

Dentak Care and Services Limited

The Riverside Nursing Home

Inspection report

9 Church Street
Littleborough
Lancashire
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Date of inspection visit:
23 July 2019
24 July 2019

Date of publication:
28 August 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

The Riverside Nursing Home is located in the centre of Littleborough close to shops and other amenities. It provides easy access to Rochdale and Todmorden. Originally, a private house, the stone building has been extended and adapted to provide nursing care and accommodation for 25 older people. There were 24 people accommodated at the home at the time of our inspection.

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

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.

People told us they felt safe and the system and staff training for the prevention of abuse helped protect people from harm.

There were sufficient numbers of well trained staff to meet people's needs. Staff felt supported when they commenced employment at the service and could contribute to the running of the home at meetings.

The service was compliant with the Mental Capacity Act 2005 (MCA). Where required people had best interest meetings to decide upon the least restrictive practices to ensure their rights were protected.

People received a nutritious diet and had a choice of meals at each serving.

People said staff were caring and we observed there was good interaction between staff, people who used the service and family members.

People's equality and diversity was respected and people could follow their chosen religion if they wished.

Plans of care were individual person centred and updated when there were any changes to people's needs.

People were able to raise concerns if they wished.

The auditing of the facilities and services provided helped maintain or improve standards at the home.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 26 July 2018) and there were multiple breaches of regulation. Regulation 10 for insufficient suitable activities, Regulation 11 for not working within the principles of the Mental Capacity Act (2005) and Regulation 12 for unsafe equipment and not safely

assessing people who were at risk of choking or pressure sores. The provider sent us an action plan detailing how they would address the breaches. We saw at this inspection that the necessary 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Riverside 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 inspection was undertaken by one 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.

The Riverside 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 did not have a manager registered with the Care Quality Commission. However, a person commenced work at the service following the inspection and is to apply to be registered with the CQC.

Notice of inspection

This inspection was unannounced on the first day of the inspection.

What we did before the inspection.

We requested and received a provider information return (PIR). 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 saw that Healthwatch Rochdale had conducted an enter and view inspection in August 2018. We saw the service had commenced work on the recommendations made. They said there was some really good care observed at The Riverside. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked the local authority for their views and they told us they had no concerns. We used all this information to plan our inspection.

During the inspection.

During the inspection we spoke with 12 people who used the service about their experience of the care provided. We spoke with three relatives, the manager, team leader, the cook and three care staff.

After the inspection.

We reviewed some information we had sent electronically. This included the training matrix record, the staff handbook, Deprivation of Liberties tracking record and the confidentiality policy.

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.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection of May 2018 a person who was at risk of choking was not assessed. Although this person no longer resided at the home we saw there were now systems in place to highlight and risk assess any person who was at risk of choking.
- People who used the service told us, "It is safer than my previous care home" and "It is the nicest place I know, I feel really safe here than out there" (in the community). A relative said, "I couldn't have asked for a better, safer place for my relative."
- Staff had received training in safeguarding vulnerable people. Staff were aware of the whistle blowing policy and all the staff we spoke with said they would not hesitate to report any poor practice.
- The service had policies and procedures staff could refer to for guidance and used the local authority procedures to report abuse.
- Any safeguarding incidents had been reported to the relevant authorities and lessons were learned where possible.

Assessing risk, safety monitoring and management

- At the last inspection of May 2018, we found the documentation for one person who was at risk of pressure sores had not been completed. At this inspection we saw the service had a system for risk assessing pressure areas and providing the appropriate care.
- There were further risk assessments for nutrition, falls, moving and handling and mental capacity.
- Where a risk was identified we saw that people had access to the relevant professionals and provided with equipment such as pressure relieving devices, mobility aids and dietary supplements.
- Equipment in the home was maintained, such as gas boilers and the electrical installation system to ensure it was safe.

Staffing and recruitment

- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.
- People who used the service said, "There is enough staff, I saw a new young one starting. They are never too short" and "If you are in need, there is always someone to shout for." We observed that call bells were answered quickly. There were sufficient staff to meet people's needs.
- Staff said they had time to sit and talk to people and we observed this interaction with people who used the service.

Using medicines safely

- The administration of medicines was safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors. People who used the service told us, "When I need some pain killers, staff provide me with them and "I get my medication without fail."
- As required medicines had a protocol in place to ensure staff knew what they were for, the dose to give, any other medicines it may react with and how often they can be given in a twenty four hour period. This ensured people had their medicines when they needed them. This was reviewed monthly to ensure it was what the person needed.
- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice. The medicines systems were audited regularly to check for any mistakes.

