

# Dentak Care and Services Limited

# The Riverside Nursing Home

## Inspection report

The Riverside Nursing Home  
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Littleborough  
Lancashire  
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Date of inspection visit:  
16 August 2017  
17 August 2017

Date of publication:  
13 November 2017

## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Inadequate ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

We inspected The Riverside Nursing Home on 16 and 17 August 2017. The first day of the inspection was unannounced. The Riverside Nursing Home is a detached two-storey converted and extended building situated in the centre of Littleborough, close to shops, local amenities and public transport. It has a car park to the front of the home which can accommodate up to eight cars. At the back of the home there is a small enclosed patio area.

The Riverside Nursing Home is registered to care for up to 25 older people, specialising in care for people living with dementia. There were 22 people using the service at the time of the inspection.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the 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.

We last inspected The Riverside Nursing Home on 01 December 2016 when we found there were four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to an unsatisfactory recruitment system, a lack of staff training, support and supervision, no systems in place to monitor the quality of the service provided and a failure to send the required notifications to the Commission. Following the inspection the provider sent us an action plan informing us of what action they had taken to put things right.

During this inspection we found the provider was meeting the requirements of two of the four previous breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found however there was a continued breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the lack of an adequate quality assurance system. There were no systems in place to obtain feedback from people about the facilities and services provided.

There was also a continued breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the most of the necessary training had been provided however the majority of staff had not received training in dementia care to ensure that the needs of people living with dementia were met.

We also identified further breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. Where regulations have been breached information regarding these breaches is at the back of this report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. We will report on this when it is complete. Where providers are not meeting the fundamental standards we have a range of enforcement powers we can use to protect the health, safety and

welfare of people who use this service.

When we propose to take enforcement action our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

The breaches were in relation to the safety of the premises, inadequate infection control procedures, failing to protect the privacy and dignity of people who used the service, the lack of suitable activities for people and failing to have records that are accurate and necessary for the management of the home.

The provider had failed to ensure the premises were kept safe, especially in relation to fire safety. Due to the issues of concern identified in relation to fire safety the Greater Manchester Fire and Rescue Service were asked to visit the home. Following the visit by the Greater Manchester Fire and Rescue Service we were informed that the service had been required to attend to some fire doors that were not closing fully and that advice was given in respect of keeping the means of escape clear. The fire officer informed us that the fire risk assessment was not available.

There were unguarded hot radiators and hot water pipes and some windows were without restrictors. This posed a serious risk of harm to people who used the service.

Although monthly infection control audits had been undertaken they failed to identify that clinical waste was not disposed of safely and that the patio areas of the home were dirty.

The privacy and dignity of people who used the service was compromised. This was because people were left in undignified situations, personal care was not effectively delivered, there was a lack of consideration for the environment that people lived in and there were no locks on bedroom doors.

We found that not all records necessary for the management of the home were completed accurately or were in place.

We found there was little to support people who used the service, especially those people living with dementia. There were no established links with community organisations to either support alternative social networks or provide opportunities for a range of different activities for the people who used the service.

There was inadequate signage throughout the home and people were not able to freely access outside areas. Having adequate signage helps to promote people's well-being; enabling them to retain their independence and reduce any feelings of confusion and anxiety.

People were provided with sufficient food and drink to ensure their health care needs were met; however there was no encouragement to promote meal times as a pleasant, social occasion. There were no menus for people to look at. The tables had no place settings, no condiments and tablecloths were creased. The majority of people stayed in their lounge chairs to eat their meals.

We received mixed views in relation to the staffing levels within the home. Overall we found there were enough staff on duty to meet people's needs. We have recommended that a formal process is implemented so that the staffing levels are based on an accurate and current assessment of people's needs.

We have recommended that the induction programme be improved to help ensure staff are prepared for their role by assisting them to develop their knowledge, skills and understanding.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Procedures were in place to deal with any emergency that could affect the provision of care, such as flooding, a failure of the electricity and water supply.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed 'end of life' care.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider had failed to ensure the premises were kept safe, especially in respect of fire safety. This placed the health and safety of people who lived, worked and visited the home at risk of harm.

