

Riverside Nursing Home Limited

Riverside Nursing Home

Inspection report

Riverside House
Westbury
Sherborne
Dorset
DT9 3QZ

Tel: 01935812046

Date of inspection visit:
28 January 2016

Date of publication:
07 June 2016

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

Riverside Nursing home was last inspected on 05 June 2014 where it was found that improvements were required. The provider wrote and told us how they would improve the service provided. At this inspection we found that improvements had been made.

A registered manager was in post that supported us at this inspection. 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.

Riverside Nursing home is registered to provide accommodation and personal care for up to 39 people at the time of the inspection there was 31 people living at the home.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made. The care and support people received was regularly audited and areas for improvement recognised. Staff knew people's needs; the records relating to people's care and support were kept in good order.

People told us that the staff met their care needs well. One person told us "I like to spend time on my own but the staff also check on me" another person told us about how staff had arranged for them to visit a local event because they knew they were interested.

Staff knew people's routines and respected them. Staff knew how to support people when they became anxious and patiently supported them in an empathetic manner.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. Staff understood some of the concepts of the Act, such as allowing people to make decisions. Staff demonstrated that they could apply this to everyday life.

Staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. Where people had difficulty in making choices staff supported them. The provider had a system to offer choice of what to eat during mealtimes that was effective.

People told us there was enough staff to meet their needs. The provider was able to demonstrate that extra staff were available to support people should their needs change or if extra support was required. The people and staff were also regularly supported by a dedicated group of volunteers and were involved in community life.

People told us they felt supported at the home and safe in the company of staff. The staff told us they

worked well as a team and felt listened too. They told us they had enough time to sit and talk with people in a relaxed manner.

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 received training in protecting people and they were able to talk with us about their responsibilities.

People received their medicine safely. Medicines were administered and stored safely.

There were sufficient numbers of staff on duty to meet people's needs. The staff were supported by a group of dedicated volunteers.

Is the service effective?

Good ●

The service was effective. The provider had effective systems to ensure people's rights were upheld. Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

Staff received the training they needed to ensure they could meet people's needs.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People received sufficient food and drink.

Is the service caring?

Good ●

The service was caring. People and staff were at ease in each other's company. People received support in a caring and empathic manner.

People were treated with dignity and respect and were consulted about their needs.

Is the service responsive?

Good ●

The service was responsive. People were consulted about the care they received. The staff responded to changes in individual needs.

People and their families were involved in decisions about their

care.

The provider had a system to respond to complaints.

Is the service well-led?

Good ●

The service was well led. The staff were organised and felt involved with the decisions regarding the running of the home.

The registered manager was committed to providing a good quality service and there was a system to ensure ongoing improvements in care and support were made.

Staff were motivated to provide good quality care and knew what was expected of them.

Riverside 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 28 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. We considered the information provided in the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In order to gain further information about the service we spoke with four people living at the home and two visiting relatives. We also spoke with seven members of staff.

We looked around the home and observed care practices throughout the inspection. We looked at five people's care records and the care they received. We reviewed records relating to the running of the service such as staffing records, environmental risk assessments and quality monitoring audits.

We contacted a representative of the local authority's contract monitoring team to obtain their views on the service.

Observations, where they took place, were from general observations. We also 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.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us " I feel safer here than on my own at home, the staff are always around checking I am ok" another person told us " I have not been here long but I feel safe here, I have never seen any problems, the staff are here to help me. I have never seen anyone (staff) raise their voice in anger or be impatient. We observed that people and staff were relaxed in each other's company.

Staff told us, and records confirmed that they had received training in safeguarding. We spoke with four members of staff who told us how they would respond to allegations or incidents of abuse should they arise. These responses reflected the provider's policy on safeguarding people. The registered manager told us about one previous safeguarding issue that they worked with the local authority to resolve.

People who were at risk of harm had documented risk assessments in their care records. We spoke to staff about the risks people faced. One staff member told us about people's risks and how they were managed. They gave us an example of one person who was at risk of choking if they ate the wrong food. They told us about how all staff knew this and told us about an incident when they were concerned that a food that could cause harm was served to the person. This was identified by a staff member serving the meal and the ingredients were checked with kitchen staff before it was given to the person. Whilst the ingredients would not have caused harm this example evidenced that staff were proactive in reducing the risk the person faced. Other risks such as falling or confusion leading to anxiety were well documented in people's care records and known to staff.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the required times. The staff responsible for administering medicines had been suitably trained. The training records we observed confirmed this. People received their medicines safely and staff stayed with people while they took their medicines. If people were prescribed medicines on a 'required needs' basis there was written guidance to ensure people were given their medicines appropriately. The medicines were stored in a suitable lockable cabinet. The provider had a system to audit medicines received and dispensed in the home. This system ensured that people were given their medicines safely and provided a check to ensure if errors occurred these were identified quickly and rectified. However the audit did not evaluate the medicines dispensed on a 'per required needs basis'. We spoke with the registered manager who agreed to include this on the auditing tools used.