Preventing and controlling infection

- A person who used the service told us, "The girls are always clearing up and cleaning." and a visitor said, "It is well kept, and it does not smell like many care homes we have visited."
- On both days of the inspection we noted the home was clean and tidy and did not have any offensive odours.
- There was a schedule on the back of each person's door to show what cleaning staff had completed which was audited by the manager to ensure the home remained clean.
- There had a been a report from the Community Health Protection/Infection Control team that infectious waste was not being disposed of correctly. However, the main issue was with the way the contractor was taking the material away. Staff had also agreed to undertake further training with this department.
- There were policies and procedures for the prevention and control of infection, including the National Institute of Health and Social Care (which is considered best practice), including good hand washing guidance for staff to follow safe practice.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. One example the manager said they had learned was that when a person was transferred from another home it was their responsibility to have the nursing assessment prior to admission to The Riverside to avoid any delay to their care and support.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was an assessment of need for each person prior to admission to ensure each person's needs could be met.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social needs.
- The signage of the building had improved. Each bedroom had a photograph of the person and their named nurse and keyworker detail. Rooms were signed such as shower. This enabled people to find their way around the building.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience

- Staff were given the training and support they needed to meet people's needs. All the staff we spoke with said they had completed all mandatory training and were offered further training such as end of life care if they wished.
- New staff were given an induction and supported to meet people's needs. A new staff member said, "My induction was fine and they are finding me more training all the time. I have two training sessions tomorrow for safe holding and first aid. I was put with someone experienced when I started to work here for experience. I have already completed training for health and safety, fire safety, dementia awareness and safeguarding in a month"
- The training records for the organisation and staff members we spoke with confirmed they received refresher training regularly to keep them updated with any new practice.

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

- People who used the service told us, "The food is lovely, the new chef is brilliant"; "food is great, they give you more if you like"; "If I need a snack, I tell staff" and "They offer you choices, if you don't like what's being offered, they make you something else." People were given a choice of nutritious foods.
- A relative said, "My relative is really fussy. I just recently suggested they keep [my relative's] dinner until I come, so I can help feed my mother. this often works but sometimes it does not happen as some staff don't keep to what we agreed on. This is by no means a complaint, it is early yet, we have to give it time."
- We saw in the plans of care that people's nutritional needs were recorded and where necessary had access to specialist advice and treatment.

- We observed a lunch being served and saw that it was a social occasion. We spoke with the chef who was aware of any special diets and regularly spoke to people about the quality of meals.
- The kitchen had achieved the good award from the local authority food safety agency, which showed the chef followed known safe food practices. We saw there was ample dried, canned, frozen and fresh food including fresh fruit offered when drinks were served.

Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with other organisations and professionals to ensure people's health and social needs were met. On both days of the inspection professionals from other organisations attended the home for reviews and care updates, which included a community practitioner.
- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.

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

- At the last inspection of May 2018 the service was in breach of the regulation for aspects of safety within the environment. We found at this inspection wardrobes had been attached to walls, all radiators were safe and did not pose a threat of burns, furniture was not broken and windows were restricted to prevent falls. We also saw that all people who could safely use a call bell had one situated in their rooms.
- There had been changes and improvements made to the décor and outside space since the last inspection. We saw people sat outside in the good weather.

Supporting people to live healthier lives, access healthcare services and support

- A person who used the service told us, "If you need a doctor, staff arrange one for you." Relatives said, "Our family member has not been in for long and in this short time, I am proud to say all his needs are being catered for. He has seen a GP, dentist and community nurse" and "Staff always calls us when [my relative] needs to be seen to by anyone."
- From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- At the last inspection of May 2018 the service did not always follow the correct procedures for when a person required a DoLS.
- We found the service were meeting the requirements of the act at this inspection. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant

organisations and paperwork.

- Each person had a best interest care plan which took account of their daily needs and guided staff on providing support when required.

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 who used the service told us, "Even though staff can be busy they still smile with you"; "Staff are always thoughtful" and "The staff treat us with care and compassion." Relatives we spoke with commented, "Staff are lovely and very inviting" and "Staff give everybody such good care and they know what they are doing."
- We observed staff during the inspection. Staff had a good rapport with people who used the service, were kind and caring.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. For example, people were supported to follow their religion of choice to ensure their needs were met.

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

- People were supported to make decisions. This included what they ate, what clothes they wore, the times of getting up and going to bed and where they wished to spend the day.
- People who used the service, family members and professionals were asked for their views about the service. They were asked for their views about many aspects of care and the facilities on offer. Comments included, "The home never smells" from a family member and a professional said, "The staff care about the work they are doing, take an interest in the residents and their families. They do what they can to respect and meet their needs. Management support and encourage staff to take ownership of their work and care about it." One person did say parking could be better.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us, "I can have a shower or a bath if I want"; "I prefer to sit here in this corner, staff know that, it is near the toilet and it is so I can go out for a smoke when I am due"; "I do my own thing" and "I can wake up or go to bed when I want."
- We observed when staff gave any personal care it was discreet and in private to protect their dignity.
- One person chose to sit at the front door and we saw staff regularly check to ensure the person wanted to remain there. Other people went out to the seating area at the back of the home. People were able to act independently if they wished. People could remain in their rooms if they preferred to be alone.