Clinical waste was not disposed of safely, posing a risk of spreading infection.

People were given their medicines safely and as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

There was inadequate signage throughout the home and people were not able to freely access outside areas.

The majority of staff had not received training in dementia care to ensure that the needs of people living with dementia were met

People were provided with sufficient food and drink to ensure their health care needs were met; however there was no encouragement to promote meal times as a pleasant, social occasion.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement** ●

### Is the service caring?

The service was not caring.

The privacy and dignity of people who used the service was compromised. This was because people were left in undignified situations.

Specialised training was provided to help ensure that staff were

**Inadequate** ●

able to care for people who were very ill and needed 'end of life' care.

### **Is the service responsive?**

The service was not always responsive.

There were no established links with community organisations to either support alternative social networks or provide opportunities for a range of different activities for the people who used the service.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised.

**Requires Improvement** ●

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

The service was not well-led.

The service had a manager who was registered with the Commission.

There were no systems in place to obtain feedback from people about the facilities and services provided.

We found that not all records necessary for the management of the home were completed accurately or were in place.

**Inadequate** ●

# The 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 checked 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 was a comprehensive inspection which took place on 16 and 17 August 2017. The first day of the inspection was unannounced. The inspection was undertaken by one adult social care inspector and an expert by experience was present on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of services for older people and dementia care.

Prior to the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

In addition we contacted a health care professional and the local authority commissioners who are responsible for commissioning the service on behalf of people. The information we received is included in the Effective and Well- Led section of the report.

As some of the people living at The Riverside Nursing Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with thirteen people who used the service, three visitors, the registered

manager, the business manager, a registered nurse, one care assistant and the cook.

We looked around all areas of the home, looked at food provision, three people's care records, eight care monitoring records, seven medicine administration records and the medicine management system, three staff recruitment files, training records and records about the management of the home.



# Is the service safe?

## Our findings

Comments made to us showed that overall people felt safe. Their comments included, "I feel safe here and it's a free bed for the night. There seem to be enough staff on duty and this home is definitely clean," "I think I feel safe here," "Oh, we're sure [relative] is safe-here and have no concerns so far" and "It was hard to cope and I believe [relative] is safer here."

We looked at all areas of the home. There was a keypad at the front door and also on the door from the entrance hall into the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

We saw that the corridor leading from the main front door, which was a fire exit, was blocked by a mobile hoist. We requested that the hoist be removed immediately, which it was. It was located to an empty bedroom. We saw that flammable furniture and clothing articles were being stored under the stairwell. Although the adjacent door and corridor were not fire exits, the storage of flammable items posed a fire risk. Staff were told to remove the furniture and clothing; some but not all the items were removed. During the last inspection of December 2016 we had identified that flammable items had been stored under this stairwell. Staff had been made aware of the risk then and asked to remove them.

We saw that the newly constructed walk-in linen room off a main corridor was wedged open with weighing scales and there was no lock on the door. We required that the staff kept the linen room door closed and had a lock fitted. This was to help reduce the risk of it becoming a fire hazard. Following the inspection we were informed that a lock had been fitted to the linen store.

Inspection of the fire log book showed that monthly checks were undertaken on the emergency lighting, fire equipment and the activation of the fire alarm. We had a discussion with the registered manager about whether it was sufficient to activate the fire alarm monthly as fire safety guidance states the fire alarm should be activated at least weekly. The registered manager was advised to seek guidance from the Greater Manchester Fire and Rescue Service.

There was no evidence to show that the annual gas safety check had been undertaken since January 2016 and no documentation to show that the fire alarm system had been serviced since March 2014. Following the inspection we received the documents to show that the fire alarm system had been serviced and a gas safety check had been undertaken. There was no evidence however to show that a fire risk assessment had been undertaken. In view of the issues around fire safety within the home the inspector relayed the issues of concern to the Greater Manchester Fire and Rescue Service. Following the visit by the Greater Manchester Fire and Rescue Service we were informed of the following; The fire risk assessment was not available. The kitchen door and several bedroom doors did not close fully and needed attention. The service was also advised in respect of storage on the means of escape close to the kitchen.

