

Rivington View Limited

Rivington View Nursing Home

Inspection report

Rivington View
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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 ●

Summary of findings

Overall summary

About the service

Rivington View is a two storey purpose built home that provides nursing and personal care for up to 33 people. The home has various communal and quiet sitting rooms and provides accommodation in single rooms. At the time of the inspection 29 people were using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to express their views. People told us they had choices and were involved in making day to day decisions.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and appraisals.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 27 January 2017).

Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rivington View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rivington View Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on both days of the inspection.

Service and service type

Rivington view is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection, we spoke with three people who used the service and two visiting relatives to ask about their experience of the care provided. We also spoke with the registered manager, deputy manager, and three care staff members. We reviewed a range of records, including five people's care records, risk assessments and three people's medication administration records (MARs).

We looked at four staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We looked at training data and quality assurance records. We contacted the local authority who commission placements at Rivington View to seek their views of the service and received no concerning information. We looked at information from a recent inspection by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place; and people were protected from the risks of abuse and harm.
- Staff understood the principles of safeguarding and their own responsibilities in respect of how to safeguard people. One staff member said, "If I was concerned I would go straight to the nurse or manager or if it was about the manager I would go to the owners. I've never had to do this and never seen any bad practice." Records we saw confirmed staff had received appropriate safeguarding training and refresher courses.
- People told us they felt safe living at Rivington View. One person said, "I think this home is excellent and staff go above and beyond. I have no issues at all and feel very safe."
- All visiting relatives we spoke with were entirely satisfied that [their relatives] were safe and well cared for; all visiting relatives praised the service provided. One relative said, "[My relative] is happy with the home and is safe here."

Assessing risk, safety monitoring and management

People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as physical health, mental health, medicines and mobility.

- Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire which reflected each person's needs.
- Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

Staffing and recruitment

- We saw evidence of robust staff recruitment procedures; the provider undertook checks on new staff before they started work, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- A dependency tool was used to organise staff rotas; staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- There were enough staff on duty to meet people's needs. One relative said, "I'm confident with the nursing staff and there is continuity of care here and I'm happy with all of them."
- Everyone felt staff responded to nurse-call buzzers as soon as possible. One person told us, "It's full 24 hour care here and staff are always attentive."

Using medicines safely

- We looked at how medicines were handled and found they were stored, administered and disposed of safely. This included controlled drugs, which are subject to more rigorous guidelines.
- All staff who administered medicines had the relevant training and records showed staff received competency checks. Regular audits of medicines took place. Staff could clearly explain the process for giving medicines.
- We looked at three people's MAR's and found these to be completed correctly.
- We did a stock check of people's medicines and these were correct.
- People told us that all their health needs were met, including medicines being given at the right times and on the right day. A person said, "I keep an eye on my medicines when I take them and I've no issue at all."

Preventing and controlling infection

- The service was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken to ensure compliance. Staff received training in the management of infection and food hygiene.
- We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency in relation to hygiene levels.

Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.
- Risk assessments were reviewed following incidents; there were no regular themes or trends in the incidents recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One relative told us, "Staff all talk to me and involve me in care planning; if there are any concerns they always ring me." A person said, "Staff talk to me about my needs and care is of the highest standard."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation. The registered manager kept up to date with best practice by attending a range of professional's meetings.
- Care plans indicated a pre-admission assessment was carried out before a person moved into the service. This enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
- People's relatives told us they were also involved in this process and that they had confidence in the staff in the home making the right choices for [their relatives]. One relative told us, "I'm confident that they [staff] would refer to other professionals when needed, for example they have referred [my relative] to the falls team and district nurses."