- Visiting was unrestricted and we saw visits could take place in communal areas or in private.
- Staff received training about confidentiality topics and we saw all records were stored securely.

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

- Plans of care we looked during the inspection showed they were detailed and gave staff enough information to meet people's needs. The plans were reviewed regularly to keep care up to date.
- Care plans were person centred and described people's likes, dislikes and then were planned around people's individual.
- We saw several reviews by professionals during the inspection and any amendments to people's care was added to the plans and communicated to other staff.
- Managers reviewed the plans of care to ensure staff were completing and amending them correctly.

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 manager was aware of the AIS and had simplified some documents, such as the complaints procedure to help people understand them.
- Staff ensured that people had any communication aids such as spectacles. Information could be provided in different formats such as large print.

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

- At the last inspection of May 2018 the service did not provide suitable activities. We saw at this inspection the activities had improved. Activities now included sing along sessions, exercises, reminiscence games, quizzes, massage and beauty therapy, themed parties and games. Some of the activities were research based from information the manager had obtained from the Alzheimer's society.
- People who used the service told us, "I am not bothered about activities, I just prefer to be left alone in peace", "I just wish there was someone who would take me out at least once a week to the market" and "Sometimes I want to go out and do some shopping and they take me, but most of the time I am just happy that someone takes me outside for a smoke every once in a while."
- During the inspection people also sat outside with iced lollipops, some joined in the singing activities and where people wished they had one to one activities. Not everyone wanted to join in any activities.
- People also told us, "There is always someone to talk to"; "My family come to take me out every week" and "If there is something going on, staff let us know and if you want you join in or not. They still try to get you to

do something else to keep busy." A family member said, "My relative does not like to be with other people and gets stressed. When that happens they show challenging behaviour. I find the best way is to come in and spend some time alone with them to prevent the stress."

- Some activities were provided by other organisations such as a nursery group and people could attend the visiting clergy to follow their religion if they wished.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support

- The service did not provide end of life care. However, some staff had received end of life training at the local hospice and this enabled them to offer care and support for people and their families in times of bereavement.
- Some people had completed advanced care plans or had their end of life wishes recorded, which would help staff provide individualised support when required. Not all people who used the service or family members wished to record the details and this was respected.
- The manager was aware of the professional support they could call on for pain relief or other advice when a person was reaching the end of their life.

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 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

- People who used the service told us, "I was concerned when the other manager left, but seeing that the new one is always about, it is reassuring"; "The manager is always approachable and very nice to talk to"; and "The new one took over and is not doing a bad job." Family members said, "I have had interventions with the manager, she is interested in us" and "The new manager is doing lots of things, organised a function recently and invited everyone."
- Staff made comments such as, "I like working here. It is not for the money. I get on with the staff. The manager is very supportive"; "There is a very good team here. We all know what each other is doing" and "There is a lot of support if you need it. Even the care staff are supportive."
- The registered manager had left the service at the end of June 2019. The provider had advertised and interviewed a suitably qualified person who commenced employment after the inspection, when all required recruitment checks were made. The person was at the home on the second day of the inspection to see how the home was running and said they would apply for registration as soon as possible.
- Staff we spoke with were aware of the management structure and all thought the manager was supportive. Staff received regular supervision and competency checks around their performance.
- The registered manager conducted audits around the quality of service provision. The records showed that where required, action was taken to maintain or improve the service.

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

- The service had acted upon a Healthwatch Rochdale 'you said we did' recommendation. They asked people what they wanted and from what people said staff now wore name badges, each person had a keyworker and named nurse and people's clothing was recorded in the event it went missing.
- People told us the atmosphere at the home was good, people could have a laugh and everybody felt it was a good place to be.
- There were regular staff meetings where staff were kept up to date with any changes, updated on any practice issues and were encouraged to bring up any ideas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider were aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed

within the home.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- There was a daily meeting for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.
- The manager had an open door policy to meet people and discuss care and support. We saw the manager discussing care with family members, professionals and people who used the service during the inspection.
- Staff told us they had a formal supervision every 12 weeks. They said they could discuss their own careers or personal issues and the manager responded in a positive manner.
- People who used the service, family members and staff could vote in the employee of the month award. Staff received a monetary reward and certificate if they received the most votes.

Continuous learning and improving care

- The service was part way through Daisy accreditation, which had stopped when the registered manager had left. They intended to continue with this scheme which promotes dignity in care for people who may have mental health illness or a dementia.
- The manager went to meetings with the local authority, other providers and managers to discuss best practice support, learn what each different organisation did, any local issues and any changes the local authority may wish to implement.

Working in partnership with others

- We saw a number of professionals visiting the home for prearranged reviews or care support. The manager and other staff liaised well with them to provide better care for people who used the service.
- The service had worked with the local authority to improve the homes systems, implementing good practice ideas and improving paperwork. We asked the local authority of their views of the home and they said they no longer had any major concerns around the home.