

Townfield Ribble Valley Limited

Ribble Valley Care 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 ●

Summary of findings

Overall summary

About the service

Ribble Valley Care Home is a residential care home providing personal care to up to 40 people. The service provides support to older people. At the time of our inspection there were 21 people using the service.

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

We have made a recommendation about the recording processes of some medicines.

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's needs were assessed and care plans were developed to meet their needs. People received the right care in line with these plans. Care records included risk assessments that were well-kept and up-to-date. People told us they felt safe with the service. Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management. People and their relatives told us that they were involved in decisions about the care and support provided.

People were protected from the risks of the spread of infection. There processes in place to reduce the risk of infection and cross contamination. The provider had quality assurance processes in place including audits, staff meetings and quality questionnaires.

We observed staff providing care and support to people in a caring, responsive and patient manner. People were comfortable in the presence of staff, and there were positive relationships between people and staff.

Staff were safely recruited and inducted into their roles and there were enough staff on duty to meet people's needs and keep them safe. Staff received training appropriate to their role and support through regular supervision.

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

Rating at last inspection

This was the first inspection of this newly registered service. The last rating for the service under the previous provider was requires improvement published on 15 June 2018

Why we inspected

This was a planned inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ribble Valley Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ribble Valley Care 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ribble Valley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ribble Valley Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, there was a manager in post and they were in the process of registering with the CQC to become the registered manager.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were overall managed safely. However, we identified an issue with the recording of controlled medications. There was the correct amount of stock in place however they were not appropriately recorded.

We recommend the provider consider current guidance on recording all medications including controlled medicines and take action to update their practice accordingly.

- Staff who administered medication received training and had their competencies regularly checked.
- People felt they were well supported with their medications. We were told, "Yes, I got them on time. They [staff] do make sure I take them," "Yes, they [staff] make sure I take them. I get them on time," and "They give me if I need it."

Systems and processes to safeguard people from the risk of abuse

- There was a policy in place to ensure people were protected from the risk of harm. Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- People told us that they felt extremely safe living in the home. One person told us, "I do feel safe. They look after us." Relatives told us, "Yes, very safe. [relative] Can't wander in and out of the building. Inside things are safe. Corridors are clear. I have a good feeling."
- Staff received safeguarding training to update them about the protection of vulnerable people. Staff demonstrated an understanding of what constituted abuse and they knew how to report any concerns they might have.

Assessing risk, safety monitoring and management

- Care plans contained a wide range of assessments identifying potential risks to people and measures were in place to mitigate risks. Risk management considered people's physical and mental health needs risk were as least restrictive as possible.
- Risk assessments had been regularly reviewed and reflected people's current needs.
- Risks to the environment were assessed to help ensure people's safety. Regular checks on equipment took place to ensure that it was safe and fit for purpose.

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. Disclosure and Barring Service (DBS) checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People and their relatives felt there was sufficient staff on duty. One person said, "They have enough people to take care of us." Relatives told us, "They're always busy, maybe they need more. [Person] is ok and there seems to be enough at the weekends. They look after them."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The local authority had recently completed an infection prevention and control audit of the service and they told us, "There is a new appointed manager was very pro-active and eager to get the home on top of IPC and during the visit everything appeared very well kept and tidy."

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with current guidance.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- There was a holistic approach to the assessment, planning and delivery of people's care and treatment. Assessments completed were specific people's needs and choices.
- Staff were aware of the relevant standards and guidance and used this effectively to assess, plan and deliver people's care.

Staff support: induction, training, skills and experience

- Staff received an induction in accordance with recognised standards for care staff and received regular additional training to improve their skills and knowledge.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.
- People felt staff were well trained. Comments included, "Yes, they are trained," "They seem to know what they are doing" and "Yes, I think so, they are nice people."

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- People had the option to eat their meals where they chose.
- People told us they enjoyed the food provided and there was plenty of drinks available. Comments included "Yes, enough drinks and nearby" and "I get enough drinks. I get a drink many times a day, lemonade." People were complementary about the standard of food. Their comments included, "Very good. I would recommend it," and "Quite nice. I can have a choice of meals."

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

- People had access to healthcare services, and referrals for healthcare assessments were made promptly for people when required. People and their relatives told us about other services accessed. For example, GP's, nurses and opticians.
- Advice and guidance provided by health and social care professionals was incorporated within people's plans of care.

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

- Ribble Valley Care Home was in the process of being refurbished and had closed down one part of the building. This had been done ensuring the safety of the people living in the home.