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles. Any staff new to social care followed the requirements of the Care Certificate, which is an agreed set of minimum standards that define the knowledge, skills and behaviours expected of staff new to care.
- Staff felt supported. One staff member told us, "The registered manager is always available to me and we get supervisions which are useful, as the manager always asks if we have any issues and I feel confident to suggest any new training. I feel this training is enough. We have a handover in between shifts and the nurses also give us updates."
- People and their relatives felt staff were competent. One relative said, "I feel like anything I have asked they [staff] have looked into and dealt with it." A person told us, "Staff talk to me daily about my care; they know what to do."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day. A pictorial menu was on display to help people choose.
- There was a calm and unrushed atmosphere during the mid-day meal. People took as much time as they

liked to eat their meal and staff were available to provide any assistance needed.

- We found specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification for those nutritionally at risk. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals.
- Where necessary, the service supported people with arranging healthcare appointments. A relative told us, "I'm satisfied with this home and wouldn't change it."
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors.

Adapting service, design, decoration to meet people's needs

- The premises were homely and well maintained. There was plenty of space for people to get around freely without restriction, and people could move around as they wished.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
- The home was 'dementia friendly,' and there was signage to identify different areas. The garden of the home had been redesigned since the last inspection to make it more accessible to people.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision making, mental capacity and the deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "I always ask for consent by asking people before I do anything." A second staff member said, "With consent I always ask people first what they need."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS conditions were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.

- Records showed people signed to consent to their care and treatment where they had the mental capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During this inspection we saw staff treated people with kindness, and people and their visiting relatives were complimentary about the staff's caring attitude. One person told us, "Staff always knock on my door before coming in and I get on well with them." A second person told us, "It took a while to settle in when I first came, but overall, I'm looked after left, right and centre. If I wanted something I would only have to open my mouth."
- We observed numerous instances of staff interaction with people and their relatives, and at all times staff were courteous.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against and no-one we spoke with, or their relatives, told us any different.
- A relative told us, "Staff are caring in all ways and all staff are welcoming."

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed, or covering up parts of the body when supporting people with personal care.
- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could. One person said, "I love dancing and staff make sure my friends come to see me all the time." A second person told us, "I get out and about and do some activities with staff help, and I love talking to them."
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely.
- People and their relatives told us staff promoted their dignity. One relative said, "Staff are very caring in their approach and always treat [my relative] with dignity."

Supporting people to express their views and be involved in making decisions about their care

- We saw staff respected people's wishes, for example about what activities to take part in or what they wished to eat that day, and it was clear staff had developed good relationships with people, and knew them well, including their likes and dislikes.
- Staff informed people of the reason for our visit, so they would not become alarmed, and that we may be speaking to them during the inspection.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day

decisions. All relatives said they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. Comments from relatives included, "Any issue we raise I feel it is dealt with straight away, and I'm always discussing [my relative's] care with staff," and, "We had a discussion and changed to a room downstairs to help with [my relative's] independence as their mobility decreased".

- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.
- Meetings with people and their relatives took place regularly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found comprehensive assessments and care plans had been completed which reflected each person's needs, wishes and preferences. Any cultural or religious preferences had been recorded which ensured the service was aware of how these needs should be met.
- Care plans were person centred and provided detailed information to staff on how to support each person, dependent on their individually assessed needs.
- We looked at recent feedback received by the service and found it was overwhelmingly positive, for example one comment stated, 'Thank you for all your support as you have cared for [my relative] and me during the past years; you have been so amazing.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was signage used around the home to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room. Dementia friendly signage uses a combination of colour contrast, light reflectance, pictorial images and words to aid understanding.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person.
- People's bedroom doors had individual items of recognition, such as a picture of themselves, or other famous person to help them recognise their room. Information could be provided in different formats, such as large print, on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they were encouraged by staff to maintain relationships, and it was clear that relatives were more than welcome to visit the home anytime. The interactions we observed during the inspection were indicative of the good relationships between people, staff and relatives and friends. A relative told us, "I visit every day, so I know what's happening."
- There was a dedicated activities lounge containing lots of activity items for people to use, and we saw people accessed this during the inspection. There were also themed activity areas around the building.
- People's interests and hobbies were noted in their care planning information. Lots of historical pictures were available showing people taking part in activities and a schedule of activities for each week was clearly

posted. One person told us they were going to another facility to join a friend's 100th birthday celebration.