There were unguarded radiators in two of the bedrooms and one bedroom had unguarded hot water pipes.

Unguarded radiators and pipework pose a serious risk of harm to people who use the service. Although we saw that many of the windows had been replaced with new UPVC window frames we identified that two of the first floor bedrooms had no restrictors to the top windows. The height of the windows was such that people would not fall accidentally through them but the structure and position of them meant it was possible for people to climb up and fall out if that was their intent. Several of the bedrooms had wardrobes that were not secured to the wall. This posed a health and safety risk if they toppled over.

There was no lighting in a corridor that led to people's bedrooms. Although the light was replaced whilst we were at the home we were told that the light bulb fuses regularly on that corridor and, "there must be something wrong with it." For the safety of people who live, work and visit the home adequate lighting must be provided. Action must be taken to ensure any fault in the electrical light point is addressed.

We saw there was no lock on the laundry door; there was only a latch. This meant that people who lived in that area of the home could gain access to the laundry and the adjoining low fenced-in patio area that was above ground floor level. This placed the health and safety of people at risk. Following the inspection we were informed that a suitable lock had been fitted to the laundry door.

The provider had failed to ensure the premises were kept safe. This placed the health and safety of people who lived, worked and visited the home at risk of harm. Failing to ensure that the premises are safe is a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the on-site laundry facilities situated on the ground floor. We found there was sufficient laundry equipment to ensure effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place and red alginate bags were used for heavily soiled laundry. Leading directly off from the laundry was a patio area that was in a very dirty condition. The area was littered with cigarette ends, a piece of broken furniture and a discarded vinyl glove. We were told this was one of the areas where staff smoked. The laundry therefore was used as a thoroughfare for staff. This could result in clean laundry becoming contaminated with tobacco smoke and other debris.

Prior to the inspection we received a copy of the infection control audit undertaken in January 2017 by the Infection Prevention and Control Nurse from Rochdale Council. The overall score for the home was 73%. The registered manager told us that they were working through the actions that were required. It was highlighted in the audit that, as the home had no sluice, there was a significant infection risk that could have serious implications for the safety of the people who used the service if there was an outbreak of an infection. During the inspection we identified that the two rooms that used to be sluices remained as storage. A sluice had not been provided. The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance outlines what registered providers must do to ensure the safe handling and disposal of waste.

We saw infection prevention and control policies and procedures were in place, monthly infection control audits were undertaken and infection prevention and control training was part of the training programme for the staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection.

Although monthly infection control audits had been undertaken they failed to identify that clinical waste was not disposed of safely and the patio areas of the home were dirty. Two of the bathrooms where clinical

waste was disposed of were without a pedal operated bin in place. The bins had lids that had to be touched by staff; posing a risk of spreading infection due to unnecessary hand contact with contaminated surfaces or waste.

Failing to prevent and control the spread of infection is a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that the hoists, the passenger lift and portable electrical appliances had been serviced and maintained in accordance with the manufacturers' instructions. We saw that the hot water outlet temperatures were checked weekly and legionella safety testing was undertaken annually as required.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in a central file in the manager's office; ensuring they were easily accessible in the event of an emergency. We also saw the procedures that were in place for dealing with any emergencies that could arise, such as flooding, utility failures and other emergencies that could affect the provision of care.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

Records showed that any accidents and incidents that occurred were appropriately recorded.

At the last inspection of December 2016 we found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the unsafe recruitment of staff. During this inspection we found that the recruitment system was safe. We looked at three staff recruitment files. The staff files contained proof of identity, application forms or a curriculum vitae (CV) a medical questionnaire, a job description and two professional references. We did discuss with the registered manager that it was preferable to have an application form that the employee was required to sign to say that the information was true and accurate, rather than a CV where no declaration was normally made.

Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The registered provider had checked that the registered nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC).

We received mixed comments about the staffing levels within the home. Comments from people who used the service and visitors included; "There is not nearly enough staff to manage things properly. Of course, it's impossible to please everyone and they do try to keep their eye on everyone," "There is insufficient staff to support the feeding needs. People don't eat enough here. The staff haven't time to sit with them long enough for them to eat," "There's usually enough of them around" and "I think there's enough staff." Throughout the inspection we found that staff attended to people in an unhurried way and overall people were adequately supervised.

The registered manager and one staff member told us they felt there were enough staff on duty to meet people's needs. For the 22 people who used the service the home operated with four care staff and one registered nurse throughout the daytime hours of 8am to 8pm, with one extra care staff on duty between the hours of 8am to 2pm to deliver 1-1 care to a person. In addition the registered manager worked five days a week, normally from 9am to 5pm. The care staff were supported by domestic and catering staff who worked

8am to 2pm each day. During the night time hours there was one registered nurse and two care staff on duty.

We were told that the staffing hours were determined according to the support needs of people who used the service. We were told there was no formal process for identifying the level of staffing needed. We have recommended that a formal process is implemented so that the staffing levels are based on an accurate and current assessment of people's needs.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that staff had received training in the protection of vulnerable adults in January 2016 and further training for staff had been arranged for September 2017. We saw that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice) as it was displayed on the office notice board and was available on the computer system in the home that all staff had access to.

People told us they received their medicines when they should. Comments made included; "There's no problem with the medications and my tablets come regularly three times per day; in the morning, at lunchtime and at bedtime" and "They do give you your medicines."

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, handling, recording and disposal of medicines. We also checked the medicine administration records (MARs) of seven people who used the service. We saw a detailed medicine management policy and procedure was in place. We found that medicines, including controlled drugs (very strong medicines that may be misused), were stored securely and only the registered nurses had access to them. The MARs showed that people were given their medicines safely and as prescribed, ensuring their health and well-being were protected.

During the last inspection of December 2016 it was identified that there were no specific instructions for staff to follow when 'thickeners' were prescribed for people. Thickeners are added to drinks and sometimes food for people who have difficulty swallowing, and they may help prevent choking. During this inspection we saw that specific instructions were in place. We did see however that staff were not always recording when the thickened drinks were given. Whilst we were present the registered manager implemented new fluid monitoring forms to ensure that the thickened fluids were recorded.

It was identified from the MAR sheets that some medicines were to be given 'when required' or as a 'variable dose' of one or two tablets. We saw that information was available in each person's care plan to guide staff when they had to administer medicines that had been prescribed in this way.

Some people had difficulties taking their medicines and we saw that the care records documented the arrangements in place to support these people to take their medicines safely. Where it was considered to be in a person's best interest to give medicines covertly (hidden in food and/or drink), the home had obtained consent from the prescriber and the person's advocate for this to happen. This helps to protect people against the risk of not being given their medicines whilst at the same time safeguarding them against the risk of abuse.

## Is the service effective?

### Our findings

People we spoke with told us about the care they received. Comments made included; "They do get the GP if needed. An optician comes regularly to this home as well," "The staff are good and I feel OK here," "Staff would contact the GP for me. The optician visits me here but I don't need to see a dentist because I don't even wear dentures" and "I get regular monthly referrals to the hospital."

We looked to see how staff were supported to develop their knowledge and skills. During the last inspection of December 2016 we found there was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the majority of staff had not received the necessary training to enable them to do their job safely. During this inspection we found that the most of the necessary training had been provided. The training plan however showed that only four of the twenty eight staff had received training in dementia care. In view of the fact that the majority of people who used the service were living with dementia this was not sufficient to ensure people's needs were met. We found this was a further breach of Regulation 18 (1) of ) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to tell us about the induction programme that was in place for new staff. We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained basic information in the form of a 'check list' to help them understand what was expected of them and what needed to be done to ensure the safety of the staff and the people using the service. There was no information to prepare staff for their role, such as values, behaviours, codes of conduct and aims and objectives.

