

Dentak Care and Services Limited

The Riverside Nursing Home

Inspection report

The Riverside Nursing Home
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Littleborough
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Riverside Nursing Home is a detached house in the centre of Littleborough close to shops and amenities. It is registered to provide accommodation for up to 25 people who require personal or nursing care. At the time of our inspection there were 22 people living in the home. The service was last inspected on 23 March 2015 when it was rated 'Good' in all areas.

The service had a registered manager. 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. However the registered manager had notified CQC that they were leaving the service on the 30 November 2016. The registered manager was present on the first day of our inspection. The business manager told us that they had recruited a new manager who would, once in post, apply for registration with CQC. They told us that until the person came into post the business manager would be temporarily managing the service.

This was an unannounced inspection which took place on the 30 November and 1 December 2016. The inspection was undertaken by two adult social care inspectors, an inspection manager and an expert by experience.

During this inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Care Quality Commission (Registration) Regulations 2009. This was because there were not robust recruitment procedures in place, staff did not receive all the training they needed to carry out their roles effectively, systems to monitor the quality of the service were not robust enough and the service had failed to make the required notifications to CQC.

You can see what action we have told the provider to take at the back of the full version of the report.

The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. Records were not available to show that the required checks had been made before staff started to work at the service. Two staff files did not contain references and one other staff file did not detail a full employment history, including a written explanation for any employment gaps.

Staff felt supported and received an induction to the service, but did not receive all the training they needed to carry out their roles effectively. Staff we spoke with and the records available showed that not all staff had received all mandatory training. Most staff had not completed training in; first aid training, manual handling, MCA and DoLS, challenging behaviour, health and safety, nutrition and dementia awareness.

Systems were in place to monitor the quality of the service, but they were not robust enough and had not highlighted incomplete records and issues with cleanliness in some areas of the building.

The service had not notified CQC of all events they are required to. They had notified CQC of safeguarding concerns, serious incidents and events but had not notified CQC when DoLS authorisations were authorised.

We received mixed views on staffing levels at the home. During our inspection there were sufficient staff present to meet people's needs. We have made a recommendation that the service explores a formal process for assessing staffing levels.

There was a limited programme of activities and social events on offer to reduce people's social isolation. We have made a recommendation that the provider considers current good practice guidance on suitable activities for people living with dementia.

On the first day of our inspection some people appeared unkempt. People we spoke with told us the staff were caring and knew them well. We observed staff offering support and found staff interaction with people to be caring, responsive and respectful. All the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. Staff spoke fondly about people who used the service.

Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by senior staff in the service.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed. People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored.

People's support needs were assessed before they moved into The Riverside Nursing Home. Care records contained information about people's support needs, preferences and routines. Risk assessments were in place for people who used the service and staff. Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed. People and where appropriate their relatives had been involved in planning and reviewing the care provided.

We found the bedrooms we looked at and the communal areas were free from malodour, clean, had been painted and non slip flooring had been laid. We found there were few pictures or soft furnishing around the home. The business manager told us they planned to purchase additional pictures and photographs. We found some other areas of the home were not clean and some areas of the home were in need of repair or redecoration. The provider told us that their plans for refurbishing the building had been disrupted following major flood damage in December 2016. This resulted in the building being evacuated for a number of weeks and the purchase of new boiler's and laundry equipment and moving of the laundry. They told us all planned updating work for the building would be completed by the end of 2017.

The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Accidents and incidents were appropriately recorded. Health and safety checks had been carried out and equipment was maintained and serviced appropriately.

Policies and procedures we reviewed included protecting people's confidential information and showed the

service placed importance on ensuring people's rights, privacy and dignity were respected.

There was a system in place to record complaints and the service's responses to them.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall.

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.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

Systems were in place to ensure that people received their medicines safely. Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff felt supported but had not received all the training they required to ensure they were able to carry out their roles effectively.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

The home was undergoing a programme of refurbishment.

Requires Improvement ●

Is the service caring?

The service was caring.

People we spoke with told us the staff were caring. We observed staff offering support and found staff interaction with people to be caring, responsive and respectful.

We found that all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. Staff spoke fondly about people who used the service.

Good ●

Is the service responsive?

