Rivington Park Care Home Limited

Rivington Park Care Home

Inspection report

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Date of inspection visit:
11 January 2017
12 January 2017
13 January 2017

Date of publication:
23 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of Rivington Park Care Home on 11, 12 and 13 January 2017. The first day of the inspection was unannounced.

Rivington Park Care Home is situated near to Chorley town centre, close to transport links and a variety of local shops. The home provides personal and nursing care for up to 25 older people. At the time of the inspection there were 20 people accommodated at the service. The accommodation is provided over two floors, accessed by a passenger lift and stairs. There are lounges with dining areas on both floors. There are three double bedrooms with en-suite facilities and 19 single bedrooms without en-suites. From the ground floor lounge there is access to an enclosed patio area, with flowers, shrubs and garden furniture. There are a small number of car parking spaces to the side of the premises.

The service was managed by 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.

At the previous inspection on 24 and 25 June 2015, we asked the provider to make improvements in relation to risks to people's well-being, safety and security, staff recruitment practices, concerns and complaints processes and systems to assess, monitor and improve the quality of the service provided. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to the unsafe management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

Because the shortfalls in the safe management of medicines ought to have been identified and put right without our intervention, we have made a recommendation about the service's checking systems.

The people spoken with indicated satisfaction with the care and support they experienced at Rivington Park Care Home. There was an open and friendly atmosphere at the service. One person spoken with said, "We can have a good laugh" another commented, "I wouldn't change a thing." We found there were some good systems and arrangements in place to promote an efficient day to day running of the service.

People told us they felt safe at the service and they made positive comments about the care and support they experienced. They were supported with their healthcare needs and received appropriate medical attention. Changes in people's health and well-being were monitored and responded to.

Recruitment practices made sure appropriate checks were carried out before staff started working at the

service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns about people's wellbeing and safety.

People were happy with the variety and quality of the meals provided at the service. Support was provided with dietary requirements in response to individual needs. We found various choices were on offer. Drinks were readily accessible and regularly offered.

The service was working within the principles of the MCA (Mental Capacity Act 2005). During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People spoken with indicated they were treated well by staff. They said their privacy and dignity was respected. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner. They were respectful of people's choices and opinions.

There were opportunities for people to engage in a range of suitable group and individual activities. People told us how they were keeping in contact with families and friends. We found visiting arrangements were flexible.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of complaints and the action taken to respond to them.

There were systems in place to ensure all staff received regular training and supervision. We found some training was overdue but action had been taken to address this matter.

There were systems in place to monitor and check the quality of the service. Arrangements were in place to encourage people to express their views and be consulted about Rivington Park Care Home, they had opportunities to give feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices needed be improved for people's well-being and safety.

Staff recruitment included the relevant character checks. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Processes were in place to maintain a safe environment for people who used the service.

Is the service effective?

Good

The service was effective.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

People told us they enjoyed the meals and their preferred meal choices and dietary needs were known and catered for. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude and friendliness of staff. During our visit we observed respectful, friendly and caring interactions between people using the service and staff.

We found Rivington Park Care Home had a friendly and welcoming atmosphere. People were supported to maintain

contact with families and friends.

Staff expressed an awareness of people's individual needs, backgrounds and personalities. People's dignity and personal privacy was respected. People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Arrangements were in place to find out about people's individual needs, abilities and preferences. Each person had a care plan, which included information about the care and support they needed. Action was being taken to make people aware of their care plan and be more involved in care reviews.

Processes were in place to monitor, review and respond to people's changing needs and preferences.

People were supported to take part in a range of suitable individual and group activities. There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People expressed satisfaction with the management of the service. There was a registered manager in post who provided leadership and direction with the support of the provider. The registered manager had plans to develop the service and described the action taken to make improvements.

There were processes in place to regularly monitor the quality of people's experience at the service. However we found the service's checking systems needed improvement.

Staff were enthusiastic and positive about their work. They indicated there was good teamwork at the service and the managers were supportive and approachable.

Rivington Park Care 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 checked 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, 12 and 13 January 2017. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We reviewed information from the local authority and health authority contract monitoring teams. We consulted with the local authority safeguarding team. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with five people who used the service and two relatives. We talked with three health care assistants, the activities coordinator, the nurse on duty, the cook, kitchen assistant, laundry assistant, maintenance person, registered manager, administrator and provider.

We spent time with people observing the care and support being delivered. We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, two staff recruitment records, complaints records, meeting record's, policies and procedures and quality assurance records. We also looked at the results from a recent survey.

