

## Shropshire Council

# Four Rivers Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was carried out on 7 October 2015 and was unannounced. At our previous inspection on 15 October 2013 we found that they were meeting the Regulations we assessed them against.

Four Rivers Nursing Home provides accommodation and personal care with nursing for up to 40 older people, some of who are living with dementia. There is a registered manager in post. 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.

Staff told us they had attended training on safeguarding people. They talked of their awareness about identifying abuse and how to report it. Recruitment procedures were thorough. Risk

management plans were in place to support people to have as much independence as possible while keeping them safe.

# Summary of findings

Medicines were safely stored, administered and recorded in line with current guidance to ensure people received their prescribed medicines in a safe way. People had regular access to healthcare professionals. A wide choice of food and drink was available to people that met their nutritional needs and took into account their personal preferences. People enjoyed the food and drinks provided.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected. Staff were kind and caring. Visitors were welcomed and people were supported to maintain relationships and participate in social activities.

Staff were well trained and used their training well to support people. Staff protected people's rights by making sure they obtained their consent correctly. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure people's safety.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved as best practice. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they required. People told us that they received the care they needed.

People were able to express their views and were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The service was well led as people knew who the registered manager was and found them to be approachable and available in the home. People who lived and staff that worked in the service had an opportunity to say how they felt about the provider and the service provided. Their views were listened to and actions were taken in response. The provider and registered manager had systems in place to check on the quality and safety of the service provided, to put action plans in place where needed, and to check that these were completed.

# 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 safe.

There were sufficient staff on duty to meet people's needs.

The provider had procedures in place to protect people from the risks of harm and abuse. Staff had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments of risks to people were undertaken. Written plans were in place to manage these risks.

There was a safe system in place for the management of people's medicines.

Good



### Is the service effective?

The service was effective.

People who lived at the home were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place to protect people's rights.

Staff identified the risks associated with poor drinking and eating and provided a nutritious and balanced diet.

The registered manager and staff ensured people were able to access specialist support and guidance when needed.

Good



### Is the service caring?

The service was caring.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff provided support to people in a kind and dignified way. Staff were patient when they interacted with people and their wishes were respected.

Staff treated people with patience, care and respected their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements.

Staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments or concerns straight away.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the law.

The provider had audits in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

# Four Rivers 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 visit was carried out by one inspector and an expert by experience on 7 October 2015 and was unannounced.

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 reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care and healthcare professionals for their views.

We spoke with 15 people who lived at the home, five visitors, eight members of staff, the deputy manager and registered manager and a volunteer. We were shown electronic records for recruitment and staff talked through three care plans with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People explained how they felt safe at the service. One person told us "They listen to you here and talk with you and ask what you need. I feel nice and safe, it's very important." Another person said, "I am prone to falling so I always call for them and they take extra care of me." A visitor told us, "It was a monumental decision for us as a family and (person) to come into a home. They have been wonderful here and (person) has improved so much even though they have Parkinson's and is deteriorating. We don't worry about (person) so much now they are here, we know they are safe and I visit every day. This place is excellent." Another visitor told us, "This place is exemplary – I know my (person) is safe and well looked after."

People said they could access information on who to speak with if they felt concerned for themselves or others. We saw printed information leaflets displayed in communal areas where people and visitors would see them.

Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. We saw clear direction displayed for staff to use if they needed to use the abuse referral system of the Local Authority. There had not been any safeguarding matters raised with the provider since we last inspected. The registered manager knew how to work openly with the local authority to ensure that people were safeguarded.

People lived in a safe environment. A member of staff was a manual handling champion to take responsibility for safe practice in assisting people to move. Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We were shown one care record where a person had displayed behaviour that could be challenging and had been a risk to staff. The person had lacked capacity to have insight into the issue and the potential for injury to themselves and staff. A staff member talked through the records with us that showed staff had assessed the situation, monitored the behaviour and considered options of managing the situation. They also consulted professionals for their advice. This reduced the risk from the behaviour and ensured that safe management, rather than medicinal management was used.