People told us that there was always enough staff to meet their needs. One person told us " There are plenty of staff around, they take me out on occasions, if I need help I just ask " another person told us " the girls(staff) always stop and ask if I am alright, I like my own company so I stay in my room but I know how to call for help if needed". Staff confirmed that there was always enough staff on duty to support people. One staff member told us that if they need extra staff, all they have to do is let the registered manager know and extra staff will be available if required. The registered manager told us that the home had a group of volunteers that came in and supported people with activities on a regular basis. These activities could be as simple as sitting and talking with people. We looked at the staffing rotas for the preceding three weeks

which confirmed there was sufficient staff to meet people's needs.

Is the service effective?

Our findings

Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made arrangements for people's capacity to make decisions to be assessed when there were concerns identified. Applications to deprive people of their liberty, Deprivation of Liberty safeguard (DOL's) had been consistently made. The registered manager had made arrangements for Best Interest Decisions (BID's) to be made and people important to the person had been consulted as appropriate. A BID is a process where the provider needs to support a person who may not be able to consent to the support due to a lack of capacity. An example of this was that a person who had difficulty swallowing needed to see a specialist to ensure that the staff could support them with food and fluids safely, but did not have the capacity to consult to this. The persons care records evidenced that an advocate had been approached by the registered manager to represent the person, as they had no relatives, and the persons GP had been consulted before the specialist was consulted. This demonstrated the registered manager was ensuring the person's rights were respected and advocacy was used to independently support the person.

Staff were aware of the MCA and what that meant for people living at the home. Staff told us how they offered choices to people who cannot retain information such as offering choices about how they spent their time, to join in activities or what to eat and drink.

We spoke to people about the food and drink at the home. One person told us, "the food here is good". Another person told us that food is available by way of snacks and biscuits throughout the day. One person told us "there is always cakes on offer, I get my share". People told us about the choices they had at meal times stating "there is always something different if I don't like anything on offer". We spoke with staff about people on special diets. They were able to identify who required a range of differing diets depending on their health care needs and associated risk assessments. Although they identified people who required their food to be pureed they were unsure of how people were offered a choice about what the puree consisted of. We spoke with the registered manager who agreed to look at choice at meal times to ensure those on special diets were offered a choice. We looked at the menus for the last two weeks. These evidenced that a choice was offered and when required further alternatives had been made available.

We spoke with staff about people's nutritional needs. They told us that currently no one was at risk of

unplanned weight loss. Where people needed assistance to eat we observed that this was provided in a discreet manner. Staff told us about the systems they had in place to monitor people's weight to ensure people's care plans could be altered to support their needs as required. People's care records showed an effective recording system was used to monitor what people ate and drank when required

People told us that if they needed to see a health care professional such as a doctor or specialist, staff made the necessary arrangements on their behalf. People gave examples of when they had felt unwell and staff had called the GP 'just in case'. A relative told us about how staff always let them know if their relative was unwell or 'off colour' and the action they had taken to support their relative. Care records showed that when a person's needs had changed a health care professional had been consulted as appropriate. We saw evidence in people's care records of health care professional's visits such as tissue viability and diabetic nurses.

Staff told us about the training they had undertaken and how they accessed training. They told us the training was mainly available was through distance learning materials with some face to face training. Staff told us they had received training in areas such as dementia care, dignity and respect, health and safety and moving and handling. The staff training records confirmed what we had been told. The registered manager told us how they kept up to date with their own training needs and the courses they had or planned to attend, the most recent being in relation to CQC inspections.

Is the service caring?

Our findings

We observed that people were well cared for. Staff sat and spoke with people about things that interested them. We observed activity staff providing personal sessions to individuals either playing cards or reading daily papers out loud. One person told us "I am looked after very well here, the staff really do care". We observed staff supporting people in a kind and caring way for example; one person was anxious about their meal. The staff reassured them that the food was what they liked and sat with them offering encouragement and support.

People's needs were understood by the staff. The staff recognised the importance of developing long term relationships with people to understand their ongoing and developing needs. One member of staff told us that "some of the older carers have been here quite a while, they have known people before they developed dementia, which helps to reassure the person, it also helps the newer staff to understand the best approaches to take". We spoke to staff about people's needs and the support they required. From our discussions it was clear that the staff knew people's routines well, such as when they liked to go to bed and how they used their time.

We looked at people's care records that illustrated how to support people with their social and emotional needs. The people we spoke with told us about some of their emotional needs. One person told us "I like to stay in my room, the staff seem to worry that I am not mixing with the others but that's the way I like it, the staff seem to respect this". The staff we spoke with confirmed this but also were aware of the need to regularly "pop in" to make sure the person was ok. Another person talked with us about how they used to be a farmer and how staff had arranged for them to go to a local agricultural exhibition. Care records evidenced these issues and provided staff with detailed information on how to support people in a way that they liked. There was also people's personal history which enabled staff to focus on things that the person was interested in so they had things to talk to people about.