Requires Improvement

Is the service safe?

Our findings

We looked at the way the service supported people with their medicines. People spoken with indicated they received their medicines appropriately and on time. One person said, "I am given my tablets by the nurse, I am basically aware of my medicines." We were told no one was self-administering their medicines. Although the service had a process in place to risk assess, record and plan for people choosing to self-administer their own medicines, each person's preference and ability to manage or be involved with their medicines was not routinely assessed. We found where people's involvement and preferences had been assessed, this had not been routinely reviewed. This implied there was an assumption people could not manage, or be involved with their own medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes in place did not include having sight of repeat prescriptions (or copies/summaries) prior to them being sent to the pharmacists. This was contrary to the services' procedures. We were told of two items which had recently 'run out 'as they had not been appropriately re-ordered, although we found action had been taken to address this matter, we would have expected suitable processes to be in place to ensure people have timely access to their medicines.

There were hand written entries on MARs (medicine administration records) which had not been verified as correct by another member of staff. Some entries on the MAR did not accurately reflect the appropriate codes. We noted one person was prescribed a medicine for use at bed times. Later the same type of medicine had also been prescribed for use, "as necessary" during the day. However, the item had not been recorded separately on the MAR; the dosage instructions had just been amended to include the change on the initial entry. This meant there was a lack of clarity on safe administration of the medicine and a risk of insufficient quantities being available. We found one person's medicine dosage instructions had been changed by a visiting health care professional in November 2016. However action had not been taken to reconcile the change with the GP to ensure the prescription appropriately reflected the changes. This again meant there was a lack of clarity around safe administration.

We found there were inconsistencies in the specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered. There were examples of person centred protocols to support people with their medicines in a timely way. However we found two prescribed items were without specific protocols. This meant staff was not properly instructed on offering a medicine to promote the person's health and well-being.

Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams and gels. There were appropriate recording charts with 'body map' diagrams which were kept in people's rooms. However, we found the charts had not always been appropriately completed to provide directions on where the medicines were to be applied. We noted some instructions on the labels and MAR stated, 'apply as directed' which did not provide sufficient instructions on administering the medicines. The nurse on duty took action to rectify these matters during the

inspection; however we would expect safe processes to be in place without our intervention.

The registered manager told us staff responsible for medicines management had previously received training. However there was no evidence available to demonstrate this had included an assessment of their competence.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for the safe storage of medicines. The service operated a monitored dosage system (MDS) of medication. This was a storage device designed to simplify the administration of medication by placing the medication in separate compartments, according to the time of day. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. People had secure cabinets in their bedrooms where medicines could be stored.

Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items.

We checked how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. At our last inspection we found robust procedures for the recruitment of new staff had not always been followed. At this inspection we found improvements had been made. We reviewed the recruitment records of two members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We found records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, a health screening assessment, clarification about any gaps in employment and obtaining written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found processes were in place to check the nurses had appropriate qualifications and a current registration. There were recruitment and selection policies and procedures to guide the process. One staff member spoken with confirmed the recruitment procedures had been appropriately followed.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found action had not been taken to reduce the risks to people's well-being, safety and security. At this inspection we noted improvements had been made. One bathroom had been refurbished and included additional moving equipment. Improvements had been made to the laundry area. Bedroom doors had been fitted with suitable locks and arrangements were in place to ensure call points were accessible and working. Health and safety risk assessments had been carried out and additional processes were being introduced.

We spoke with the maintenance person who indicated processes were in place to identify and attend to

matters requiring attention. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, water quality, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. There were accident and fire safety procedures available. There were contractual arrangements for the safe disposal of waste. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. The food safety officer had given the service a five star rating for food safety and hygiene. During the inspection we noted there was a consistent banging of doors due to ineffective closures, this meant people experienced some unnecessary noises. However, prompt action was taken during the inspection to make improvements.

We looked at how the service protected people from abuse and the risk of abuse. The people we spoke with indicated they felt safe at the service. Their comments included, "I feel safe here, the staff are never nasty and they don't shout," "They never bully us" and "I would soon shout out if I saw something not right, I would tell the boss." One relative commented, "I visit regularly and I have never seen anything untoward." We noted, information produce by the local authority on keeping people safe was displayed on the resident's notice board.

