requires improvement (published 13 November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Riverview 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.

Inspection team

The first day of the inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service. The second day of the inspection was carried out by one inspector.

Service and service type

Riverview 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 on both days.

What we did before the inspection

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

During the inspection-

We spoke with four people and three relatives about their experience of the care provided. We spoke with 12

staff including the registered manager, deputy manager, clinical lead, nurse, seven care workers and the cook. We spoke with one social care professional and two health care professionals. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

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 requires improvement . At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found information to support staff to move and handle people safely was unclear. There was a lack of information about equipment and moving aids. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Each person had a detailed moving and handling plan. This provided information about how to support people. Staff confirmed they had training in how to use equipment and support people safely. The home had recently introduced a moving and handling champion. Their role included monitoring people's care plans, staff training and observations.
- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff understood people's needs well and how to manage any risks.
- Where people displayed behaviours that challenge we saw staff using appropriate techniques to divert people and reduce distress. Staff we spoke with had a good understanding of the people they were supporting. Some people who lived at the home received dedicated one to one staff support to ensure they were safe. One relative said, "When [person] came here they were anxious. [Person] had one to one staffing. If staff saw [person] in distress they knew how to handle her and calmed her down. I have seen them do it."
- The premises were well maintained and suitable for its intended purpose. Safety checks were in place and actions taken when issues noted. The service employed a maintenance worker which meant repairs were generally resolved promptly.

Using medicines safely

- Medication systems were organised, and people were receiving their medication when they should. The clinic room had recently been upgraded.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.
- Protocols were in place for 'as required' medicines. However, they would benefit from more person-centred detail to ensure medicines were administered consistently. We discussed this with the registered manager and were assured this would be addressed.

Staffing and recruitment

- People and relatives said there were enough staff. One person said, "There is plenty of staff around and they all have conversations with me. We get on well."

- Staffing levels were maintained, and we observed people received timely and relaxed support. Consideration was given as to whether people preferred support from male or female care workers. The provider used staff from agencies at times but there was evidence they used the same people and an induction was provided.
- Robust recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe. One relative said, "There is a lot of trust between us. That is why [person] is safe."
- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were recorded and analysed to identify any themes and trends. We saw actions were taken to reduce incidents.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The home was clean and tidy.

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 requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we found a lack of clarity in relation to documentation around consent to care and treatment. Where people lacked capacity there was not clear documentation about best interest decisions. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

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.

- Appropriate DoLS applications had been made in a timely manner by the service.
- We observed staff routinely asking for consent from people before they provided care and support.
- Information about people's capacity to make decisions needed better integrating into their care plans. Where people lacked capacity to make decisions for themselves clearer information about their capacity and showing decisions had been made in their best interests needed to be recorded. Best interest assessments were in place for a range of decisions, but this needed to be recorded in a clearer way to show the involvement of people and their representatives.
- The registered manager understood the principles of the MCA and how to protect people's rights. They were working closely with the local authority to improve care plans and documentation. On the second day of the inspection we saw improvements had been made to some people's assessments, but this needed embedding across the whole service.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They described the support required and

contained person centred information.

- Some care plans could be improved by including more detail. For example, where people easily became anxious and upset there could be more information about possible triggers and approaches to minimise this. We discussed this with the registered manager and were assured this would be addressed.
- People's oral health needs were assessed on admission. Care plans were in place, but these would benefit from more detail.

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

- The building was adapted to meet people's needs. Dementia friendly activity areas were available, for example, there were areas set up as a nursery and a bus stop with a seating area. People had access to safe and attractive outdoor facilities.
- A range of creatively designed communal areas were available to people including a tea room, bar area and sensory room. Feedback about the changes in the environment were universally positive. One care worker commented on the effect this had on people. They said, "Residents seem much happier. There are more areas to choose from." A health care professional told us they had observed a positive impact for people living at the home. They said. "The ambience has been transformed and the residents are peaceful, calm and happy."
- Dementia friendly signage helped people who lived at the home orientate themselves. The doors to people's bedrooms had been painted different colours and included photographs and a snap shot of their favourite things.
- People's bedrooms were spacious and personalised.

Staff support: induction, training, skills and experience

- Staff said the training was valuable and gave them the skills to undertake their role. Staff were supported to undertake qualifications and received regular supervision and appraisal.
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.
- The management team demonstrated commitment to ongoing development opportunities. Staff who acted as 'champions' completed additional specialised training to support their role and the team.

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

- People's needs, and nutritional preferences were met. One person described the meals as, "Excellent. Couldn't be better. I get what I like."
- The mealtime experience was a relaxed and sociable experience. People who needed dedicated one to one staff support used a quiet area where there were minimal distractions and other people had a choice of where and what to eat.
- People's nutritional needs were assessed and met by the service. People's weights and details of food and fluids intake were monitored when this was part of their care plan. The cook had a good understanding of people who lived at the home and responded to people's needs and wishes when planning menus and snacks.
- Brightly decorated hydration stations were available in different parts of the home with a range of drinks available. We saw people were regularly offered a choice of drinks throughout the course of the day.

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

- People and relatives said people's health needs were supported.
- Care plans contained clear information about their health needs and records showed people had access to a wide range of health and social care professionals.

