Riversdale (Northwest) Limited

Riversdale Nursing Home

Inspection report

14-16 Riversdale Road
West Kirby
Wirral
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced comprehensive inspection of Riversdale Nursing Home on the 28 October 2015. We made a second visit on the 6 November 2015 which was announced.

Riversdale is a large detached Victorian home over three floors, in a quiet residential road. The home is near to local shops and facilities in West Kirby and benefits from having the River Dee estuary, promenade and beaches at the bottom of the road. There were two small car parks at the front of the building and gardens with seating areas to the rear of the building. The home is registered for nursing and personal care for up to 34 people, at the time of our inspection 30 people were living at Riversdale.

The home had bedrooms over three floors, there was a lift providing access to all three floors. In total there were 28 bedrooms at Riversdale, 25 single rooms and three rooms which can be used for two people. Many of the

Summary of findings

bedrooms in the home were large, benefited from having large windows and had comfortable seating areas within the rooms which could be used for visitors, 15 of the bedrooms were en-suite.

On the ground floor there was a dining room, two interconnecting lounge rooms with access to the rear garden, a kitchen, office, medication room / nurse's station and laundry. We found the home to be reasonably well maintained with homely décor.

The home had a manager who had applied to be a registered manager with the Care Quality Commission (CQC), the application was in progress. 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.

People living at Riversdale and their relatives told us they felt safe at the home. We observed adequate numbers of experienced and well trained staff supporting people. Staff had completed Safeguarding training. The building and the environment was safe for people living at the home.

Medication was well documented and generally organised, there were some improvements that could be made which we highlighted to the manager.

Riversdale had an on-going training programme, to compliment this they also have training refreshers and different training topics for the staff each month. Staff receive regular supervision and appraisal and are supported in their on-going development at Riversdale.

Pressure area care was very good, nobody at the home was experiencing difficulties with pressure areas. People were well supported in other areas of their health, people had access to health professionals quickly with many visiting people at the home.

We observed that people were always treated with dignity and respect and their consent was sought in all areas of their care. The home was operating within the principles of the Mental Capacity Act 2005 (MCA).

People told us they enjoyed the food, mealtimes were well organised and people had a choice of food to eat. We observed that staff members were caring and thoughtful and there was a culture of caring at the home. New people were made to feel welcome and were helped to settle in.

People had effective care plans that were individualised and person centred, these contained even the smallest details of what was important to a person. People were encouraged to get involved in activities during the day, many people told us they enjoyed these.

The manager of the home was open, candid and thoughtful in their approach. Any observations we made that could lead to improvements were explored and acted on quickly. Both people living at the home and relatives expressed confidence in the manager.

Summary of findings

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.

Improvements were required to the way medicines were administered.

People told us they felt safe living at Riversdale.

We found there was sufficient experienced and well trained staff working at Riversdale. Staff had a good knowledge of safeguarding and recorded any incidents and accidents that happened.

The building and the environment were safe.

Requires improvement

Is the service effective?
The service was effective.

Staff members were well trained and supported with regular supervision and appraisal. There was a culture of learning, development of practice and applying person centred principles.

Staff understood and applied the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards (DoLS) and had made the appropriate referrals.

There was a variety of choice in food at the home, it was well served, was of good quality with good portion size.

Good

Is the service caring?
The service was caring.

We observed staff being caring towards people, in their speech and approach. There was an atmosphere of people being comfortable and at ease.

We noticed people's feelings and preferences being acknowledged and acted upon in their care.

Good

Is the service responsive?
The service was responsive.

The care plans and other documents kept by the home were person centred and individualised highlighting what was important to people.

Activities were centred on individuals and their preferences. Were possible people were supported to spend some time out in their community.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The staff told us they felt well supported in their roles. Feedback from families showed they had confidence in the management of the home.

The culture of leadership was open and candid.

Complaints and incidents were treated seriously with appropriate and timely actions taken.

The thoughts and feedback of people living in the home, their relatives and professionals was sought and acted upon.