A discussion with the registered manager showed that the more detailed induction programme of the Care Certificate was not being used, as recommended in the 'Guidance for providers on meeting the regulations.' The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. We have recommended that the induction programme be improved to help ensure staff are prepared for their role by assisting them to develop their knowledge, skills and understanding.

Information in the three personnel files that we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff discuss their progress and any learning and development needs they may have and also raise good practice ideas.

We discussed with the registered manager what arrangements were in place for the clinical supervision of the nursing staff. We were told the service was exploring the use of external nursing organisations to facilitate this. In the interim the registered manager, previously a registered nurse, was undertaking the supervisions.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

From our observations we were aware that several people who used the service were not able to consent to the care provided. The registered manager told us that if a person did not have the mental capacity to make decisions then a 'best interest' meeting would be arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We were told that 'best interest' meetings had been held for some people who used the service. One example we looked at was where it was decided that, as they had difficulties taking their medicines, the person was to be given their medicines covertly.

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).

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 were being met. During a discussion with the registered manager it was evident that they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. Records showed that most of the staff had undertaken recent training in the MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. During the last inspection of December 2016 we found there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not notified the Commission when DoLS had been authorised. During this inspection we found that the provider had notified us as required. Records showed that 10 new DoLS applications had been authorised since the last inspection.

We asked the registered manager to tell us how they had determined an application to deprive a person of their liberty was required. We asked this because we could see there was no evidence in two of the three care files that we looked to show how the decision had been made to seek an authorisation for a DoLS. The registered manager told us the decision made was based on their knowledge and assessment of the person. We discussed the need to ensure that the assessment was documented in the person's care records.

We looked to see if people were provided with sufficient food and drinks to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. A four week rotation menu was displayed in the kitchen. The main meal was served at lunch time and a lighter meal was served in the evening. The cook told us that the kitchen was always open and food was available 'out of hours'.

A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of dried milk, butter and/or cream to help improve a person's nutrition.

Comments about the meals included; "We get plenty to eat and drink, but it's not like you would get at home. The food is OK though and it seems to be prepared on the premises," "I really like the food here. There are fresh fruit and vegetables" and "I don't like a lot of the food. It never seems to be cooked quite

right. [Staff member] is the best cook though as [staff member] makes delicious soups and they are all homemade."

During the morning we saw a staff member handing out black grapes from a large bowl to the people who used the service. They were either placed directly on the side tables or people scooped a handful from the bowl. No dishes were offered for them. This is unhygienic and does not protect people's dignity.

We observed lunch being served. Lunch was being taken in the smaller lounge / dining room and there were seven people seated at the tables. There were creased tablecloths on three of the four tables; the fourth table had no tablecloth. There were no place settings and no condiments or decorations on the tables. The other people who used the service were served their meals on tables placed in front of their lounge chairs. This offered little in the way of exercising by encouraging people to walk from the chair to the dining table. It also reduced the engagement and interaction between people living at the home. When we questioned why people were not encouraged to sit at the table we were told they preferred to stay where they were. We expressed our concerns to the registered manager that this could be seen as being for the benefit of the staff routines rather than regard for the people who used the service.

We saw one person was being supported by one of the care staff to eat their lunch. The person who used the service was pushing the food around with a fork with difficulty. The food was falling off the plate. We asked if the home had any adapted cutlery and plate guards as this would have helped keep the food on the plate. We were told they did have plate guards and adapted cutlery. We saw evidence of them being in place when we visited the kitchen. We have recommended that equipment to support a person's, dignity, autonomy and independence is used.

There were no pictorial prompts for the menu and no menu choices displayed. There was a choice of food for the main meal and the dessert. Staff told us that for those people who were not able to choose their meal they just knew what they liked and did not like. Hot and cold drinks were served with the meal and throughout the day. We saw there was a lot of leftover food on each of the plates at the end of the meal, particularly the mixed vegetables. When we asked if people had enjoyed their lunch we were told, "The veg was cold and I don't like cold food when it should be hot" and "Not really. The veg was cold today and not at all pleasant. It was nice to have some ice cream instead of the trifle though." We discussed the comments about the cold food with the registered manager who told us they had recently purchased a 'hot tray' for serving the food on. We saw no evidence of a hot tray in use.