Safe recruitment and selection processes were in place to ensure that staff were suitable to work with people living in the service. We were shown how the provider kept electronic records of recruited staff. Appropriate checks had been undertaken before they had started working there. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

One person told us that there were never occasions when the home was not staffed well. People told us that staff responded promptly when they rang for assistance. One person said, "Staff are there at the wave of a hand." Another person told us, "They always come when I ring, it makes me feel safe." There were enough staff available to meet people's needs. We saw that the number of staff on duty was in line with the number the registered manager told us was needed to meet people's needs. The registered manager told us they regularly reviewed staffing levels according to people's needs. Staff told us that staffing levels were good and allowed them to give people a safe level of care.

There were no locked doors on any of the units. People were seen enjoying all areas of the home. It was clear that the service was managed with well trained staff in sufficient numbers to keep people safe whilst not restricting their freedom. The PIR informed us that individual risk assessments and risk assessment checklists were completed for all people. This covered common risks, but also prompted the assessor to consider risks specific to the individual to keep them safe. For example, the use of powered wheelchairs. The service received feedback from a relative in a meeting stating; "The home has a feel of 'freedom' about it where risks are managed."

People were satisfied with the way the service managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were supplied from a chemist that individually blistered, named, dated and timed medications where appropriate. This enabled medicines to be administered safely. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when these medicines should be given and when they should not.

# Is the service effective?

## Our findings

One person told us, "It's lovely here, they always have time for you and the food is good. They are very caring and the GP comes if I need him." Another person said, "The optician comes in and sorts your glasses out and I get my toenails and feet done when the chiropodist comes in."

People were supported by staff who stated they had received training and supervision for their role during which their performance was reviewed and discussed. Staff told us that they received the training and support they needed to do their job well. The provider PIR confirmed the training completed. We saw that new staff members were required to complete an induction programme called the care certificate. Staff were not permitted to work alone until they had completed basic training such as manual handling. We saw from electronic records that staff had received training in all areas which were important in their role. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer. People had been offered the choice of a flu vaccination and we saw that people could refuse right up to the point of administration. A visitor said, "I am always involved in (person's) care. The care is first class and the nursing is good. They know what they are doing. There is never a smell and (person) is always clean and tidy with their hair done and they are happy."

People were supported to make decisions. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives and other professionals, had been involved. The registered manager and senior staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Mental capacity assessments had been completed where considered as required. There were five DoL authorisations in place to ensure people's human rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks. One visitor said, "(Person) has been here some time now and I come every day. We have our lunch together in here and I like the food and so does (person). Yes, I am fully involved in their care and any decisions that have to be made. I help them to eat." We observed lunch in the dementia unit and everyone was eating well. Some people were being helped but most were managing unaided. There were young people on work experience helping to assist people to eat their lunch. People had been asked if they were happy with this arrangement. We saw people used adapted cutlery and plates to help them remain independent with eating their meal. The food looked and smelt good and was liquidised for two people. Lunch was a very social affair which all of the people appeared to really enjoy.

In other areas of the home we saw people were supported to have sufficient to eat and drink. Staff explained to people about the food that was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed.

People told us their health care needs were well supported. One person said, "They involve my sister and me in (person's) care and in the care planning. They always ring us if there is a problem. We are fully involved at all times." This meant that people had their health care needs met in a timely fashion. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes of visits were recorded and reflected within the plan of care so that all staff had clear information on how to meet people's health care needs. The provider's PIR stated that staff monitored skin integrity closely and with the aid of pressure relieving interventions and no one had any pressure area problems.

# Is the service caring?

## Our findings

People told us that they received a caring and helpful service. One person said, "It's the little acts of kindness that are just done naturally that count." A visitor said, "They couldn't be kinder or nicer to (person) at all times. The care is great," and "The carers here are very special. Can you give a special mention to (staff member); she goes above and beyond the call of duty. We looked at a lot of places before (person) came here and she was fully involved in the decision. The care is superb and everything we could want."