Riversdale 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 October 2015 and 6 November 2015 and was unannounced. The inspection was carried out by a team of four inspectors. The team included an adult social care inspector and a specialist advisor (SpA) who focused on nursing care. There was also two experts-by-experience who took part in 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. The experts by experience who took part in this inspection had experience of social care, stroke and dementia care.

Before the inspection, the provider completed a Provider Information Return (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. We also looked at the information the CQC had received since out last visit.

During our visit we spoke with 14 people who lived at Riversdale and 11 friends and relatives of people living in the home. We visited three people in their rooms who were unable to leave their beds. We looked at the care records for five people, used pathway tracking of the care of four people and observed the care of nine people. We witnessed the administration of medication at the home, checked the storage of medication and the administration records at the home.

We spoke with the manager of the home, two nurses, the cook, the gardener, activities co-ordinator and three carers. We also looked at the records in relation to health and safety and the management of the home.

Requires improvement

Is the service safe?

Our findings

We asked eight people if they felt safe living at Riversdale, all of the people told us, nodded or indicated to us that they did. We asked them what they would do if they didn't feel safe, one person said whilst laughing, "I'd tell them I would, we [pointing towards her friend] are the trouble makers here".

During our inspection we observed adequate numbers of staff for the needs of the people cared for. The people and the relatives that we spoke with told us they felt the home had enough staff on duty for their needs and this helped them feel safe. We saw no occasions when people were kept waiting for staff. One person did tell what they had experienced at times telling us, "The young ones sometimes say they will come back and then forget, it's probably because they are busy". We observed people who were in bed in their rooms and they had call bells to hand to ask for support if they wanted to. We tested a call bell and it was attended to promptly.

People we spoke with told us that if they had any problems or concerns they felt free to raise them with the manager or staff and they would tell one of their relatives about this. People's relatives we spoke with said they would speak to the manager or other senior staff if they had any concerns and that the staff encouraged this. One relative told us, "The staff always talk to us and ask if we have any concerns".

We asked one relative if they thought the home was safe, they agreed they did. They then told us that their relative, "Had fallen while out with me but I had not reported the bruise to the staff." They explained that they were, "Very pleased the day after when I was asked about the bruising by a staff member". The relative took this as an indication the staff at the home were attentive and concerned for the wellbeing of their relative, not only while in the care of the home, but also while outside the home. This gave them confidence regarding the safety of their loved one.

None of the people we spoke with managed their own medication. They told us that they received medication on time administered by the nurses. We spoke with the two nurses on duty and observed the administration of medication.

We observed that people's medication arrives from the pharmacy in pre-packed pods, these are 'checked in' by the nurse on duty upon delivery. As and when required medication (PRN) is additionally checked against people's prescriptions on receipt. We were told of a potential medication error at delivery that was immediately recognised and corrected.

The home managed controlled drugs safely, with the appropriate checks in place. We asked how people are identified for their medication, if agency or unfamiliar staff are administering. The nurse showed us how they had up to date photographs on each medication administration record (MAR) identifying the person. However the medication was taken to people in the pre-packed pods leaving the MAR chart in the office with the photograph identifying the person. We brought this to the managers attention. The manager told us the nurse we observed was the nursing home manager, was a longstanding staff member and knew people well therefore didn't need the photographs to identify people. Anybody who is less familiar with people can use the photographs to identify people as an extra precaution. We were told of and observed good practice if people refused their medication.

We checked the medication administration records (MAR) for five people at Riversdale, we observed no gaps in the medication records. The nurse showed us how they had improved the system after previously having gaps when medication had not been signed for. The nurse told us that they had been well supported by the manager in improving this.

Medication that needed to be temperature controlled was kept in a medication fridge. The temperature of the fridge was checked daily by the nurse. We observed on both visits that the temperature recorded for the fridge was too high and outside the recommended safe range. On both occasions this had been for three concurrent days records.

The nurse told us that this was because the fridge had been opened and closed during the day. We didn't understand this explanation for repeatedly showing such a high fridge temperature amongst lower recordings. The manager told us they think the thermometer is not being reset as needed. We asked the manager to obtain an accurate method of measuring the temperature of the medication fridge, or obtaining a new fridge as necessary.