The service had received a four star rating from the national food hygiene rating scheme in March 2016.

The care records we looked at showed that people were weighed regularly, had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified. The care records also showed that people had access to external healthcare professionals, such as opticians, chiropodists and dentists.

Information we received from the hospital nutritionist prior to the inspection showed that the staff were proactive in undertaking nutritional risk assessments and referring people they considered to be nutritionally at risk.

The Riverside Nursing Home is registered to accommodate up to 25 people, many people living with dementia. Bedrooms are provided on the ground and first floor and accessible by a passenger lift. The bedrooms had numbers on the doors but no names or photographs of the person whose room it was.

Having their names and/or photographs on the doors could aid recognition of their room and help with people's independence and autonomy. Some, but not all of the toilets and bathrooms did have pictorial signs. We saw however that the signs for the lounge and dining room directed people the wrong way. This was changed whilst we were present.

The Riverside Nursing Home does not have a front or back garden. It has a parking area to the front of the home and a secure, south facing enclosed patio to the rear of the home that overlooks a river. During the inspection we saw that some people who used the service wanted to go out into the sunshine. One person told us, "I would like to be able to sit outside in the garden, but they won't let us." The registered manager told us that the people who used the service did not use the patio area; this was despite it being accessible by the lift. We saw that staff used the patio for their breaks and for smoking. It was littered with cigarette stubs. We asked why people who used the service were not able to use the patio area but no explanation could be given.

In view of the fact the service informs that they specialise in dementia care, better signage throughout the environment needs to be in place. We recommend also that consideration is given to the design or layout of the environment so that this helps promote the well-being of people with living dementia and enables them to retain their independence, and reduce any feelings of confusion and anxiety.



## Is the service caring?

### Our findings

We asked people who used the service and visiting relatives if they felt the staff were caring. Comments made included; "Staff are very caring and they respect my views and listen to me. They always knock on my door and respect my privacy," "In regard to aspects of caring, all we can say is so far so good" and "Generally, the staff are very kind and caring, but there are always exceptions to the rule. The caring profession needs people with a true vocation. I feel that the carers speak to people kindly, but do not always have the time to follow through with the necessary actions." Also, "The toileting here is poor and I've sometimes found [relative] sitting wet in the chair."

Some of the people living at The Riverside Nursing Home were not able to tell us about their experiences. Therefore we spent some time observing how staff interacted and supported people. Staff spoke in a quiet manner; were good at communicating with people when they became agitated and were able to calm people down quite quickly. We saw how one staff member was supporting a person who was feeling unwell. Their approach was kind and gentle.

We did see however that one care staff member was abrupt in their manner when a person was trying to get out of a locked door. The person was told, "You can't go through there. It's not allowed. Go and sit down." No explanation as to why they were not allowed was offered. There was no attempt to calm the obvious anxiety that the person was experiencing. We informed the registered manager of our concerns who told us they would deal with the issue. The lack of an attempt by the care staff member to allay the person's anxiety highlights the need for training in relation to dementia care.

During our observations we saw that one person had risen from their chair to indicate they had been incontinent of urine. Urine was on their clothes, on the floor and on their chair. They were taken to the bathroom where they were washed and placed in clean clothes. The chair and floor however were not cleaned before the person was repositioned in their urine covered chair. This did not protect their dignity or their well-being.

During the last inspection we identified that people had not had their food-stained tabards removed following their breakfast. They were still in place late into the morning. During this inspection we found that once again people were left in their food-stained tabards from breakfast until after lunchtime. This did not protect their dignity.