- A GP visited the home on a weekly basis.
- The home was part of the red bag pathway. This meant people who needed admission to hospital had all the relevant information with them to provide appropriate care and treatment.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People looked relaxed and comfortable around staff. One person described staff as, "Excellent. They are never cross with me and they go to lengths to be cheerful with me. All they want is for me to be happy."
- We observed staff were calm, affectionate and spoke warmly with people living at the service Staff and people shared jokes and laughed together. We saw one person approach a care worker and they danced spontaneously which resulted in other people joining in.
- Staff we spoke with demonstrated good caring values and a desire to provide people with high quality personalised care. They knew people well and their choices and preferences. They told us the positive changes in the environment helped them to reminisce with people and build closer relationships.
- Care records were written in a respectful way.

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

- Staff had formed strong and genuine relationships with people and engaged positively with people.
- Staff spent time listening to people and responding to them. They explained what they were doing and offered reassurance. We observed staff routinely offering people choices and listening to their responses.
- People had been involved in day to day decisions about changes in the home. They had been consulted about outings and changes in the environment and décor. Their opinions had been listened and responded to.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we had concerns about people's meal time experiences. We observed meal times were relaxed and sociable. Tables were well prepared including napkins and tea cups and saucers. The deputy manager completed regular observations to ensure meal times were relaxed and person-centred.
- People and relatives told us they were supported in a respectful and dignified manner. One relative said, "I am very grateful for the care. [Person] is always well dressed, clean, warm and well-fed. It is a wonderful standard of care."
- Staff were conscious of maintaining people's privacy and dignity. We saw staff regularly complimented people on their appearance which promoted their self-esteem.
- We saw people's independence was promoted. For example, one care worker sat with a person and provided them with support to add their own sugar and milk into their drink. They reassured and encouraged them throughout.

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 remained the same, good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives said person centred care was provided.
- Care plans were person centred and up to date. People's likes and dislikes and what was important to them was recorded.
- Mechanisms were in place to ensure the service was responsive. For example, handover meetings took place daily and additional 'huddle' meetings throughout the day to ensure staff were up to date about people's needs.

End of life care and support

- People's end of life wishes were clearly detailed in their care plans. People had been supported to create 'treasure boxes' which contained items which were important to them as they approached the end of their life.
- Staff had received training in end of life care and spoke passionately about supporting people appropriately. One care worker said, "We learn more about their wishes and beliefs. I speak to the individual. It's all about maintaining what they like and when they'd like it. It means a lot to me and all the other staff."
- The registered manager told us they had a process in place to reflect on how support had been provided when people were at the end of their life. Relatives were supported to stay at the home if they wished and we saw a range of thank you cards.

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

- The provider conducted a survey in May 2019. It was highlighted improvements were required in activity provision. The OOMPH wellbeing initiative was introduced, and five staff received training. The approach focusses on delivering person centred and individualised activities and recording people's response to ensure they are stimulating and enjoyable. Staff spoke very positively about the outcomes for people. One care worker said, "People are smiling. People do nice things."
- Recent activities included an outing to Gay Pride, a barge trip and visits from entertainers. We observed a pet therapy and interactive baking session and people being supported in one to one activity including reading books and manicures.
- We observed one person living with dementia walking around different areas of the home with a baby doll in a pram. This gave them a sense of purpose and we observed staff engaging affectionately with them.
- People were supported to follow their faith.

Meeting people's communication needs

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.

- The service identified people's needs by assessing them.
- Care plans provided people with guidance about the most effective way to communicate with people with a hearing or sight impairment.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well.
- People and relatives knew how to raise concerns. One person said, "I don't have any concerns but if I did I would talk to staff. They do pick up on things."

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection we found governance systems were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- We saw there were comprehensive audits of all aspects of the service. When issues were identified they were addressed promptly.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- Staff praised the support they received from the management team and said they were confident in their leadership. Staff at all levels were approachable and keen to talk about their work. They expressed their pride in recent quality improvements in the home.

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

- Staff were clear about their roles. They received information through induction, training and supervisions about what was expected of them.
- Staff said they were happy working at the service. They said it had improved considerably over the last year. One care worker said, "[Registered manager] always has an open door. It's changed 100% for the better."
- Staff praised the registered manager and said they were dedicated and approachable. One care worker said, "[Registered manager] is really supportive of everything and everybody."

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

- The registered manager was passionate about developing team work. They said, "Everyone has a voice." This included staff working in 'champion' roles on a range of areas including dignity, infection control and end of life care. This supported staff to feel empowered and valued.
- Staff meetings were held regularly and included a range of topics.

- Staff felt appreciated and involved in the day to day running of the home. The registered manager had recently introduced an 'Employee of the Month' scheme. This recognised good practise and staff going above and beyond.
- The provider had conducted a survey with people and relatives and information had been used to inform changes.

Continuous learning and improving care; Working in partnership with others.

- The registered manager understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to issues we raised. It was clear speaking to the registered manager and staff, there was a desire to continually improve.
- Staff told us morale was good and they were enthusiastic about continuing improvements. One care worker said, "We are one big team. We have a connection. We are supportive towards each other. It feels like home. It's like a family."
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people. They also engaged with a local faith and Alzheimer's Group.
- We received a range of positive feedback about improvements in the quality of the service. One health care professional said, "If I had to say one home that has transformed it is Riverview."