Requires improvement

Is the service safe?

We observed plastic syringes that had been used for the administration of liquid medications in two plastic containers in the clinical room. The nurse was unable to tell how often or when these had first been used.

We were shown the process that the manager used when documenting, recording and describing people's valuable possessions to reassure people that they had all their property. We witnessed this used when one person had a concern. This showed us that steps were taken to ensure that people's valuables were safe.

One person's relative told us their family member brought their own TV into the home recently and the management arranged to have it tested for safety (PAT Testing) at no cost to the person. They told us they thought if showed how the home took safety seriously.

The building was maintained to a reasonable standard both externally and internally, the outside areas were clean and tidy. The garden was clutter free, well maintained with covered seating areas outside. We saw evidence of ongoing maintenance, some bedrooms had been newly carpeted and recently decorated. Some corridors were narrow due to the layout of the building, however they were clear and well lit.

Emergency exits from the building were appropriately secured and alarmed, one was tested during our visit. We did observe one door to a staircase from the first to the ground floor could be accessed by residents.

Entry to the building was through the main door, there is a call bell for people to use and staff admit people inside a waiting area using a coded keypad. On both occasions we were asked to sign into the building and our ID was appropriately checked. We were escorted into the home to meet the manager.

We observed that due to the building layout storage was a challenge. We saw one area used for hairdressing and bathing that was also used for storing equipment. We observed staff moving equipment from one area to another on the first floor to free up space. We didn't see the storage challenges impacting on anybody's care, there was a cooperative approach between the staff happy to help each other and the peoples. We didn't observe this effecting the health and safety of people living in the home or staff.

Good

Is the service effective?

Our findings

All the people and their relatives that we spoke with during our visits told us that the staff had the right skills to care for their needs. One person told us that the staff understand their needs, another added, "I've got the staff well trained". One relative told us they felt reassured that, "Staff have been here for years".

New staff receive induction training into their role followed by a mandatory training programme. This included training in areas such as, Dementia Awareness, Mental Capacity, Infection Control, Hydration and Nutrition, Manual Handling, Fire Safety, Health and Safety and Adult Abuse (Safeguarding). We saw the '2015 Training Planner' at Riversdale this outlined a schedule of training in addition to staff's mandatory training. Each month there were themes examples being, Challenging Behaviour, End of Life Care, Chest Infections, Diabetes and Fungal Infections.

Staff received regular supervisions and annual appraisals. We discussed with the provider how they document supervisions. Of the records we looked at many supervisions had a date and agenda only, with no details of the feedback from the staff member or the goals and actions agreed.

Two of the care staff we spoke with told us they had been supported to achieve NVQ qualifications in Social Care. One person working towards a second qualification told us they were, "Supported during work shifts to develop".

We found the carers to be knowledgeable in their roles and aware of people's needs. They participated in shift handovers, made frequent use of care plans and body maps and were competent in checking people for pressure areas and knew the actions they would take if they found redness or any other problems. We observed the shift handover document which highlighted the most important factors in each person's care. This was updated with changes and full audited weekly.

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 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). 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.

We observed records that show the home is operating within the framework of the Mental Capacity Act. DoLS referrals had been made for a number of people living at the home, the nurses in the home assess the capacity of people by conducting a mental capacity assessment before the referral is made. If possible this is done before a person moves into the home in partnership with health professionals.

We saw that appropriate systems had been followed if a do not attempt cardiopulmonary resuscitation (DNACPR) decision had been made. This included working with people's families and other professionals in reaching best interest decisions.

When we asked people about the food at the home one person was happy to tell us, "I've put on weight since I came here, my clothes fit me again".

Lunch was served to people in the dining room and people chose their preferred table, or were asked where they would like to sit if they were aided. Most people appeared to sit with their friends in a regular spot. Each table was well laid out in a restaurant style with everything needed, had individualised table mats as memory aids and a menu for the week for people to look over.

Some people chose to eat their meal in the lounge, this was then served to people on trolley tables at their chairs. Some people ate in their bedrooms.