The service was not always responsive.□

There was a limited programme of activities within the home.

Risks to people were assessed. Care records were detailed and contained good information about people's support needs, preferences and routines.

People knew about the complaints procedure and how to make a complaint. There was a system in place to record complaints and any action taken.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.□

Notifications have not been made to CQC.

The systems in place to assess, monitor and improve the quality and safety of the service provided were not sufficiently robust.

Staff were positive about the way the service was being managed and felt supported and enjoyed working for the service.

Requires Improvement ●

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 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 was an unannounced comprehensive inspection which took place on 30 November and 1 December 2016. The inspection was undertaken by two adult social care inspectors and an expert by experience. An inspection manager was also present on the inspection for the first day. 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.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. The provider was not able to complete this due to technical difficulties.

Prior to the inspection we reviewed the information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Health watch Rochdale for their views on the service.

As most people living at The Riverside Nursing Home were not able to tell us about their experiences, 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 to us.

During our inspection we spoke with six people who used the service, four visitors, the registered manager, the business manager, the owner, one nurse, five care workers and the cook.

We carried out observations in public areas of the service. We looked at four care records and a range of records relating to how the service was managed including; medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People we spoke told us they felt safe living at The Riverside Nursing home. One person who used the service told us, "I feel safe here." A visitor we spoke with said "I feel [person who used the service] is safe here."

We found that the system for recruitment of staff was not always safe. We looked at four staff personnel files. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. 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. It help to protect people from being cared for by unsuitable staff. There was a system for regularly checking any nurses employed by the service remained registered with the Nursing and Midwifery Council (NMC). We found two staff files contained employment references; however two files did not contain any references, although it was indicated in one file they had been requested. We found that the application form in one of the files we looked at was also missing. This meant that a record of the staff member's full employment history, including a written explanation for any employment gaps was not kept.

We found this was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We saw the service had policies, procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who lived at the home. We received mixed views from people we spoke with about the staffing levels within the home. One person told us, "There's always enough staff around." Another person said, "They don't come often enough, I don't feel looked after." Other people told us, "I miss someone to talk to" and "It's nice to have a conversation with you, it doesn't happen usually." Other people said, "If I press the buzzer they always come quickly in the night" , "They come quick if I use my buzzer" and "Staff don't come at night I don't think my buzzer works." Visitors we spoke with told us, "I have to shout for a carer, there's not enough staff and I feel I have to do more", "It can be half an hour before carers are there" and "There seems to always be staff around." Staff we spoke with told us that suitability of staffing levels varied depending on the support needs of the people who were living at the home. They told us that staffing levels had improved since July 2016 when additional permanent staff had been recruited to fill vacant hours. During our inspection we spent time observing the support people were offered. We saw that people's needs were met, however staff appeared rushed. During lunch time on the first day we observed one staff member dividing their time between two people who needed support to eat. Two visitors we spoke with told us they visited their family members during meal times to make sure they had the support they needed to eat their meals.

Examination of the staff rota's showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. We asked the registered

manager how staffing levels were determined. They told us they were based on support need, but were not able to show us any dependency tool used to assist in the calculation of staffing requirements. We recommend the service explore a formal process for identifying the level of staffing needed to ensure staffing levels are based on an accurate and current assessment of the service user's needs.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found 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. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. Staff were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. We saw that information about the local authority safeguarding team was displayed on a notice board, this included contact telephone numbers. Staff we spoke with told us they were confident they would be listened to and that senior staff would deal with any issues they raised. Records we looked at showed that where safeguarding concerns had been raised the service had notified CQC and the local authority.

We saw that the service had a whistleblowing policy in place. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines.

