

## Ribble View Health Care Limited

# Ribble View

### Inspection report

39 Church Avenue  
Preston  
PR1 4UD

Tel: 01709565700

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ribble View is a nursing home providing accommodation and personal care for up to 30 people. The service provides support to adults with multiple health needs, people living with a brain injury, people with mental health needs and people with physical disabilities. At the time of our inspection there were 18 people using the service.

The building has three floors which are all kept secure with key code locks. The middle floor is not yet in use although the service has begun to take referrals for people to move in.

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

People were kept safe from the risk of abuse and relatives said people were well cared for. A relative said, "I turn up unannounced, so I know (my relative) is safe." Staff had good knowledge about people's needs and people benefitted from a positive and caring atmosphere. One person said, "I love it here" and a relative said, "I can't fault the staff, they are great."

People were protected as the management team used safe recruitment processes. We have made a recommendation about the storage of some medicines.

People benefitted from an effective management team that were committed to improving the service. The registered manager used different ways to talk to people and staff and encouraged people to provide feedback. Staff enjoyed working at the service and were enthusiastic about their roles.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

The environment itself was a nursing home which could limit opportunities for independence. However, staff valued and upheld people's dignity and privacy. Staff took the time to find out what was important to people and supported them to take part in their interests and hobbies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 August 2021).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ribble View

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors 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.

#### Service and service type

Ribble View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ribble View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people that used the service and six relatives. We spoke to eight members of staff including the registered manager, regional managers, kitchen and care staff.

We looked at a range of information including three care plans and medicine records. We checked three staff recruitment records, audits and risk assessments.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Although there were many safe medicine management strategies in place, we found a concern regarding safe storage.
- There was an unlocked cupboard which stored drink thickener. Drink thickener is added to drinks of people who may be at risk of choking. Accidental ingestion could cause a risk of harm to people. The provider responded as soon as we brought this to their attention and made changes to make sure this remained locked.

We recommended the provider consider current guidance about the storage of thickener and to take action to update their practice accordingly.

- Other medicines were stored safely. This included medicines awaiting disposal which were stored in tamper proof containers. We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.
- Staff who administered medicines received suitable training and competence checks and there was a system for supporting staff should there be concerns with their ongoing competences.
- Staff had guidance to follow when medicines were prescribed to be given "when required" or with a choice of dose. Medicine's records were accurate and included details of people's allergies.

### Staffing and recruitment

- There were safe and effective staffing and recruitment processes in place.
- People were cared for by staff that had been recruited safely. The registered manager used the Disclosure and Barring Service (DBS) to help them make safe recruitment decisions. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were enough staff to keep people safe and staff had time to support people to take part in their interests. One relative told us, "There seems to be enough staff. Mum has an alarm and there have been no delays in responding, she would tell me if there was." However, some people told us there was a high turnover of staff, with some reliance on agency staff.

### Learning lessons when things go wrong

- There were systems to make sure that lessons were learned if anything went wrong.
- There was an effective incident recording system which senior staff regularly audited.

- The registered manager identified any themes and made changes. For example, the registered manager completed falls analysis after identifying an increase in falls. Actions were put into place to address including extra guidance to staff and reminding them of good practice.
- Some staff were not always aware of changes made. We fed this back to the registered manager who said they would look at ways of communicating effectively with staff.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a thorough safeguarding policy which staff knew how to access.
- The registered manager arranged safeguarding training, and this was up to date. Staff could describe what they would do if they had concerns.
- People told us they felt safe and a relative said, "The staff provide excellent care."

#### Assessing risk, safety monitoring and management

- People were protected as the registered manager made sure there were effective safety management systems in place.
- We checked health and safety records and found the service was compliant with gas safety, electrical testing and water testing. There was an up to date fire risk assessment and the service conducted fire evacuation practises.
- There was a maintenance manager who conducted regular audits of the environment and recorded actions taken to address anything that needed fixing or replacing.
- People's records had thorough risk assessments with the associated care plans for staff to follow.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visiting in line with current guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefitted from a culture that was positive and person-centred.
- Staff were friendly and caring and worked with people to help them achieve good outcomes.
- A staff member said, "I love working here, and I have good support from my manager."

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 provider understood their responsibilities under the duty of candour.
- People and their relatives said that staff usually kept in touch with them and told them about any concerns or issues. One person said, "We are always getting updated, they send a letter or over the phone"; another person said, "Communication is very good, they email with updates and I have a catch up when I visit." Some relatives said it was sometimes difficult to get in touch over the telephone.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and had a good understanding of quality performance, risk and regulatory requirements.
- The registered manager carried out regular audits and identified areas for improvement. Ideas for change were welcomed.
- The registered manager had a good understanding of risks to the service and senior leaders had regular meetings to discuss and address issues.
- The registered manager made the necessary notifications to different agencies such as safeguarding teams and CQC.

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

- The registered manager was committed to engaging with people, their relatives and staff.
- The service provided newsletters to people and their families, and following feedback they set up two family liaison officers to provide regular updates to family and friends.
- The registered manager encouraged staff to provide feedback and the service held team building days and listening sessions.

- There was a monthly service user meeting which included people from different care homes within the wider provider. People could make suggestions and provide feedback.

Continuous learning and improving care; Working in partnership with others

- The service encouraged continuous learning to improve care and worked well in partnership with others.
- The registered manager used feedback and lessons learned to identify additional training needs and made sure this was arranged and delivered, for example further training in learning disability and autism.
- The service worked closely with other agencies, such as commissioning, safeguarding teams, learning disability and mental health teams.