Leaving people in undignified situations is a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in all the bedrooms during our visit. Several of the bedrooms had broken furniture and creased duvet covers. We found that none of the bedroom doors had locks. We saw there had been a Yale type lock on the doors that had been removed. The registered manager could offer no explanation as to when and why they were removed. To protect people's privacy and dignity overriding door locks must be fitted to people's doors.

During our visit to the bedrooms we found that in one bedroom a stained under sheet had been placed back on the bed when it had been made. This was unhygienic and did not protect the person's dignity.

Each bedroom had a sink that was situated a distance from the bed. There were no individual washbowls available. We asked the registered manager what the procedure was for those people who were not able to sit at the sink or wash themselves. We expressed a view that people could not possibly be washed and rinsed properly and be able to soak their hands and feet if staff had to walk backwards and forwards from the sink to the bed with a wash cloth. We were told, "It was probably what staff did." This meant that people's personal care was not delivered in a thorough and dignified way.

We asked if daily personal care charts were in use within the service. Personal care charts are used for documenting when care such as; showers, immersion baths, bed baths, teeth/ denture, hair and finger/ toe nail care is provided. We were told they were not used and it was recorded in their daily care records when a person had been given a bath or a shower.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the registered manager if the service had any links with specialist dementia services or organisations such as the Alzheimer's Society, local dementia cafes or the Admiral Nurses. The Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support and guidance to families and to staff caring for people with dementia. We were told no links had been forged with any such organisations but that it would be, 'looked into.'

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by the registered manager, four of the registered nurses, and one of the senior care staff. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

We saw information about people who used the service was kept confidential. The care records were kept in the medicine room that was kept locked when not in use. The registered nurse told us that the care staff were able to access the records on request.

## Is the service responsive?

### Our findings

We asked people if they felt the staff responded well to their needs. The responses we received were mainly in relation to the lack of activities. Comments made included; "It's boring sitting in here every day. The carers sometime play Ludo, Dominoes and Draughts with me. It depends on whether they have time," "It would be nice to get out on such a fine day" and "It's really boring here, there's never anything to do." We were also told, "It's definitely boring. I tend to just sleep in here" and "There are not many activities here. I'm not aware of any activity schedule or daily programme. They sometimes have a singer, which is good and my [relative] has enjoyed the singing. They haven't had any for a little while though."

We saw that the majority of the people who used the service were asleep in their chairs throughout most of the day. At our last inspection we made a recommendation that the service considered current good practice guidance in relation to the choice of activities offered to help promote the well-being of people living with dementia, promoting their involvement and enabling them to retain their independence.

The registered manager informed us there was no activities coordinator employed by the service. We were told that a person visited with their greyhound once a week for pet therapy. We were told that the care staff undertook activities when they could and that they followed the activities planner displayed in the lounge. From our observations throughout the inspection we saw no activities taking place.

We found there was little to support people who used the service, especially those people living with dementia. There were no established links with community organisations to either support alternative social networks or provide opportunities for a range of different activities for the people who used the service. Suitable and sufficient activities and community involvement must be provided to help promote people's well-being. Failing to do so is a breach of Regulation 10(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three people's care records. We saw that people were assessed before they were admitted to the home to ensure their individual needs could be met. We found the care plans in place gave sufficient detail to guide staff on how to provide support to people in a way that met their physical needs. They had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed.

We asked the registered manager how staff were kept up to date with people's changing needs to ensure they provided safe and effective care. We were told staff were made aware of any changes in a person's care needs at the 'handover' which happened at the start of each shift and that they had access to the care records and daily report.

The registered manager told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. We were told that clergy from the local Roman Catholic Church and Church of England visited regularly to give Holy Communion.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that, in addition to the person's personal details, a copy of the person's MAR sheet would always be sent with them. We asked if there was a specific form in use to explain any incident/ illness that had occurred. We were told no other information was sent but they were in the process of ordering a document called a Hospital Passport. We were told this was a document that would provide good information about the individual's needs, health conditions and the medication and support required.

