Springcare (River Meadows) Limited

River Meadows Nursing Home

Inspection report

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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

Overall summary

This inspection took place on 11 and 12 November 2014 and was unannounced. This meant the provider did not know we were coming. At our previous inspection no improvements were identified as needed.

River Meadow provides accommodation, nursing and personal care for older people and young adults. This home is registered to provide a service for 44 people; on the days of our inspection 38 people were living there.

The home had a registered manager in post who was present for our inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people did not always have access to a nurse call alarm to ask for support when needed and people told us that this made them feel unsafe. People told us that staff had not always been available to help

Summary of findings

them with their personal care needs. We found that there were insufficient staffing levels to ensure people's care and support needs were met in a timely manner or as frequently as people wished.

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

The management of people's prescribed medicines needed to be reviewed to ensure that all nurses were aware of how to manage 'when required' medicines. 'When required' medicines are prescribed to be given only when needed. We found that medicines had not always been stored at the correct temperature which, placed people's health at risk.

People told us that the staff were skilled and knew how to care for them. Staff told us that they received on-going training to ensure they had the skills and competence to care for people.

Staff knew how to protect people against the risk of abuse and discrimination. The staff we spoke with were aware of how to keep people safe. They were also aware of their responsibility of reporting any concerns of abuse to the relevant agencies.

The staff support available to people at mealtimes did not always ensure that all people received enough help to eat all of their meal in comfort. Some people had to wait for long periods of time after the meal time had commenced before support was provided. People raised concerns about the times when meals were served. We saw that some meals were served within a few hours of the previous meal and then long gaps were experienced between the last meal of the day and the breakfast meal on the following day. Staff who were providing assistance were seen supporting people in a caring and considerate manner and ensured that people had sufficient food to meet their needs. Between meals people did not have ease of access to drinks and staff support was not always available to ensure people had the drinks they wanted.

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

People told us that they had access to a range of healthcare services when needed. The registered manager said that the GP visited the home twice a week.

We found that staff had a good understanding about Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were aware of how this could have an impact on the individual and how this would affect their practice. DoLS are safeguards used to protect people where their liberty to undertake specific activities is restricted. The registered manager had made appropriate applications to the local authority in accordance with DoLS and was following legal requirements.

We saw that staff were caring and kind to people. Staff explained to people what they intended to do before supporting them. Systems were in place to encourage people and their relative to be involved in planning their care.

People told us that staff respected their privacy and dignity. We saw that people were taken to a private area to assist them with their personal care needs. Staff were aware of people's personal needs and their preferences. However, people were not supported to have a bath or shower when they wanted one.

People and a relative told us that there were very little social activities provided in the home. There was a board displayed in the corridor showing what activities were available during the day. The home had employed an activities coordinator. However, we did not see any activities taking place during our inspection.

Two people told us that they were unaware of the provider's complaint procedure but would share any concerns with staff who always listened to them and addressed their concerns.

People were given the opportunity to express their views about the service provided to them. People told us that they were able to attend meetings and were routinely asked to complete a quality assurance questionnaire. However, some people told us that changes to the service were not always discussed with them, although this had an impact on the quality of the service provided. For example, the change to meal times and insufficient staffing levels.

Quality audits were carried out but we found that where shortfalls had been identified action was not always taken to improve the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Inadequate staffing levels compromised the care and support people received.

The management of medicines was not robust to ensure people received their medicines safely.

Requires Improvement

Is the service effective?
The service was not consistently effective.

People did not receive food and drinks when they required them.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of liberty Safeguard and when this should be applied.

Staff received on-going training to ensure they had the skills and competence to care for people appropriately.

People had access to relevant health care services to ensure their physical and mental healthcare needs were met.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and compassion and their right to privacy and dignity was respected.

People were not made aware of the availability of the self-advocacy service that would support them to make a decision.

Good

Is the service responsive?
The service was not consistently responsive.

People were not supported with their personal care needs when required.

People did not have access to a complaints procedure but were confident that staff would listen to them and address their concerns.

People were not supported to pursue their interests and hobbies.

People and relatives were involved in planning their care.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

People were not always consulted about changes to the service where this had an impact on them. Meetings were held but people's opinions and views were not always listened to.

Requires Improvement

Summary of findings

Audits and monitoring systems in place were not robust or effective and failed to contribute to improving the service provided to people.

River Meadows Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 November 2014 and was unannounced. The inspection team consisted of two inspectors and one 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. The expert by experience was experienced in caring for people with a learning disability and older people.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what they do well and improvements they plan to make.

Before our inspection we spoke with the local authority to share information they held about the home. The local authority did not have any information to share with us. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 14 people who used the service, two relatives, the registered manager, the deputy manager, three care staff, one nurse and the activities coordinator. We looked at four care plans, one risk assessment, medication administration records, accident reports and quality audits. We observed care practices and staff's approach with people.