The food was sampled by one of the CQC team and they reported it was, 'Of good quality with adequate portion size'. We saw that people enjoyed the food and we observed very little food left over by people.

There were two choices of a main course, however staff told us that if people wanted something else this would be provided. We observed this in practice, one resident didn't like either of the choices and was made an alternative that they chose. Staff offered support to people who needed help with their eating and drinking. Drinks were available

with lunch and we observed them being offered throughout the day. People who needed their clothes protecting during lunch were offered covers to protect them from food spillage. We observed some people had plates that were designed to make it easier to gather food onto a fork and prevented food from spilling off the plate. The covers and plates encouraged people to remain independence in their eating and drinking whilst maintaining their dignity. We observed staff quickly helping people to clean themselves if any food had spilt whilst eating.

The mealtime was well organised, calm and well arranged by the staff. Staff members treated people with dignity and respect, communicating a lot with people. People were asked if they wanted any support to eat. One staff member asked a person, "Is it ok to put this apron on you [name]?" Another, "Would you like orange juice or tea?" "Is it ok to put your coffee here, [name]?" One person before being supported into a chair at the table was asked, "Would you like the hoist or should I use the belt?" We saw people were consulted and their views and wishes acted upon during lunch.

One person who chose to be lifted using a hoist began to sing 'Up, up and away in my beautiful, beautiful balloon". People were clearly relaxed and comfortable in the care they were receiving.

We spoke to the cook who had a thorough knowledge of the people they provided food for. They explained to us the different dietary requirements for the people living at Riversdale and showed us how these were effectively documented. Some of these requirements were because of people's health needs and for other people their cultural preferences for certain types of food.

The cook explained how they built up knowledge of new people's dietary requirements and preferences, "step by step". This started with knowing people's health needs, their likes and preferences that were fed back to the cook and by family questionnaires for people who were not able to tell the cook what they liked.

During our visit to the kitchen the cook had just made fresh smoothies and milkshakes for people who wanted a fortified diet, this happens daily. The cook was passionate in showing us how they worked, explaining that they are always looking to be, "One step better". That they, "Don't use packets, we cook from fresh" and could even tell us the detail of who preferred, "Mushy or garden peas". The provision of food at Riversdale supported people well with their nutritional needs and staff made every endeavour to ensure people enjoyed their food by being person centred.

People were well supported in their health needs, relatives and people cared for explained to us they were quickly supported to see a doctor when needed. The home kept effective records of people's health needs including their weight. There was nobody at the home experiencing pressure sores. One relative commented that their family member had, "Never had a pressure sore despite being in bed for 18 months".

We were told by staff that for people's convenience some health professionals such as Dentists, Opticians and Chiropodists visited people at the home. One person told us of a recent eye test they had whilst at the home by a visiting optician, another told us of a visit they had from their chiropodist. People liked the convenience of these visits, which helped ensure people were well supported with their health needs.

We observed that staff had explored different communication methods with people whose first language was not English or had an impairment of speech. A number of the staff had learnt some words and simple phrases from a person's first language and used them to help with communication. The staff had also developed a number of communication cards containing words and pictures, these were used for the person to make requests and had benefited them greatly. However the communication was mostly one way.

On one occasion we saw staff supporting someone who had become confused making their way to the toilet after taking a wrong turn, another person had to guide them. The design of the building and signage does not encourage people getting about the building independently if possible.

We observed that signs around the home and on room doors consisted of standard letters and numbers. We saw no evidence of dementia friendly identification of rooms or signage for visually impaired people. We suggested the provider consider this and look into current best practice in this area.

Good

Is the service caring?

Our findings

One of the people we spoke to told us, "There is a lovely atmosphere in here".

People we spoke with told us they felt they were treated with kindness and staff took the time to understand their needs. We asked one person how they were today, they enthusiastically told us, “Marvellous”, another described themselves saying, “I’m perfectly okay”. A third person was happy to tell us, “I even had a party for my hundredth birthday”. Later we spoke with one of their relatives who told us how good the party was, “You should have seen the celebration, there was even a Skype link up for relatives in Australia”.