We looked at what information was made available to people and visitors should they wish to raise any complaints or concerns. The complaints procedure was displayed in the reception area. Although it contained the relevant information about who to complain to, and the times it would take for a response it was a lengthy document that also detailed what action the staff were to take. We discussed simplifying the complaints procedure so that it would be much easier to read and understand. The registered manager acknowledged that it needed changing.

We asked people if they knew how to make a complaint. Comments made included; "If there was anything wrong we would contact the owner or the manager immediately. The owner has given us her number which helps to put our minds at rest. We've not been told about a complaints procedure. Hopefully, it won't be needed," "I don't feel there is any need to complain, but no, I don't know about a complaints procedure" and "No. I've no idea how to make a complaint here."

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised.

## Is the service well-led?

### Our findings

The home had a registered manager who was present on the day of the inspection. We asked people who used the service what they thought about the management of the home. Comments made included; "The manager and owner are both approachable. I feel that we can raise any concerns here," "This place is going downhill. The manager is not here every day and the staff behave differently when she's around" and "[Staff member] seems very pleasant, but I didn't realise that she was the manager. I thought it was [other staff member]."

Information from the Commissioners showed they had concerns in relation to the management of the service. We were told they were undertaking regular visits to the service to check compliance with the requirements of the quality monitoring visit undertaken by the Quality Assurance and Contracts team in June 2017.

During the last inspection of December 2016 the systems in place to assess, monitor and improve the quality and safety of the service provided were not adequate. We found there was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we received an action plan informing us what the service had done to ensure compliance with the regulation. During this inspection we looked to see what had been put into place to monitor the quality of the service provided.

During this inspection we saw that weekly audits had been undertaken on the medicine management system and monthly audits had been undertaken on the cleanliness of the kitchen, the care plans and infection control. The infection control audit was not adequate as it had failed to identify the issues that we identified during this inspection. The registered manager told us they were in the process of implementing a new audit tool for checking the health and safety of the environment.

The registered manager had failed to identify or address the issues of inadequate care that we found during this inspection.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told, and people who used the service confirmed this, that no satisfaction surveys were given out to people. We were also told that meetings were not held for people who used the service or their relatives. One visitor told us, "I've never attended any family or residents' meetings. I don't think there are any in here. I've never filled in any survey or questionnaires for the home about the care provided in here either."

This meant there was a continuing breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not in place to assess, monitor and improve the quality and safety of the service provided.

We found that not all records necessary for the management of the home were completed accurately or

were in place.

There was no documentation to show that a fire risk assessment had been undertaken.

Cleaning schedules were displayed in each bedroom to show the cleaning that had been undertaken for that room. Although the bedrooms were clean, the cleaning schedules were incomplete. The schedules we looked at had not been completed for several days.

Care monitoring charts were not completed accurately. The chart of one person showed their position had not been changed at all on one day. The registered manager assured us that they had and that the record was inaccurate. We looked at the bowel elimination charts for six people. They showed that some people had not eliminated for between eight and sixteen days. The registered manager told us that the records were inaccurate.

The topical (skin) cream charts we looked at showed that some creams had not been applied for several months. We were told they were no longer in use and that the application of creams was being recorded by the registered nurses on the MARs, even though they had been applied by the care staff. We discussed with registered manager that this was inaccurate recording. The registered manager agreed and told us they would re-instate the topical cream charts and ensure they were filled in accurately.

Failing to have records that are accurate and records that are necessary for the management of the home is a breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we looked at showed that staff meetings were held monthly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

We saw that policies and procedures were in place to inform and guide staff on their practice; they made reference however to the previous legislation that the Commission regulated against and not the current legislation.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed conspicuously in the reception area. The service does not have a website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People who used the service were left in undignified situations.</p> <p>People were not provided with sufficient and suitable activities or with community involvement.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that the premises were kept safe and had failed to prevent and control the spread of infection.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Despite the fact that many of the people who used the service were living with dementia, the majority of staff had not received training in dementia care.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to assess, monitor and improve the quality and safety of the service provided were not adequate.  Records that are necessary for the management of the home were either not in place or were not accurate.

### **The enforcement action we took:**

Warning Notice