We discussed the safeguarding procedures with staff and the registered manager. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We discussed and reviewed some of the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with said, "The staff spend time with us in between their work, if you need them they are there" and "I have always been satisfied with the staffing levels." During the inspection we found there were sufficient staff on duty to meet people's needs. We observed support being provided in a timely way. One relative commented, "The staff are often busy, but I can always find somebody." Staff spoken with considered there was generally enough staff on duty at the service, but felt they didn't always have enough time to spend with people. We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. This included a nurse and four healthcare assistants during the day and a nurse and two healthcare assistants at night. Additionally the registered manager worked full time at the service and systems were in place to provide on call support. There was a full time activities coordinator, cook and maintenance person; there were housekeeping/laundry staff daily and an administrator. The registered manager had access to a structured staffing tool, to monitor and review staff deployment in response to the numbers, needs and abilities of people using the service.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks had been identified in people's care plans and kept under review. The risk assessments included, skin integrity, nutrition, behaviours, falls and moving and handling. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. The assessments were reviewed monthly or earlier if there was a change in the level of risk. We did note risks and preference around night time care needs had not been routinely evaluated, however the registered manager agreed to take action in respect of this matter.

Records were kept of any accidents and incidents that had taken place at the service, including falls.

Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations.

Good

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Rivington Park Care Home. Their comments included, "I like it here it's something different," I like most things about being here", "It's all been okay from the start, I regard it as my home" and "It's very good here." One visitor told us, "I feel happy my relative is here."

People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. The care records we reviewed included signed agreements on consent to care and treatment and other matters including, the use of bed rails, photography, access to information and medicine administration. Where people had some difficulty expressing their wishes they were supported as appropriate by family members. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions.

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 the 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 or authorisations to deprive a person of their liberty were being met. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. We noted copies of applications were appropriately accessible in people's care records. Although the care planning process took into consideration people's needs and preferences, we found not everyone's capacity to make their own choices and decisions had been routinely assessed. However the registered manager was able to demonstrate action was being taken in respect of this matter.

Records and discussion showed that staff had received training on this topic and further training was being arranged. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how people were supported with their healthcare needs. People spoken with told us,"We get the GP when necessary and the nurses keep an eye on us" and "The nurses are available for any medical condition and there are referrals to the GP if required." A visitor said, "The staff let me know if my relative is not well, I am informed about things like GP visits, they are vigilant on this." People's medical histories and

health care needs were included in the care planning process. Their healthcare needs and well-being was monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, community nurses, speech and language therapists, opticians and podiatrists. Access to dentistry services was arranged in response to individual needs. We discussed the value of routine dental and oral screening checks and the registered manager agreed to pursue this matter. We found the service had established good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us, "There is nothing wrong with the food," "The meals are definitely well cooked and we get enough to eat" and "The food is wholesome and filling." A visitor told us, "The food always smells delicious. The menu is on display so I can always discuss the meals with my relative when I visit."

We spoke with the catering team, they expressed some dissatisfaction with the catering supplies, however this matter was currently under review. The service had a four-week rotating menu system. The registered manager had devised the menu in consultation with people using the service through informal discussion and based upon known likes and dislikes. The main meal was served at lunchtime and two choices were routinely offered. There was usually a hot pudding and further dessert options were available. There were at least three choices to choose from at teatime. People were asked daily for their preferences and the menu was displayed for further reference prior to each meal. People said, "We can choose our meals to a certain extent they vary it," "There is plenty of variety" and "We can ask for anything and they sort it out."

Care records included information about people's individual dietary preferences, the support they needed and any risks associated with their nutritional needs. This information had been shared with kitchen staff who were aware of people's dietary needs, likes and dislikes. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary. Specific diets could be catered for, including fortified diets and pureed meals which were blended in separate portions.

We observed the meals service at lunch time in one dining area. We noted the dining tables were set with table cloths, drinks and napkins, condiments were available. We noted people enjoying the mealtime experience as a social occasion, in an unhurried way. We observed examples of people being sensitively supported and encouraged by staff with their meals. The meals looked plentiful, well presented and appetising. It was apparent people's individual needs and preferences were catered for, consideration was given to portion sizes and suitable crockery. Mealtimes were flexible and people could eat in their rooms if they preferred. Drinks were available and offered throughout the day. People in their rooms had access to fluids. One person said, "We get plenty to drink, there are always cold drinks on offer," another person commented, "I get a cup of tea in bed in the morning." Processes were in place to observe and monitor the effectiveness of people's mealtime experience.