Requires Improvement

Is the service safe?

Our findings

People told us that they did not always feel safe living in the home. One person said, "I don't feel safe because when I press the buzzer (nurse call alarm) I'm not sure if anyone will come." People told us that if they required support they would have to shout for help. The registered manager acknowledged this and said that staff were always nearby. However, one person told us that they had sustained a fall, they said, "I shouted and banged the floor for help but no one could hear me."

People told us that there were not enough staff to care for them. One person said, "The staff are rushed off their feet." Two people told us about the indignity of being incontinent because they had to wait so long for support. One person said, "It's not nice, I didn't think I would experience this in a care home." Another person told us, "If I want the toilet I have to sit here and shout. You can be in pain waiting, until it's too late." One care staff told us there were not enough staff to care and support people in a timely manner. They said it was possible that people may have been incontinent because they had to wait so long for support. We observed that there were insufficient staffing levels and that people had to wait a long time for their basis needs to be met. One person had requested assistance with their personal care needs but staff were not available to support them because they were busy assisting other people. We shared these concerns with the registered manager who confirmed that the staffing levels had been determined by the number of people living in the home and not on the level of support the individual required.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We looked at the management of medicines and found that improvements were needed. We found that medicines stored in the fridge were not maintained at the correct temperature as recommended by the pharmaceutical manufacturers. This placed people at risk of receiving medicines that were unsuitable for use.

People's prescribed medicines were managed by qualified nurses. We found that arrangements were not in place to support people who told us they wanted to manage their medicines. The registered manager confirmed that this had not been explored but assured us that measures would be taken to support people who wished to manage their medicines and promote their independence.

We saw that some people had been prescribed, 'when required' medicines. These medicines should only be given when required. For example, medicines prescribed for the treatment of pain relief. We found that not all the nurses were aware of when these medicines should be given. There was no written protocol in place to tell staff how to safely manage these medicines. This meant that the provider was unable to demonstrate that people received these medicines when needed. The registered manager said they would take action to ensure that a written protocol was in place to tell staff how to manage these medicines.

The provider information return (PIR) showed that robust recruitment and induction procedures were in place to ensure staff were competent and safe to work in the home. Staff told us that safety checks were carried out before they started to work. They told us that they were provided with a structured induction. Staff induction is a process to help new staff to adjust to the new working environment and support them in their new role to ensure people receive an effective service.

The PIR showed that 44 out of 45 staff had received safeguarding training. The staff we spoke with confirmed they had received this training. We found that staff had a good understanding about how to safeguard people from abuse and discrimination. Staff were able to give us examples of various forms of abuse and how to protect people from this. Staff were aware of their responsibilities of reporting concerns of abuse to the registered manager or relevant agencies, to reduce further risk of harm to the individual. Staff told us that the registered manager listened to them and would take the necessary action to protect people from harm.

A record of accidents was maintained and monitored on a regular basis to find out if there were any trends. The registered manager explained that where a person is identified to having a number of falls the GP would be involved and where necessary the person's medicines would be reviewed to ensure that this did not contribute to their falls. However, we found that people did not always have access to a call bell and this had contributed to one person sustaining a fall. This person told us, "I needed to go

Requires Improvement

Is the service safe?

to the toilet but I couldn't reach my buzzer, so I tried to walk there myself and fell." The information that we hold showed that the registered manager had informed us of accidents and incidents that had occurred.

A number of people had restricted mobility and were reliant on staff to assist them. Staff had access to risk assessments that told them how to support people safely and the equipment required. We saw staff use the appropriate equipment as identified in people's risk assessments. One care staff told us that they had access to various risk assessments. For example, how to support people to manage their behaviours and to reduce the risk of pressure sores.

Requires Improvement

Is the service effective?

Our findings

One person said, "It's 10am and I still haven't had my breakfast. I'm not sure when I will get it. Then it's lunch at 12.30pm." They also told us they preferred to have their breakfast earlier but had to wait for staff to assist them. Another person told us that the day before our inspection they had received their breakfast 10.45am and they preferred to have it 9am. Lunch started at 12.30pm and at 1.48pm we saw that staff were still assisting people with their meal. A number of people lacked mental capacity to tell us if it was their choice to have their lunch at that time. We saw people waiting a long time to be assisted with their meal. We saw that one care staff had not completed the task of assisting a person with their lunch before they assisted another person. This meant that people were not provided with the appropriate support to eat and drink. One care staff told us that there were a lot of people who required support with their meals. They said there was not enough staff, so people had to wait. The registered manager acknowledged the length of time people had to wait to be supported with their meal.