We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We looked at six people's medicines administration records (MAR) during the inspection. We observed that each person had a MAR chart in place, this included a photograph of the person, a list and photographs of all their medicines and the times these should be given. We saw that records were complete. We saw that staff were not always recording when they had applied people's prescribed skin creams. The registered manager told us this would be addressed. On the second day of inspection we saw the satisfactory system that had been put in place for the recording of the prescribed creams.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. All stocks of medicines we reviewed were accurate. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff showed overall they knew when the thickeners were to be given and how much was required for each person. One staff member told us that one person had, 'about 3 scoops'. To ensure the safety of the person who uses the service the amount of thickener to be added must be an exact amount as prescribed. Although instructions in relation to the amount of thickener were in place in people's care plans, we discussed with the registered manager the possibility of ensuring that the written instructions for staff were more specific;

such as how many scoops of the thickener to be added to the actual amount of fluid. The registered manager agreed that this would be a much safer way of ensuring the thickeners were mixed to the correct consistency. We also suggested that the instructions could be more accessible for all staff. On the second day of inspection we saw the satisfactory system to guide staff had been put in place for the

We also saw that staff were not recording when a prescribed thickener was given. It is important that this information is recorded to ensure people are given their medicines consistently and as prescribed. The registered manager told us they would provide the appropriate charts for the care staff to record when they had given the prescribed thickeners.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included moving and handling, nutrition and hydration, choking, mobility, medicines, continence, pressure areas and falls. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We looked in several bedrooms and all communal areas, including toilets and found them to be free from malodour and clean. A visitor we spoke with said, "The building is pleasant and always clean." People who used the service described their bedrooms as, "Alright", "Adequate" and "Ok."

However we found some areas of the home were not clean. On the first day of our inspection we also found that there were a large number of boxes containing flammable items in the stairwell opposite the main entrance. This stairwell is opposite a fire exit. During the first day of our inspection this area was emptied of all stored items and the area was cleared.

There was an outside area not accessed by people who lived at the home but used by staff for smoking and breaks. We found this area to be littered with cigarette stumps and dirty cups. During the first day of our inspection this areas was cleaned.

We noted that some window restraints were old and had screws that could be removed with a screw driver. The business manager confirmed to us that they would immediately review these locks based on current Health & Safety Executive guidance and replace if needed. They told us that risk assessments regarding the risks of people falling from open windows would be completed to ensure the residents remained safe whilst consulting the guidance and awaiting any replacement restraints being fitted. Following our inspection the business manager confirmed that risk assessment had been put in place until the window restraints were replaced.

We found the bedrooms we looked at and the communal areas had been painted and non-slip flooring had been laid. There was no signage or decoration that would help people living with dementia identify areas of the home or where their bedroom was and so promote their independence. The business manager said they would look at purchasing some stencils, pictures, photographs and furnishings for the communal areas which will soften the appearance of these areas.

During the inspection the owner told us that the service was undergoing a planned programme of refurbishment which had been started when they purchased the home. They told us this had been delayed due to the extensive damage to the building caused by the floods on 29 December 2016. They told us that the damage caused had resulted in a full evacuation of the premises and termination of services until 8 February 2016. This damage had resulted in the purchase of new boilers, and the laundry facilities being moved to a higher floor and the purchase of new laundry equipment. They showed us a business

development plan which stated all works would be completed by the end of 2017.

We found some area of the home were in need of repair or redecoration. Some bedrooms were in need of redecoration, new flooring and new furnishings. We found two radiator covers were loose and a number of double glazed windows did not allow people to see outside as they were misted because they were 'blown' and in need of replacement.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service.

We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness. We saw that Personal Emergency Evacuation Plans (PEEP's) had been completed for each person who used the service. PEEP's described the support people would need in the event of having to evacuate the building. These were kept in a file in the main office for use in the event of a fire.

On arrival at the home we saw that a fire extinguisher, which had been moved from its usual fixed point, was being used to prop open the fire door leading to the lounge area. This was moved by staff immediately when we highlighted it. We found that a break glass switch, that was an emergency door release for the electronic front door had been taped over. We were told this was because a person who used the service had previously broken it a number of times. This meant that immediate opening of the doors in the event of an emergency could be delayed. The tape was removed during the first day of our inspection.

We found that fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. However we found that records relating to fire alarm testing checks were incomplete. We have addressed this in the well-led domain of this report.

In the week following our inspection the business manager informed us that they had arranged for a suitably qualified fire safety advisor to visit the service to advise on fire safety procedures, equipment and review fire safety risk assessments. They told us the visit had taken place and that immediate action would be taken based on their advice.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. One record we looked at indicated that a person who had had a recent fall had been referred to their GP for a re-assessment.