People told us about how staff gained their views about their care needs. One person told us "staff sit and talk with me about what support I need," Another person told us about regular meetings with the manager to find out how things were going and if "I needed anything". Another person told us "they have told me about my care plans and what is in them. I let them help me with things I find difficult and tell them what I want, they (staff) are very good and listen to what I say". One visiting relative told us about meetings they had with the registered manager and staff before their loved one took up residency. They told us they had been asked about their relatives likes and dislikes, what food they liked and how they liked to spend their time as well as past and present interests. They told us that they felt reassured because they had been consulted and were impressed by the caring and professional approach of the staff they had met.

Is the service responsive?

Our findings

People's care records evidenced that they, or people important to them, had been consulted about their needs and how they wanted them met. For example we looked at the records for one person who had recently taken up residency and spoke with their relative. These records evidenced that an initial assessment had taken place where the person and their relatives had been consulted about what their needs were and the expectations of the service. The person's relative told us about how thorough they felt the inspection process had been.

People's care records gave staff information about people's daily routines. Staff told us about people's routines and how people liked to spend their time. The staff were knowledgeable about things important to the people they cared for such as the time they liked to get up, how they wished to be supported and how and what they liked to talk about. They were also able to tell us about individuals well being and their health care needs.

Staff described how they ensured people could choose how they were supported. They told us about people's right to have choice in respect of who should care for them and how to ensure people had choices about what to wear and how the person wished to look. The people we spoke with told us that the staff always asked their views on things important to them such as what they wanted to eat and drink. One person told us about 'residents' meetings with the registered manager and staff where they were asked their views on the running of the home and things that could be improved. We looked at records relating to these meetings that supported this person's statements. The people we spoke with confirmed that they felt staff respected their individual rights. We observed that people who could not tell us how they experienced care were treated in the same way as those who could actively make choices, just with a little more guidance. An example of this was when we observed staff advising a person who had difficulty making decisions saying "you seem to enjoy doing this yesterday, do you want to try this again or shall we do something different such as"

Staff told us about how people chose to spend their time and what activities they enjoyed. Activities coordinators were employed by the provider to help meet some of the wishes of the people living at the home. These staff were supported by volunteers from the community who spent time at the home either talking with people or joining in activities. Volunteers also supported the staff when people went out on trips or to special events. The registered manager told us about the local community 'stroke' club that had been set up by the home and how people from the home now go into the community to visit the club. This gave people the opportunity to join others from the community enabling a broader social life where possible.

People knew how to make a complaint if they wished to. One person told us, "the staff sort things out when they go wrong like it being too cold, I know who the manager is but there is nothing really to complain about". Another person told us about raising issues at the 'residents meeting'. The provider had a complaints procedure which informed people what they needed to do to make a complaint and the time scales for the complaint to be rectified.

Is the service well-led?

Our findings

The home was well led. The registered manager demonstrated an open and inclusive approach to their work. The people who we spoke with could identify who was managing the home and considered them as someone who would put things right if required. For example the staff talked to us about the manager always being approachable and around the home most of the time they were on shift.

There was a senior staff structure in place at the home consisting of a registered manager and deputy manager. The staff told us that they felt they could talk with the registered manager to discuss the work that they do, any training they may require and ask advice. They told us they felt valued and their opinions were listened to. They told us about staff meetings where they could discuss issues and make suggestions for improvement. The care records evidenced that meetings took place between the people who used the service, their relatives and other professionals involved in their care to ensure people's views of the service was gained and improvements made when necessary. Staff told us that the provider's values were clearly explained to them through their induction programme and training. One member of staff told us that the staff work hard to ensure people's needs are met. Another staff told us "we do hospitality very well here, we not only think of the person but their loved ones too. We have rooms available for relatives who travel a very long way where they can stay the night or if their relative is nearing the end of their life they can be used". Staff also told us about the different roles that each of them undertook, one staff member told us that they are all responsible for different areas of care support but they are all trained the same so there are no real barriers to supporting people, with the exception of task that required specialist nursing input.

The performance of the service was kept under review. The management of the home had systems in place to audit the quality of the care being given and received at the home for example. We saw that people's daily care records were reviewed to ensure staff were meeting people's needs as stated and that where people required closer monitoring this was being recorded and achieved... This system enabled the registered manager to monitor emerging trends in people's support needs, to give early indicators of issues such as poor eating or weight loss, trends in falls and to review their plans to meet these needs.

The provider had systems in place to ensure the home was kept clean and an audit was completed. We spoke with the registered manager about the infection control audit and asked them to further consider the areas covered to ensure on going improvements, they agreed to do so. The fire safety regulations were being met and risk assessments in relation to health and safety of the building were reviewed. Training records were reviewed to ensure staff could meet people's needs and provide care and support safely.