The evening meal was served at 5pm and people told us this was the last meal of the day. One person said, "We are offered a hot drink in the evening and if we are lucky we have a biscuit." The registered manager informed us that people were provided with supper if they wished. However, the menus we looked at did not show this. The people we spoke with were unaware that supper was available. For some people this meant they were not provided with food from 5pm until 10am the next day. This was of concern as the information we had received from the provider showed that there were four people at risk of malnutrition. One person told us that they were never hungry because their relative always brought snacks in for them. One person told us that drinks were always available in the lounge and we saw this. However, they said, "There is no one in the lounge who can walk, so if we want a drink we are reliant on staff asking us or we have to shout for a staff member." Therefore, people did not have access to drinks at all times.

We saw staff assist people to eat and drink in a caring and dignified manner. People had access to specialist equipment to promote their independence with eating and drinking. For example, rimmed plates, specialist cutlery and beakers. People's faces were discretely cleaned whilst they were assisted with their meal to promote their dignity.

Care records provided staff with information about the support people required to eat and drink sufficient amounts. A record was maintained of people's weight and where concerns were identified referrals were made to a dietician or speech and language therapist (SALT).

This was a breach of Regulation 14 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The people we spoke with told us that staff did have the skills to care for them. One person said, "The majority of staff know how to care for me." We spoke with a relative who told us, "I feel the staff have the skills to recognise when people are at risk. I can't fault the staff." Staff told us that they had access to care plans and risk assessments to support their understanding about people's care and support needs. The registered manager told us that staff had access to on-going training to ensure they had the skills and competence to undertake their role and the staff we spoke with confirmed this. Staff told us that they received regular supervision. Supervision is a process to support and guide staff in their role to ensure they have the skills to care for people properly.

We found that staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human right of people who may lack mental capacity to make a decision about their care and treatment are protected. DoLS are required when this includes depriving a person of their liberty to ensure they receive the appropriate care and treatment. The registered manager informed us where necessary mental capacity assessments had been carried out and applications for DoLS had been completed. We saw evidence of these applications and the undertaking of best interest meetings. A best interest meeting ensures that decisions made on behalf of the person, is in their best interest. This showed that the registered manager was aware of their legal obligation of protecting people's rights and freedom.

One person said, "My care and treatment is explained to me." Discussions with one member of staff confirmed that during the assessment and review of care plans, people are asked how they would like to be cared for. One person told us that they were able to see their GP when they needed to. The registered manager said that the GP visited the home

Requires Improvement

Is the service effective?

twice a week. Care records showed that people had access to other healthcare services when required. The provider had their own physiotherapist who visited the home each month to provide advice and treatment.

Good

Is the service caring?

Our findings

One person said, “All the staff are nice and very caring. The thing that impresses me more than anything is the friendliness of the staff.” The staff we spoke with demonstrated a good understanding of people’s care needs. For example, one care staff told us about the support one person required to manage their behaviour that was challenging. They told us about diversion techniques used to distract the person and ensure their wellbeing.

We saw that people were treated with kindness and compassion. One person told us, “Personal care is delivered in a sympathetic way.” Another person told us, “It’s lovely, they do anything to help. The staff treat me properly and have a caring attitude.” We spoke with 14 people and found that they were unaware of their care plan. However, we saw that some people had signed their care plan to show their involvement in planning their care. A care plan provides staff with information about how a person wishes to be treated and cared for. People told us that they had to wait a long time for staff to arrive but when they did the care provided was good. One relative told us, “All the care is explained to my relative and me.”

The registered manager said that people had access to a self advocacy service and information relating to this service was displayed in the corridor. However, some people would be unable to access this information and the registered manager acknowledged this. We spoke with two people who were unaware of this service. A self advocacy service helps and supports people to make decisions for them self. Therefore, people who may benefit from the support of an advocate may not have access to this service. The registered manager told us that action would be taken to ensure people were made aware of this service.

People told us that staff did respect their right to privacy and dignity. One person said, “I am treated with respect.” We spoke with a relative who said, “I visit the home daily and staff do treat my relative with respect.” Staff demonstrated a good understanding about the importance of respecting people’s privacy and dignity. We saw staff knock on bedroom doors before entering and spoke with people in a friendly manner. The PIR showed that the provider would be appointing a ‘dignity champion.’ This would ensure there was a positive drive to promote dignity and to gather people’s feedback to improve the service.

Requires Improvement

Is the service responsive?

Our findings

One person told us that they had not been informed about changes to their living arrangements. We spoke with the registered manager who was unable to confirm that the person had been informed about these changes. Two people raised concerns that they had not been informed that lunch time would be changed from 12pm to 12.30pm. The registered manager was unsure whether changes had been discussed with people. People were not provided with a choice about changes that would have an impact on their lifestyle.

We found that people did not always receive the required support with their personal care. Two people we spoke with said they were limited to one bath or shower a week. One person said, "I am restricted to having one bath or shower a week. I would prefer to have one more often. The trouble is I need someone to help me. When I lived at home I use to have one every day." People's basic needs were not being met.