The service had a business continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included the building becoming uninhabitable, loss of computer systems and telephones, failure of the lift, electricity, gas and fire. We noted that during the floods in the area in December 2015 the building had suffered flood damage. The service had, with the support of the local authority, successfully temporarily relocated people who used the service whilst emergency repairs were undertaken.

We saw that the service had an infection control policy and procedure. This gave staff guidance on preventing, detecting and controlling the spread of infection. It also provided guidance for staff on effective

disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks, and covered their uniforms when supporting residents at meal times. This helped prevent the spread of infection. Handwashing facilities were available in all areas where personal care was offered.

We looked at the systems in place for laundry and found there was sufficient equipment to ensure peoples clothes were kept clean. The service also used red alginate bags to safely wash soiled clothing and store linen before it was sent to the contractor. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease. We did note that during our inspection that one visitor told us, "Washing does get mixed up and goes missing." We also noted that one person's name had been put in their clothes using marker pen. This did not maintain their dignity as it was visible through their clothing.

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. Records we looked at showed that the service had a range of mandatory training for staff. We saw that training included; safeguarding, health & safety, dementia, food hygiene, nutrition, infection control, moving and handling, first aid, fire safety, challenging behaviour, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The training matrix that was used to record staff training was given to us during our inspection. It was found to be incomplete and only gave training staff had undertaken in 2016. We requested further confirmation and evidence that staff had the required training in place. Other training matrix covering the period from 2014 until 2016 were given to us following inspection. Staff we spoke with and the records available showed that not all staff had received all mandatory training. Most staff had not completed training in; first aid training, manual handling, MCA and DoLS, challenging behaviour, health and safety, nutrition and dementia awareness.

Training is essential in ensuring staff are able to carry out their roles effectively and safely. This meant there was a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not had all the training necessary to enable them to carry out their duties effectively.

The business manager showed us that the service had recently purchased a new on line training system that would cover all the service mandatory training. The business manager told us this was going to be used from January 2017.

One care record we looked at contained a care plan that related to "safe holding." This type of intervention should only be carried out by suitably trained staff. We noted that staff at the service did not currently receive training in the use of physical intervention for people who challenge the service. The business manager told us the service did not currently undertake any physical interventions or restraint and that the care plan was out of date and would be removed immediately. Staff we spoke with confirmed that they were not currently undertaking any physical restraint with people who used the service.

We looked to see what arrangements were in place to ensure staff received the induction, training and supervision they required to be able to deliver effective care. We were told that new staff who had not worked in care homes before or who did not have a level three Health and Social care qualification received an induction to the service that included completing the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the home, information about the individual staff member's role and policies and procedures. Staff we spoke with and records we looked at showed that during the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding.

Staff we spoke with were positive about the support they received. All the staff we spoke with told us they

received regular supervision, "[Name of registered manager] has done my supervisions every couple of months" and "I feel supported", "We get listened to, our opinions matter." Records we looked at showed that eight new staff who had started since July 2016 had received one supervision. All other staff had received two supervisions since January 2016. We did note that the registered manager had not had Clinical supervision during 2016. Clinical supervision for nurses enables them to remain up to date with their nursing practise. Records we reviewed showed that regular staff meetings were held to enable staff to give their view about the service

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.

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.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. At the time of our inspection authorisations for DoLS were in place for 10 people who used the service. Applications for DoLS authorisations had been made for a further four people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

Records we looked at showed that peoples consent to their care was sought and showed that, where necessary, people had access to Independent Mental Capacity Advocate's (IMCA's) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

People who used the service told us, "There is a good choice of food and plenty drinks", "I look forward to the food", "The food is OK, it's hot enough and they ask what I want", "They are always asking if I want a drink", "There's a good choice of food" and "They do the meals well, I get enough cups of tea."

We spoke with the cook on duty who told us they were aware of any allergies people who used the service might have. They were also aware if people needed their food preparing in a specific way such as pureed. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a four star rating from the national food hygiene rating scheme in March 2016.