Improving care quality in response to complaints or concerns

- Processes were in place for recording and investigating complaints and there was an up to date complaints policy that was accessible to people.
- People's relatives were comfortable in approaching members of staff, or if applicable, going directly to the registered manager, or other available member of staff. All people were satisfied that any incident or complaint would be fully addressed.
- The service had received a high number of compliments since the last inspection
- People also had access to a 'service user guide' which detailed how they could make a complaint and people told us they knew how to make a complaint.
- We saw complaints and concerns were minimal and no complaints had been recently received. The registered manager had acted on any concerns appropriately.

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives, and advanced care plans were in place. Information around end of life care was also audited by the registered manager to ensure it was up to date. One person told us, "I have spoken to staff about my end of life care and they have taken into account my wishes for this."
- At the time of the inspection no-one was at the end stages of life, however some people were receiving palliative care and we saw the registered manager had referred to other relevant professionals appropriately to ensure their care needs were met in a timely way. People had supportive care records, which identified if people had a 'do not resuscitate' order (DNACPR) in place, which were signed by the person or their relative.
- We saw the home had received lots of positive feedback from the relatives of people previously supported at the end of life. Comments included, 'There aren't any words to express my sincere thanks for looking after [my relative]. You all made him feel he had friends, you made him smile and he felt loved. Your outstanding care and commitment kept him comfortable in his last months and for that I will be eternally grateful,' and, 'To the wonderful staff at Rivington View, thank you so much for the wonderful care you gave to [our relative] in the final months of her life, we all appreciate you, and, 'Thank you so much for looking after [my relative], you were all brilliant with him and to those that were at the end it meant so much to me to be able to help look after him and to have your support. Lots of love.'
- There was a memorial area near reception that held candles for each person who had passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection a new registered manager had been recruited. It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service; they had developed a positive culture within the service which was open and transparent. One person told us, "I think it's excellent here; I sleep well at night and the food is great." A second person said, "It's really nice living here, before I came I visited, and then made a decision to come here. The manager and staff are always talking to me about my needs and make sure I'm involved in making decisions about my care."
- The service had an up to date statement of purpose which set out the aims, objectives and ethos of the service; this was also issued to all people using the service with their 'service user guide.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service.
- A wide range of audits were undertaken by the registered manager and these were used by the service to monitor health, safety, welfare and people's needs.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.
- Staff at all levels understood their roles and responsibilities; managers were accountable for their staff and understood the importance of their roles.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Staff told us they found the registered manager and provider very approachable and said they would be encouraged to share ideas and suggestions. One staff member said, "I think the registered manager is brilliant and doing a good job." A second staff member told us, "I feel the registered manager is very good and very fair with staff. We work as a team and I'm happy working here." A third staff member commented,

"My views are taken into account when reviewing care plans and relatives also get involved."

- People and their relatives spoke positively about the registered manager.
- The registered manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people.
- The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Staff meetings were held which discussed people and their needs. A handover meeting was held in between staff shifts to ensure they had the latest up to date information about people.
- Meetings with people and their relatives were undertaken to discuss people, their needs and any concerns. This enabled people and their relatives to have a say in how care was provided.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys carried out in late 2018 were positive. Comments included, '[My relative] is reassured when an extra member of staff is in the lounge, which is good for her wellbeing. As a family it is reassuring to see staff have taken the time to get to know [my relative] and her likes and dislikes,' and, 'All the staff are pleasant, helpful and approachable. Residents seem very happy, settled and well cared for,' and, 'Very pleased with the care, approachability and welcome of staff and cleanliness of home. We wouldn't hesitate to recommend you,' and, 'Excellent nursing home.'

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice.
- Records showed multi-disciplinary teams were involved in people's care.
- The home was a member of the local authority social care partnership and attended care homes excellence programme meetings.
- A recent Healthwatch 'enter and view inspection' had been undertaken, the purpose of which was to capture the views and experiences of people living at Rivington View and their relatives, and we saw the findings were positive.