Discussions with one care staff confirmed their understanding of person centred care. However, they told us that person centred planning was not always possible. They said, "The amount of showers and baths we can offer people per week are limited because we don't have the staff to support people with this." Person centred care is putting the person who use the service at the centre of their care, treatment and support, so they receive a service the way they like. The registered manager confirmed that arrangements for bathing and showering were limited but said where possible efforts would be made to increase this to twice a week if requested.

One person said, "Activities are very limited. Staff will say if there is anything going on, although there isn't a lot." Another person said, "I take part in the activities but there is not enough to do. I love watching the television because there is nothing else to do." A board was displayed in the corridor showing what activities were available on a daily basis. However, activities identified on the first day of the inspection did not take place. One person told us, "I don't do a lot but my relative visits me often." A relative said, "Activities are very limited. However, a horse was brought into the home and people enjoyed it." The home had employed an activities coordinator who worked Monday to Friday 8am to 3pm. They also worked one weekend each month. On the first day of our inspection we saw the activities coordinator take one person out for a walk. One person said, "I go out sometimes, it's nice to know what's happening around the town." People were not provided were not provided with sufficient support to pursue their hobbies and interests.

One person told us that due to their health condition they were unable to go to a place of worship. They said, "The vicar comes to the home every Wednesday and we have a service." The registered manager said that religious services were carried out within the home to meet people's specific religious and spiritual needs. The people we spoke with confirmed that they had access to these services if they wished. The provider ensured that people were supported to maintain their religious and spiritual needs.

Two people told us that they were unaware of the provider's complaint procedure. However, one person said, "I don't know how to make a complaint officially but if I have any concerns I would raise it with the staff." Another person told us, "If I wanted to make a complaint my relative would do this for me." The registered manager said that when a person moves into the home they are informed how to share their concerns. A written complaints procedure was in place that told people how to make a complaint. People were given a copy of the complaints procedure when they moved into the home. The registered manager said they had received two minor complaints within the last 12 months and we found that appropriate action had been taken to resolve these concerns.

Requires Improvement

Is the service well-led?

Our findings

One person said, "I take part in resident's meetings. I don't know whether management listen because not many changes happen." However, another person said, "The home is very well run, I can't grumble, the food is very good and the staff are very kind."

One relative said they had attended a meeting at the home and informed the registered manager about the number of falls their relative had sustained. This was because they were unable to access the nurse call alarm to ask for support. They told us that discussions had taken place with the registered manager about the possibility of obtaining an alarm that could be worn around the neck or wrist, so people could summon assistance. The relative said, "Nothing has happened and my relative has had a fall since the meeting." We spoke with two other people who said they were not always able to summons assistance when needed because they did not have access a nurse call alarm. The registered manager confirmed that discussions had taken place during the meeting about providing a new call alarm but no action had been taken.

One person told us that they were the resident's representative. They said their role involved meeting people who had recently moved into the home and to inform them about the services available. They said that the main concerns people raised was about insufficient staffing levels. Discussions with the registered manager confirmed that there was no quality assurance monitoring system in place to ensure there were sufficient staffing levels to meet people's needs. We found that the staffing arrangements did not ensure that people's basic needs were met.

The home had a clear, stable management and leadership structure that people who used the service and staff understood. Staff told us that they felt supported by the management team. However, people who used the service, relatives and the staff we spoke with shared their concerns about the staffing levels. The impact this had on meeting people's needs in a timely manner. The registered manager was aware of their responsibility and told us that they had shared their concerns with the provider about the staffing levels. However, no action had been taken to review this.

One person said, "They give us a questionnaire to fill in, the home is pretty well organised." Information collated from these questionnaires were displayed in the home. However, the registered manager acknowledged that not everyone would be able to access this information. People were also informed of the outcome during meetings. We did not see any evidence of changes to the service in relation to the information collated. For example, staffing levels had not been reviewed and action had not been taken to ensure people had access to a call alarm at all times.

An audit dated June 2014, with regards to the management of medicines identified shortfalls relating to the poor recording of medicines. An audit dated September 2014 identified the same shortfalls. The registered manager confirmed that no action had been taken to improve the recording of medicines. This was of concern as the PIR showed that there had been five medicines errors within the last 12 months.

The systems in place to monitor the quality of the service provided were not effective. There was a failure to ensure that action was taken to address risks and shortfalls that had been identified.

This was a breach of Regulation 10 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care, treatment and support needs were not being met appropriately because there were not enough staff to care for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs Regulation 14(1)(c) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. People were not provided with sufficient support when required to eat and drink. Drinks were not accessible to people at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Regulation 10(1)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

Quality assurance auditing systems in place were ineffective to ensure people received the appropriate care and support.

Inadequate monitoring of staffing levels meant that people's basic needs were not met.