- Specialist aids and adaptations were in place to support people's needs such as bathing.
- The home was bright and welcoming and had an inviting courtyard for people's use.
- People's personal spaces such as their bedrooms were personalised and reflected their choices.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent from people before offering care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and a robust best interest decision making process was followed and documented.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People told us they were treated with respect. Comments included, "Yes they are kind, respectful and compassionate," "Very much so, very nice all of them. A relative told us, "Kindness, respect and compassion to her and us."
- We observed positive interactions between staff and people who used the service. People were addressed by their preferred names and always greeted by staff.
- People's plans provided details of how people liked to spend their time and the support they needed if they became anxious and upset.

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

- People were involved in planning their care. Care plans took account of people's views, preferences and opinions. There were regular opportunities for people to discuss their views. One person told us, "Yes I was involved. Yes, they did a review of my needs."
- Relatives confirmed their involvement in planning their loved ones care. We were told "Yes, I was involved. Long discussion, what she used to do. There was a review over the telephone."
- People were encouraged to talk about and share their life stories. Staff had discussed people's histories, employment and family lives and this was all recorded on people's plans. One relative told us how there was a use of a memory box if the person wanted to access it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. People told us their privacy was always respected.
- Care plans detailed people's level of independence and any support they needed to maintain a level of independence, such as prompting and guidance.
- People told us their independence was encouraged. One person said, "I do what I want to do for myself." We were also told by one relative "Yes, [person] is encouraged to carry on doing things."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People received person-centred care which met their needs. Staff knew people very well and they delivered care and support in accordance with people's needs and preferences. A relative commented, "Yes, [person] is vocal how things are done. They know her and respect her."
- People's care plans were electronically stored. They were person-centred and easy to navigate. The content of people's care records demonstrated staff had a good knowledge of people's needs, and this supported staff to deliver individualised care to each person.
- Staff were responsive and attentive to people's needs. Staff recognised when people needed assistance and they offered support in a timely way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's preferred method of communication was recorded in their care plans so staff knew how best to communicate with them
- Information was made available to people in different formats where this was needed, for example, in large print.

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

- People were given opportunities to take part in different activities and follow their. The provider employed an activity coordinator who arranged a programme of activities and entertainment according to people's preferences.
- People and their relatives provided very positive feedback about the way people were supported to remain meaningfully occupied and maintain their interests.
- Relatives told me "Yes, activities and conversation. The new manager is proactive. There is a group who play dominoes. They are encouraged to go out to the courtyard. They are organising a trip to the cinema the activities coordinator on board."

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints about the service. One relative told us, "I have raised

suggestions and they have been taken on board. The garden was one they acted on."

- The provider had a procedure for dealing with complaints. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- People and their relatives confirmed they would complain if they needed to.

End of life care and support

- No one was receiving end of life care at the time of inspection, however support and guidance was available to staff should they need to provide end of life care and support.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider, manager and staff were all motivated to provide high-quality, person-centred care. We observed a friendly, welcoming and inclusive culture within the home.
- Everyone we spoke with were positive about the care provided and people said they were happy living at the home.
- Relatives told us how they were kept up to date and involved in the care of their family member. One relative said "I'm happy with it. They're doing up the other half, it does not affect this part. I feel comfortable when I go there. It's a lovely room with patio doors that see out to the courtyard. It's always clean and doesn't smell."

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

- The service had an open and transparent culture. Staff were confident any concerns or issues they raised would be dealt with appropriately by the manager. A relative commented, "I do know her. Yes, she is approachable and communicates with us."
- The manager was responsive to feedback given throughout the inspection and immediately responded to the findings regarding the recording of some medicines.
- The provider and manager had shared information with the CQC as required and they and staff were clear about the expectations of their roles.
- The provider and manager operated effective quality assurance processes and systems, including the use of audits for checking on the quality and safety of the service.
- Up to date policies and procedures were in place to guide staff on safe working practices and the expectations of their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback received from visiting professionals was positive. They commented on the positive working relationships and the good communication between the services.
- Surveys carried out gave people the opportunity to give feedback about the staff and the care they received.
- People and their relatives felt they were able to make suggestions about the service they received. One

person said, "Yes. They take on board some of what we suggest." A relative said, "I would approach the manager with any suggestions."

Continuous learning and improving care

- During the COVID-19 pandemic the provider and staff continually adapted the service to keep people safe and well.
- The provider was committed to the continuous improvement of the service and staff received supervision and support from management team to develop their learning and practice.