We inspected the kitchen during breakfast on the first morning of our inspection and found the microwave

and fridges to be unclean. We saw these were cleaned during our first day of inspection. There was a weekly and monthly cleaning schedule which detailed when parts of the kitchen and equipment needed to be cleaned. We found records of cleaning undertaken for the kitchen were incomplete. This included weekly cleaning of the drawers and shelves. The last documented entry to confirm this had happened was 2 August 2016. We also found that for weekly cleaning of fridges and microwaves the last documented entry to confirm this had happened was 16 October 2016. Records showed that the walls and floor tiles should be cleaned monthly. The last entry to confirm this had happened was 30 May 2016. We have addressed this in the well-led domain of this report.

We saw that there was a four week rotating menu. The lunch meals on the first day of our inspection did not reflect meals identified on the menu. We asked the cook about the evening meal, we noted that the ingredients needed for that meal were not available. Meals not reflecting the planned menu would make it more difficult for people to choose their meal and for the registered manager to be assured that people are receiving a balanced diet. The cook told us an alternative was going to be made. We observed lunch time meals and saw that food was wholesome and plentiful. We saw that an order for food stocks had been made and was delivered on the second day of our inspection. The business manager told us that the full time permanent cook was temporarily absent from the service. They had arranged for other staff to temporarily provide additional cover the kitchen until the cook's return.

The registered manager told us that meals were served in two sittings so that people needing assistance could be helped on the first sitting. However, on both days of our inspection all meals were served in one sitting. We saw that there was seating for only 12 people at tables. This meant that most people did not have the choice of sitting at a table but were offered their food whilst sat in lounge arm chairs with small tables or trays. This offers little in the way of exercising by encouraging people to walk from the chair to the dining table, but also engagement and interaction between people living at the home. The tables were functional and were not laid out with table clothes, cutlery, drinks or salt and pepper. Drinks were offered from the food trolley. The lunchtime experience observed was task driven rather than creating a socialable hour for people whilst dining.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. We saw that, where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw these were reviewed regularly.

Care records we looked at showed that people had access to a range of health care professionals including doctors, dietician, chiropodists and dentists. People we spoke with told us the doctor was called if they needed them. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

Is the service caring?

Our findings

People we spoke with told us the staff were caring and knew them well. One person we spoke with told us, "Some staff I get on really well with, I know them and they know me." Another said, "The carers are alright." Visitors we spoke with said, "[Name of person who used the service] seems settled here" and "The carers are very good, we have seen a lot of kindness from staff, I feel she is treated with dignity."

On the first day of our inspection we arrived at 9.00 am; 18 residents were in their day clothes and were sitting in the lounges. We found people looked unkempt and noted that one person had ill-fitting clothes on and that other people's hair looked matted as if it had not been brushed. On the second day of our inspection we arrived at 7.00 a.m. and only three people were in the lounges on our arrival. People were dressed appropriately and appeared well presented.

During our inspection we observed staff supporting people to eat and drink. We saw one staff member gently and patiently encouraged a person, who was upset, to eat as much as they could. During the first day of our inspection we saw several residents still had tabards, used for clothes protection during breakfast, on late into the morning and they were not removed after lunch. This was not dignified as some of the tabards contained food spillages. We heard one concerned visitor comment to the person they had come to visit, "You look a mess, let's get you tidied up."

During our inspection we observed that one of toilets used regularly by the residents opens out directly onto the lounge and was faced by lounge chairs. We observed that some residents went to use it and did not shut the door. One person came out with their underwear on view. Whilst we recognise the difficulties the layout of these facilities present to the service, staff need to ensure people's privacy and dignity are protected.

During the inspection we spent time observing the care provided in communal areas of the home. We found staff were caring, responsive and respectful when people needed support. We observed staff intervene calmly when residents presented with challenging behaviour, gently taking them back to a chair, talking to them or distracting them.

We found that the registered manager, the business manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. Staff spoke fondly about people who used the service. One staff member told us about a person's social history living around the local area. Another described how they encourage a person to sing along with them as it cheered the person up. One staff member told us, "I love the people I work with; it's about the needs of the residents."

Care records we reviewed gave staff information to help promote people's independence. They included information about what people could do for themselves such as washing or dressing and guided staff on ways to help promote people's independence.