We asked people if staff listened to them. One person joked, “Oh yes! They’d be in trouble if they didn’t”. We observed a friendliness and comfort in the communication between people and the staff. Staff in response, were compassionate and kind when interacting with people. There were frequent times of laughter at the home and we observed little details in the interactions of people which showed caring. One staff member told us that the best thing about the home is that staff are, “Very caring” and everyone works together as part of the team.

One person’s relative we spoke with told us, “My husband looks pristine”. Another told us, “These people here are first class, the more I see it the more I like it”. They added it felt like, “Tender loving care”.

We witnessed that staff asked people for their consent to carry out any care that they may need and explained things to people. We witnessed that staff knocked on people’s doors and waited before entering their rooms. People told us that they felt their dignity and privacy was protected and they were treated with compassion. Relatives we spoke with told us their loved ones were treated with kindness by the staff.

During lunchtime one person had an accident and fell to the floor. The person was helped quickly and checked over by the nurse on duty. We observed that a screen was used to protect the person’s privacy and dignity whilst they were being cared for.

We observed constantly throughout the day that people were communicated with using their names. There was evidence that staff were familiar with and knew the people they cared for. One relative told us they like that the home, “Don’t use agency staff, [staff] come in and know people, they know their quirky ways”.

Riversdale is a busy environment, during the day we didn’t notice staff sitting and chatting with people other than to communicate in providing people with care. One relative told us the staff, “Do work hard, sometimes staff do look stressed out, when they can they do have a chat with you”.

All people we spoke with said they could have visitors at any time, relatives we spoke with told us they felt free to visit whenever they wished to. We saw this was the case, with a lot of people freely visiting Riversdale during our visits.

One relative we spoke with told us she had been contacted about their relatives ‘end of life’ care, they had an appointment in place with the home manager and their GP to outline people’s wishes and to put care plans in place. This reassured them during this difficult time.

The manager told us they wanted people to feel welcome coming to live at Riversdale and understood that moving into a home can be a difficult time for people. We were shown a room that had just been prepared for somebody arriving shortly, there was a welcome sign on the door, fresh bedding and towels and if appropriate for the person they put a chocolate on the bed.

Good

Is the service responsive?

Our findings

We spoke with a relative of a person who was unable to speak with us. They described how, "It took a lot of learning for staff to know his personality, but it's absolutely fine". Now they feel their loved one is, "Very much treated as an individual" and the staff, "Totally understand him".

We asked one staff member if they read people's care plans, they told us, "All the time" adding, "They are more personalised lately". We found that the provider was further developing their person centred approach and had made recent improvements to care plans and other documentation.

Only one person we spoke with knew they had a care plan and understood what it was for. However most people we spoke with said their care plan would be something their relatives would deal with.

One person's family member told us that they had felt the need to make a complaint regarding one aspect of their relatives care. They told us that once they had made the complaint, the staff consulted with them on the issue and then changed how they supported there relative. The family member was happy with this saying, "I'm only telling you that, as I believe it is a positive response, which I'm very pleased about. In no way is that a complaint".

The manager told us of complaints they had received, a couple of them related to difficulties that arose from when the lift within the home stopped working for some time and had to be replaced. The lift had previously been well maintained with a full maintenance contract in place. However the contractor encountered delays and difficulties with the lift and the restrictions of the building. The manager admitted this caused anxiety to people and their families. Whilst the lift was not working this was managed by having extra staff on each floor and essential appointments being made by ambulance staff transporting people safely using the stairs. However some people still missed appointments. The manager appreciated that it unexpectedly took a long time to resolve. A new lift is now in place.

The communal areas of the home consisted of three interconnecting rooms, two lounges and a dining room.

The lounge rooms were large and well-lit looking over a well-kept garden, one of the rooms had access to the garden. The chairs were positioned in rows down the length of each room, creating two 'corridors'.