We looked at how the service trained and supported their staff. Arrangements were in place for new staff to complete an initial 'in-house' induction training programme. This included an introduction to the organisational structure, policies and procedures, health and safety and code of conduct. New staff spent three days 'shadowing' experienced staff and worked through the induction training programme. There was a condensed induction programme in place for agency staff. The registered manager explained the induction training was being further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their

daily working life. We noted Care Certificate work books were readily available at the service.

Staff spoken with told us about the training they had received. They confirmed that there was a rolling programme of training and development at the service. This included: safer handling of people, first aid awareness, fire safety, health and safety, infection control, safeguarding, dementia care, dignity and equality and diversity. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. We noted the records showed some training was overdue. However the registered manager had identified and responded to this shortfall. There was information to show further training was being planned for and provided. The registered manager also confirmed qualified nursing staff were supported to continue and update their professional development and had been enabled to revalidate their registration with the NMC (Nursing and Midwifery Council).

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or above, NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care. The activities coordinator had been supported to access a relevant training course.

We found staff had not been receiving one to one supervisions. However the registered manager who was new in post, had a plan of action to re-introduce a programme of staff supervision. This would provide staff with the opportunity to discuss their responsibilities, their development needs and the care and support of people who used the service. We found arrangements had been made for the registered manager to carry out an initial appraisal with each member of staff. We saw that an appraisal meeting took place during the inspection and noted plans had been made to schedule further appointments.

People spoken with were satisfied with the accommodation and facilities available at Rivington Park Care Home. Their comments included, "My room is comfortable" "My bedroom is good and kept clean. I wouldn't want to move," "I think it's okay" and "I regard it as my home." We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. One person told us, "I am happy with my room, I have some of my own things and family photographs." There were two lounges for people to use and there was access to an enclosed outside patio area, garden furniture was provided. There were adaptations and equipment to provide assistance with mobility needs. On the first day of the inspection we discussed with the registered manager ways of adapting the lounge to provide a more 'homely' environment. By the last day of our visit, a mantelpiece with coal effect fire had been fitted much to the delight of people who used the service. The registered manager also described further intentions to make improvements.

Good

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and treatment they received at the service. Their comments included: "The assistance is very good" and "The staff seem alright, we get on with them fairly well on the whole." A relative told us, "All the staff here have been lovely, they are always upbeat and enthusiastic."

We found Rivington Park Care Home had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. People were treated with respect by staff. People said, "They have a laugh with us, they are like friends," "The people are nice, everybody is nice," "I certainly have my dignity they treat me very well" and "The staff are nice to me." A relative said, "They are always respectful." We observed examples of staff showing kindness and compassion when they supported people with their individual care and daily living needs. One relative spoken with described their experiences of staff providing their family member with sensitive support. This had included providing reassurance and encouragement with a particular activity.

Staff spoken with gave examples of how they treated people with dignity and as individuals. They expressed an awareness of people's individual needs, routines, backgrounds and personalities. They told us they had access to people's care records which provided information about people, their background history, interests, likes and dislikes. One staff member commented, "We know everybody really well." Staff had signed up to be 'Dignity Champions' and they had received training on this topic. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centered, as well as efficient, and are willing to try to do something to achieve this.

We observed people's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. One person told us, "I get visitors from Church for communion, I have the privacy of my room, I prefer this." Staff described how they upheld people's privacy within their work, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocking on people's bedroom doors before entering. We discussed with the registered manager, ways of promoting privacy of personal space when people choose to have their bedroom door propped open. This would further support people to maintain their rights to privacy in a communal setting.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. People spoken with said, "I'm not aware of any rules," "I can get up and go to bed whenever I want whenever I want" and "I can go to my room when I want, nobody bothers you." Staff explained how they promoted independence, by enabling and supporting people to do things for themselves. One staff member said, "We promote self-care and offer choices, we respect peoples wishes and encourage their independence."

We observed that people were encouraged to express their views and opinions during daily conversations.

Residents meetings were held. One person explained, "We have residents meetings once a month, they ask how things are and if we have any complaints. They ask if there is anything they can do to help." Another person said, "We can say whatever we want at the meetings, they try to follow up ideas and suggestions." Relatives were invited to attend the meetings on a three monthly basis. We noted from the records of meetings that various matters had been raised and discussed.

There were a number of notice boards and displays at the service which provided information about forthcoming events, activities and other useful information. This included the provider's newsletter, mission statement, parish news and the details of local advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. There was a guide to Rivington Park Care Home, which had recently been updated. The registered manager said a copy of the guide was to be placed in each person's room. The guide provided a summary of the services and facilities available, staffing arrangements, the values and aims of the service and the complaints procedure.