The provider's PIR stated that they encouraged an open house feel where relatives and people who used the service felt they could access all facilities in the home such as the garden or hairdressers. This showed that the staff tried to keep families together.

People were cared for by staff they were familiar with and had opportunity to build relationships with. A visitor said, "Care and nursing staff are aware of people's needs and abilities and cater for them very well and are so thoughtful." Throughout the inspection we observed all staff treating

people with kindness and respecting both their individual dignity and privacy. We observed staff and people laughing together and chatting. We observed patience from staff when dealing with someone who was slow. We saw choices being offered and staff using a task as an opportunity to connect with someone. People were offered choice in all aspects of their daily life. This included where and how they spent their time, where they ate their meals and what time they went to bed and got up.

People's privacy was respected. People confirmed that staff always treated them with respect and that staff protected their dignity, such as when providing support with personal care.

Visitors told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were offered drinks and lunch. We saw care staff and volunteers greet people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.



# Is the service responsive?

## Our findings

People told us that a range of activities and social events were available to them to meet their needs and preferences. One person said, "I know (person) is happy here. I came in one day and there was a singing and exercise activity going on if I hadn't seen it I wouldn't have believed it. (Person) did not know I was there and I watched her joining in, singing, using her arms. It was so good to see." Another person said, "I am 90 now and not that active but I try. The girls are great here if I want to move I just put up my hand and they come and help me. I like to try and live in the land of the living." A relative explained to us, "(Person) had her (age) birthday here and the home made it special. We had a real family party with people coming from all over. They organised it for us in the small lounge with all the friends and family. Then we had another party for everyone here in the big lounge. She enjoyed everything." People were able to choose from a range of activities and pre-arranged events were displayed for people to join in with.

People found that staff and the care they provided at the service were responsive to their needs and wishes. People and their visiting relatives told us they received good care and support. People told us staff involved them with developing their care plans. One person said, "Yes, I know my care plan. It is talked about and I can see it if I want to."

We saw that the outcome of the survey was on the notice board for people to view. Dates were organised for people to practice their religious beliefs with visits from the various 'churches together' from around Ludlow.

People's care was planned in a way that reflected their individual specific needs and preferences. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. Staff told us they were able to support people in line with the information contained within care plans. They said this was provided at a handover so staff knew the care to provide to people on that shift.

People told us that the service was flexible in meeting their needs. Another person told us that staff did not come into to their room too early in the morning as they knew the person liked to have that time quietly to themselves. Healthcare professionals we contacted were complimentary about the way staff responded to people's individual needs.

People who used the service told us they had no complaints but would be able to say if they did and were confident their comments would be listened to. A visitor said, "We would feel able to complain. They do listen." Another person told us, "If you do have questions the manager is very willing to talk with you." The provider had not received any formal complaints since our last inspection.

A number of written compliments about the service, the staff and the care provided had also been received.

# Is the service well-led?

## Our findings

People told us that they felt the service was managed well. One person said, "We know the manager listens to us and we can talk to them at any time, you don't have to make an appointment." A relative said, "They have a good senior team and all the staff work together, that gives it a good reputation."

There was a registered manager in post who knew the service and the staff well. The registered manager was supported by a Council wide health and safety team, area manager and occupational health team.

It was clear from our discussions with the registered manager and from our observations that all staff were clear about their roles and responsibilities. The registered manager had kept their knowledge up to date, for example they were aware of changes to current guidance such as in relation to protecting people's rights.

There was an open and supportive culture in the service. Staff told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings.

People had the opportunity to be involved in the way the service was run. People and their visitors told us that they had opportunity to talk and express their views and be listened to.

Quality assurance systems were in place. The provider's PIR referred to the systems in place and we found that a range of checks and audits took place within the service. Information was reported to the senior manager each month such as in relation to falls, accidents and safeguarding. These were then analysed to identify any patterns so that action could be taken for improvement.