The manager told us the home had an open door policy to people's visitors. During our inspection we saw

lots of visitors coming and going. Visitors told us they were made to feel welcome.

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people who wanted to, to practise their religion within the home.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that before people started to live at The Riverside Nursing Home their needs were assessed. They told us that they had recently updated the pre-admission assessment and that it was now more detailed. We saw this included information about safe environment, breathing, communication, eating and drinking, personal care, sleeping, expressing sexuality, mobility and end of life wishes. This assessment helped the service ensure people were suitably placed and that staff knew about people's needs before they moved in. We saw these had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people.

We looked at four people's care records. We found they were detailed and included information about people's daily living skills, routines and preferences. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences.

Care records we looked at had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed. We saw that people and where appropriate people's relatives and health care professionals had been involved in reviews.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they were made aware of any changes in a person's support needs in the daily logs, the care records and at the handover which happened at the start of each shift. We observed a handover and found it was detailed and included any planned visits from health care professionals, accident or incidents and appointments the person had planned for the day. We saw that detailed daily logs were kept for each person.

We looked to see what activities were offered to people that lived at The Riverside Nursing Home. People we spoke with told us that activities were offered but were limited. We found there was a timetable of activities for the week. We saw these included; arts and crafts, music therapy, jigsaws and games, hairdresser, pamper sessions, relaxation, pet therapy and indoor bowling. During the first day of our inspection we saw people playing dominoes. The business manager told us people did not always want to take part in activities. We recommend the provider considers current good practice guidance on suitable activities for people living with dementia to reduce social isolation and promote involvement in activities.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken.

Is the service well-led?

Our findings

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and safeguarding concerns. We found they had not notified CQC when DoLS authorisations had been granted. This meant we were not able to see if appropriate action had been taken by the service to ensure people were kept safe. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to make the required notifications to the Commission. We have written to the provider asking them to tell us how they will meet this regulation in future.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found the system for quality assurance and governance was not sufficiently robust.

The business manager told us that a system of quality monitoring was in place and showed us blank audits relating to beds, window locks, bath chairs, hoist and slings. However they could not find any completed audits during our inspection or in the following week. The registered manager told us they had a system of regular audits and spot checks. Records we saw showed these included mattress checks, accidents and incidents, cleaning, medicines and care plans. There was a record of one spot check completed by the registered manager in April 2016.

Records we reviewed relating to fire safety checks, training, and recruitment were incomplete. Managers of the service had not completed audits of these records and were not aware of the incomplete records. There were no records of these having been audited by managers of the service in the last 12 months. We noted that the audits of cleanliness had not highlighted any of the issues we found during our inspection. The cleanliness of the kitchen was not on the cleaning audit.

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

The service had a registered manager in place as required under the conditions of their registration with CQC. However the registered manager had notified CQC that they were leaving the service on the 30 November 2016. The registered manager was present on the first day of our inspection. The business manager told us that they had recruited a new manager who would, once in post, apply for registration with CQC. They told us that until the person came into post the business manager would be temporarily managing the service.

Staff we spoke with were positive about the registered manager, the business manager and the way the home was managed. Staff we spoke with said of the registered manager, "She's lovely", "A good listener" and "Friendly." Staff said of the business manager, "She's bubbly", "Lovely" and "Gets on with things."

A visitor we spoke with was positive about the service. They said, "Its 99 % excellent and [Name of person who used the service] wouldn't still be here if we were not happy." Staff we spoke with said about working for the service, "It's a lot better now", "Its good, I enjoy working here" , "They [managers] are really supportive, they are flexible with me with my family commitments", "We are a good team, we get on", "All the staff go the extra mile" and "I love my job."

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about how people's support needs would be assessed, how the quality of the service would be monitored, care records, how the service they received would be reviewed, meals, confidentiality, how to make a complaint and details of the services provided. This should help to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. The registered manager told us they had given out satisfaction surveys in 2016 but none had been returned. The business manager told us that a social event had been planned for Christmas and would be an opportunity for people to give their views informally. They told us they planned to send a questionnaire about the service early in the new year.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall and on their 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 Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to make the required notifications to the Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality and safety of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not had all the training, support and supervision necessary to enable them to carry out their duties effectively.