The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and respect, person centred care, also equality and diversity. The provider had an internet website which provided further information. We noted the service's CQC rating was on display in the entranceway and had been uploaded to the website, to inform people of the outcome of the last inspection.

There were no restrictions placed on visiting and relatives and friends were made welcome at the service. One person commented, "Our relatives can visit anytime and we can talk to them in our rooms." We observed several relatives visiting throughout the days of our inspection and noted they were made welcome and treated in a friendly and respectful way.

Good

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. People said, "I am settled here, "They give me all the help I need," "Bathing is when we want," and "People here have many choices." A visitor commented, "Since (my relative) has been here she has come on a treat." We observed staff taking time to ensure people's needs and requests were understood and responded to. We noted staff checked on people's wellbeing throughout the day, to ensure they were comfortable and had everything they needed.

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals. A relative told us, "They came out to see (my relative) before they moved in. They went through things us. I was involved with the care plan initially." We saw evidence that people's needs had been assessed prior to them using the service. Where possible people were encouraged to visit Rivington Park Care Home, to experience the service, see the facilities available and meet with other people and staff. This would assist with the assessment process and help people to become familiar with the service before making a decision to move in. Some people had experienced the service by staying on a short term basis. One person told us, "I was originally here for short stay when I came and it has proved to be okay."

We reviewed how the service provided personalised care. Each person had an individual care plan. We looked at three care plans and found they included details on people's preferred routines, likes and dislikes and how best to provide their support. There were social care assessments and 'this is me' profiles, which contained information on person specific matters such as, favourite things, special memories and important relationships. One staff member commented, "Its close knit. We get to know people."

People we spoke with were not very aware of the content of their care plans; they were involved with the care planning process on an informal basis. However, we noted there were examples of some people or their relative's having signed in agreement with their care plans. The registered manager explained that the care plan process was being further developed to support a more person centred approach. We found there were clear action plans in place to more effectively include people and their relatives with reviewing and planning their care.

The care and support plans were split into sections in response to identified needs; they included instructions for staff on meeting needs. The plans took into consideration the person's perspective of their care needs. The aims and objectives of the care plan and the type of intervention required were noted. Records were kept of people's daily living activities, their general well-being and the care and treatment provided to them. There were also additional monitoring records as appropriate, for example relating to specific health care needs and behaviours.

Staff spoken with expressed a practical awareness of responding to people as individuals and promoting

their rights and choices. They indicated some awareness of the content of people's care plans. There were 'day care' summaries, with copies kept in people's rooms for staff to access. The summaries provided an overview of people's care needs, daytime routine and preferences. There were ongoing discussions on people's needs and well-being, including regular staff 'handover' meetings. Notes were kept of contact discussions with people's relatives. We saw the care plans had been reviewed on a monthly basis or more frequently if required. There was clear evidence to show care plans had been updated in response to people's changing needs.

People indicated they were satisfied with the range of activities provided at Rivington Park Care Home. People said, "There's always something going on," "The activity coordinator does her best to entertain us" and "I like the bingo and quizzes." Relatives commented, "The activities coordinator is brilliant, she involves people in a lot of chatting" and "Since (my relative) came here she has become more sociable."

Notice boards at the service displayed information about the programme of daily activities, also details of forthcoming invents, such regular church services, residents meetings and visiting entertainers. We spoke with an activities organiser who told us of the range of individual and group activities currently on offer. People had been supported on a one to one basis to attend community events, including concerts and the cinema. There had been walks to the park and gardening in better weather. Arrangements were in place to ensure people spending time in their rooms had opportunity for meaningful activity. We found records had been kept of people's participation and engagement in activities and discussions. The registered manager showed us a 'leisure and social activities questionnaire' which was due to be implemented to further respond to people's interests, hobbies and aspirations.

We looked at how the service managed complaints. At our last inspection we found concerns and complaints were not always properly managed and responded to. At this inspection we noted improvements had been made. People we spoke with indicated they would feel confident if they had concerns, or wished to make a complaint. They told us, "I have never had a proper complaint but I would find out how to complain if I needed to," "I can go to staff in confidence if needs be." A relative said, "If I wasn't happy I would go to the nurse in charge initially, I am aware of the procedures." We noted people were given regular opportunity to express dissatisfaction or concerns in the residents/relatives meetings and in surveys.

There was a summary of the complaints procedure in the guide to the service and the procedure was also on display on notice boards. This provided directions on making a complaint and how it would be managed, including timescales for responses. Included were the contact details of the provider and other agencies that may provide support with raising concerns. The service had policies and procedures for dealing with any complaints or concerns.