Most people sat facing each other, we observed that people with similar communication abilities sat close together. We saw that the seating arrangements did not encourage interaction and conversation between residents. There was limited interaction between residents, some people appeared isolated having empty chairs on either side. We noticed that the more social seating arrangements during meal times led to people interacting and talking to each other more.

Each lounge had a TV, the remote control for each were next to the TV. On the first visit we did not see any people change channels, request a channel to be changed or staff ask people's preferences. Both TV's were on different channels and both had sound about medium, this at times created a confusing sound effect in the interconnecting rooms.

On the second visit we spoke with one person who was sitting close to one TV with the remote control. They described themselves as, "A telly addict, I love the quiz shows" and explained to us how they, "Try to beat them at the questions".

None of the people who lived in the home were using the garden as the weather wasn't good. We spoke with the gardener, they told us that people do use the garden and sit outside in the summer. We saw that there were well maintained seating areas in the garden.

Five people we spoke with told us that they go for walks or "outings" with staff, friends or relatives, some people had recently been to a local pub. There had recently been a sponsored walk, this had involved people living at Riversdale, their families and staff who wanted to join in. There was a picture of those who got involved on the wall in the entrance area.

People told us they had formed friendships in the home. One person told us whilst pointing to their friend, "We sit together", their friend added, "We're the terrible twins". One person's relative told us of two friendships that were important to their family member. During our visit we observed people who had formed friendships spending time together, particularly at lunch time.

Good

Is the service responsive?

We saw good documents recording important and relevant information about a person when they first came to the home. They contained detailed information, for example when a person was identified as having a faith it wasn't only recorded but contained an overview of what that faith meant to the person and how they practiced their faith. With one person this had led to the home arranging for church singers to come into the home on occasions to support a person with their faith.

Three relatives we spoke with told us that they were involved in the care plans for their loved ones. Staff we spoke with had knowledge of people's care plans and a good background to the people they were caring for. Staff knew information from a, 'This is me' document, we observed that the home was using this as part of care planning. One new member of staff told us they, "Have used them ['This is me' document] during my induction to learn a little about the residents backgrounds".

We also observed the use of a, 'Day to day care needs' document, which clearly outlined in a person centred way how to support each person individually. We observed people's care plans were frequently consulted and updated, there was evidence of this in frequent notes and updates made in pen on people's plans.

The home had an activity coordinator, on our first visit they were on holiday and people were mostly watching TV. The manager told us there is no cover for when the coordinator is on holiday, people mostly watch TV or listen to music.

On our second visit we observed a group of people getting involved in making Remembrance Day poppy flowers from art materials. People we spoke with said they looked forward to taking part in the activities, which included Craft, singing, animal petting, games and chair based exercise. One person laughed and told us this was, "Keeping fit moving my arms and that sort of thing".

We spoke with the activities coordinator, they told us the activities were a whole team approach and staff got involved. One of their aims is to encourage more people to join in, they told us of one person who recently started joining in and how they really enjoyed themselves. We saw the activity coordinators records, they showed that activities were based upon upcoming events (Bonfire Night chocolate apples and Remembrance Day art) or on people's interests, previous jobs people had and things from people's past. The activity coordinator had spoken to people's families to gain more information about what may interest people, creating a social profile document for each person. This had recently led to a group of people making pastry products with the help of the cook and we were told it had been great success.

The activities coordinator ensured people were supported to maintain their faith. Four people took communion each week on Tuesday in a private space, it was explained to us this was very important to them. A representative from a local church comes in each Sunday to visit people. The activities coordinator explained that they were learning more about different faiths as they wanted to make sure all people had these opportunities if they wanted them.

The activity coordinator had been working at the home for five years. They told us they, "Have a good base knowledge of people" which they had used to explore and investigate new things. One relative told us that even though their family member often doesn't get involved, "Staff do encourage [them] to engage".

We asked people about their choices, for example when they get up or go to bed. One person told us, "You can get up when you want". Another added, "You can please yourself what time you go to bed, it depends what's on the telly".

We observed that people were supported to personalise their rooms, each room we looked at was full of pictures, personal items and looked really homely.

We observed a conversation between the manager and a relative, the relative was praising the manager for their relative having the choice of male or female staff to help her with personal care. They said their relative was, "A little shy and didn't want a man looking after her so you arranged for one of the girls to look after her".

Good

Is the service well-led?

Our findings

When visiting Riversdale we found it to be busy, however with a warm atmosphere and remaining friendly and relaxed. One family member we spoke with told us, "This is only my second visit. The first thing I noticed yesterday when I came in was the wonderful Halloween decorations and I could hear people laughing. I found that very reassuring".

One relative who lives outside of the area communicates with the manager by phone. They described the manager as, "Patient, accommodating and helpful". Another relative told us the manager is often telling them to, "Don't worry, we'll take care of it". One staff member told us they felt, "Well supported by managers".

We spoke with the manager during our visit. The manager told us they were happy with their staff and they were proud of the team at Riversdale and the rapport within the team. They told us their aim as a manager was to always be approachable and added that one of their main priorities was for the, "Peace of mind for people's families". They added, "If we are able to make a difference to somebody's life we will". The manager explained to us that they didn't use outside agencies for care staff, they felt this was, "Not continuity of care". When short staffed they use people from other homes with the group, "Who know our systems and we know them".

The manager added that the team at Riversdale are always keen to learn and develop their practice. They showed us how the home was involved in a pilot scheme working with health professionals on improving people's end of life care. Recently some of the way care plans were documented had changed to be in a more person centred style, staff told us about this during our visit.

We found the manager to be open and candid, they took responsibility and it was clear that people's care going well was very important to them. When our inspection raised questions they were explored and acted upon, some actions being completed before the end of our visit.

The manager promoted feedback from visiting professionals and people's relatives using feedback forms, we saw these were available in the entrance area next to the visitor's book. We saw three completed 'professionals questionnaires' which all gave positive feedback, one Podiatrist commented, "The staff have always been professional and friendly". Relatives told us they knew about the homes 'feedback forms' that were available, one person told us they had used them in the past to give positive feedback.

At the entrance to the home the manager maintained a notice board for staff and visitors. This was kept up to date and enabled staff and visitors to have easy access to some key policies for the home. There was a list of staff working at the home and their roles, details of training and recent news. There were two telegrams people had received from The Queen to congratulate them on their 100th birthday and photos of people who partook in the recent sponsored walk. This helped people to keep up to date with key information, events and news at Riversdale.

We saw evidence that audits are completed on the running of the home every three months. These are done by a manager from another home in the same group, it was explained to us that this offers the perspective of a fresh pair of eyes of someone who also knows their systems. The home had many documented daily and weekly checks completed by staff, these were designed as prompts. We looked at some of these and found that the completing of the check had not always led to an appropriate action. We discussed this with the manager and they told us they would look at this process.

We looked at the policies at the home. We highlighted to the provider some areas of improvement that were needed. The 'Confidentiality' and 'Challenging Behaviour' policies had no review due date, making it difficult to know if these were current policies. Some policies such as 'Infection Control' were due to have been reviewed in 2013, but there was no evidence they had been. The 'whistleblowing' and 'safeguarding' policies were both not dated and made no mention of the Care Quality Commission, meaning it was impossible to know if they were the current policy or for people to know how to escalate concerns outside of the home to the CQC.

Safety was well managed within the home. We saw the manager organised regular safety checks and audits by appropriate professionals of the lift, hoist equipment, electrical appliance (PAT) testing, the homes electrical circuits and gas safety. Riversdale had recently been awarded a five star kitchen rating by environmental health.

The manager told us the style at the home was not five star and modern but rather comfortable, inviting and homely.

Good

Is the service well-led?

We had a walk around the home with the manager, they introduced us to people living at Riversdale and explained who we were and why we were visiting. The manager ensured that everybody who wanted to speak with us was able to do so. During this time we were able to observe how well the manager knew each person, knowing each person's name and the names of many visitors. In their conversations it was clear that the manager knew what interests each person had and what had recently happened to them. The manager was familiar to the people living in the home also, the communication style with people was comfortable, natural and warm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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