There were processes in place to record, investigate and respond to complaints and concerns. There had been three complaints received at the service in the last 12 months. Records seen included the nature of the complaint and the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation. This confirmed that the matters raised had been investigated and responded to. The registered manager explained complaints were kept under review to monitor trends and proactively make improvements.

Requires Improvement

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service they knew who the manager was. Their comments included, "The manager attended the residents meeting; we were informed of any changes" and "Overall I think it's well-managed." A relative told us, "I haven't had much contact with the manager, but I am aware who she is, she always looks busy."

At our last inspection we the provider did not have suitable systems or processes in place, to ensure the service was operated effectively. At this inspection we noted sufficient improvements had been made.

There were ongoing audits and reviews of various processes, including care plans, risk assessments, infection prevention and control, medicine management, staffing levels, staff training, domestic audits, health/safety checks and mealtime experience evaluations. The service had a programme of refurbishment and decoration. There were action plans to respond to matters requiring attention. However this inspection confirmed there was a significant lack of effective auditing process to identify and manage improvements relating to the safe handling of medicines. We reviewed the last two 'full' medicines audits which had been carried out in October 2016 and December 2016. We noted matters for improvement had been identified in the October audit, however these had not been actioned in a timely way and the shortfalls had not been identified in the December audit. This meant the auditing process had not been effective in identifying and rectifying shortfalls and risks to people who used the service. The registered manager took action to respond to our findings during the inspection however, we would expect safe processes to be in place without our intervention.

• We recommend the registered providers review and update their governance systems to ensure they provide a dependable and accountable auditing process.

Since our last inspection there had been changes in the management and the nominated individual of Rivington Park Care Home. Staff spoken with shared their views on the recent changes. It was apparent there had been a period of change and adjustment which had affected the staff team. Their comments included, "It has been unsettled but it's okay now, we have seen a lot of improvements" and "It's been tough having five different managers over the last couple of years, but it's alright at the moment."

The registered manager was supported and supervised by the providers who visited the service on a regular basis, to ensure there was ongoing oversight and assistance. The manager also had access to a range of support networks within the wider organisation. There was also an administrator at the service, providing additional management support. We were told the providers completed reports on their findings during the structured monitoring visits. However the reports were not readily available at the service and had not been shared with the registered manager. We discussed this matter with one of the directors who agreed to take action in response to this matter.

The manager had been registered at Rivington Park Care Home since November 2016. She described the

processes in place and action taken to develop the service. There were time-specific plans available which confirmed this course of action. The registered manager was qualified and experienced to manage the service effectively and expressed a strong commitment to the ongoing improvements. One member of staff told us, "Oh yes its well managed. The manager is doing great," another said, "There's more structure to the management and the owners visit quite a lot." There were clear lines of accountability and responsibility. The management team consisted of the registered manager, clinical lead/nurse in charge and team leaders. Defined arrangements were in place to provide on call management support.

We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. Staff had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had access to the service's policies and procedures which reflected the services' vision and philosophy of care. Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

A staff engagement survey had been carried out to gather feedback. This had resulted in actions for improvement on communication, job security, supervision, appraisal and support. Staff indicated team work and communication at the service had improved. Various staff meetings were being held. We looked at the minutes of the last staff meeting and noted various work practice topics had been raised and discussed. This had included requirements and expectations on staff maintaining appropriate records and the systems introduced to monitor their conduct. We found the registered manager had an 'open door' policy that supported ongoing communication, discussion and openness. Throughout the visit we saw that people who used the service, visitors and staff approached the registered manager and she spent time chatting with people.

The service encouraged regular feedback from people. There were the residents/relatives meetings and there was a suggestion box available in the entrance hallway. We noted there were numerous cards of appreciation and thanks, for the care and attention people had experienced at Rivington Park Care Home. A relative told us, "I can't think of any improvements, everything is brilliant."

An annual survey had been carried out with people who used the service, their relatives and staff in June 2016. We reviewed the findings of the surveys which had been collated and analysed. Formal action had been taken to follow up and respond to outcomes and comments. This provided a good indication that people were able to influence developments at the service. The results of the survey had been discussed at a residents meeting and were on display at the service. The registered manager said future outcomes were to be presented as a 'what you said' and 'what we did' display.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks of improper and unsafe management of medicines, because safe procedures had not been followed. (Regulation 12(2)(g))