Riversdale (Northwest) Limited

Riversdale Nursing Home

Inspection report

14-16 Riversdale Road
Wirral
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Tel: 01516252480

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27 February 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on13 and 27 February 2018. The first day was unannounced.

Riversdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Riversdale Nursing home accommodates up to 40 people at the time of this inspection 32 people were accommodated at the home. Accommodation is provided over three floors with some shared bedrooms available. Communal areas include a dining area, sitting areas and an enclosed back garden. The home is located near to the seafront and promenade. It is a converted detached house that fits in well with other houses in the local area.

The service did not have 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.

The last inspection of the service was carried out in October and November 2015 and the service was rated 'good'. No breaches of regulation were identified at that inspection. During this inspection we found breaches in relation to Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

Records at the home were not always accurate, well maintained or up to date. This meant that it was difficult to locate accurate records of some of the care and support people had received and to check that any issues identified had been followed up by staff. This included records relating to people's wound care which did not reflect the care staff told us they had provided. Other records including staff training records and complaints records were similarly difficult to follow and not always accurate.

Equipment was not always used safely and in line with instructions. For example people did not always have their mattress at the correct setting to support their healthcare.

Communications with outside health professionals had not always been effective leading to concerns people had not received the care recommended. People's private information was not always kept confidential. This was because staff sat in lounge areas whilst having discussions regarding people's care.

The home has not had a registered manager for some time. An appointed manager was in place. However it was not always clear who was overseeing clinical practice within the home as the manager was not a registered nurse.

Systems within the home for checking the quality of the service provided were ineffective. They did not identify the areas of concern we noted during the inspection. These included records management, wound

care records, DoLS applications and communication with outside professionals. The manager and nominated individual did acknowledge during the inspection that improvements were required and had begun to take action on these by the second day of the inspection.

Medication was safely stored and administered and records maintained. People told us they were happy with the way their medication was looked after by the home.

Systems were in place and followed for safely recruiting staff to check they were suitable to work with people at risk of abuse and neglect. People felt safe living at the home and staff knew what action to take if they had any safeguarding concerns.

Staff felt supported by senior staff. Staff told us that they had received training and supervision to enable them to carry out their role effectively. People living at the home knew senior staff well and felt comfortable approaching them.

People living at the home liked the staff team and had confidence in them. They found staff caring and friendly and this opinion was shared by people's relatives who told us they found staff caring and willing to 'go the extra mile.' People told us, "Staff are lovely. They do a lot for me" and "It's very nice here, caring." Staff knew people well and spent time talking with them as well as meeting their care needs.

Mealtimes were sociable occasions where people had time to sit and enjoy their meal. A choice of menu was provided and people's food and drink intake was monitored when required.

The home worked well with other authorities when people moved into or out of the home. They supported people to move back to their own home or to a more suitable location when needed. This included working with the local authority to support people to rehabilitate once they have left hospital.

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.

Records were not always well maintained, up to date or accurate and equipment was not always used in a safe way.

People felt safe at the home and staff knew how to identify and report safeguarding concerns.

People's medication was stored, administered and recorded safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's legal rights were not always protected.

Records were not always accurate, up to date or maintained with regards to people's health care.

Communication with outside professionals had not always been effective.

People liked the meals provided and mealtimes were social occasions people enjoyed.

Is the service caring?

Good

The service was not always caring.

People's private information was not always confidentially maintained.

Staff knew people well and spent time socialising with them as well as meeting their care needs.

People and their relatives found the staff team caring and kind and had confidence in them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were incomplete and did not provide a complete overview of the care people required or received.

Complaints were not recorded and therefore could not be tracked.

The home liaised well with other authorities when people moved into or out of the home.

Relatives and people living at the home found staff responsive to people's needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home did not have a registered manager.

Systems for quality assuring the service provided were not effective at identifying and therefore improving areas of concern. People living at the home knew senior staff well and felt confident to approach them.

Riversdale 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 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 on13 and 27 February 2018. The first day was unannounced. The inspection team on the first day consisted of two adult social care inspectors. On the second day the team consisted of an adult social care inspector and an inspection manager.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We requested information about the home from the local authority commissioners who did not raise any serious concerns about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people living at Riversdale Nursing Home. We spoke with a total of seven people living there, three visiting relatives and nine members of staff including the manager, the nominated individual, care staff, nurses and ancillary staff. We also spoke with four health professionals who were familiar with the home.

Throughout the inspection, we observed how staff supported people with their care during the day. We looked around the service and checked a selection of records, which included care plans for four people, policies and procedures; staffing rotas; risk assessments; complaints; four staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Requires Improvement

Is the service safe?

Our findings

Records at the home were not always up to date, accurate or easy to follow. This included people's care plans and medication records. Although we were eventually provided with the majority of information we requested it took some time for senior staff to locate it. Staff including the manager and nominated individual also had knowledge that was not recorded within people's records. For example we found it difficult to locate a record of the dressings one person required for a wound; records of Deprivation of Liberty Safeguards (DoLS) applications were out of date on the first day of the inspection and records of the appropriate settings of people's mattress according to their weight had not been recorded. It is important that this information is documented to ensure that people receive safe and appropriate care that is based upon their assessed need and that all appropriate staff have access to and are aware of this information.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were concerned that some of the mattress settings we saw were not suitable for the person using them. Mattresses were designed to be set according to the person's weight in order to be effective and should be checked regularly. The incorrect pressure could lead to the person developing pressure wounds. We asked a nurse in the home who checked this and she explained she did not have any responsibility for these and thought care staff checked them. The nurse advised us that the information was within people's care plans. However we checked care plans and did not find this information. We discussed this with the nominated individual who stated they would arrange for all mattress settings to be checked regularly and ensure a clear record of the setting was maintained.

Wardrobes in two people's bedrooms that we looked at had not been fixed to the wall. There may be a risk of them falling and injuring somebody. We did not see an environmental risk assessment of people's bedrooms covering this and any other risks in people's bedrooms.

Personal emergency evacuation plans (PEEPS) were in need of updating on the first day of the inspection. They had been reviewed and completed by the second day of the inspection. Records of maintenance checks were not always easy to locate and understand. However following discussion with the nominated individual we saw that external contractors had been employed to check gas and electrical safety within the home. The passenger lift was newly fitted, The fire service had visited the home to check for fire safety; after this visit the nominated individual advised us that they had completed the required works. Water temperatures had been checked regularly and the majority of small portable electrical items had been tested. The provider agreed to follow up on this to ensure that items not checked due to access issues where now tested.

We spoke to visiting professionals who told us that safeguarding referrals regarding the care provided to people with pressure wounds at the home had been made. This is being looked into by the local authority. We discussed this with an external senior health care professional prior to the second day of our inspection who told us that the care and record keeping with regard to pressure area care provided at the home had

improved since the safeguarding referrals had been made.

A policy was in place to advise staff on how to identify and report safeguarding concerns. Staff told us that they would not hesitate to report any concerns that they had. The manager knew how to report safeguarding concerns that arose and told us about referrals that had been made. It was not easy to track safeguarding referrals that had been made alongside the outcomes as records were not always clear. People living at the home and their relatives told us that they thought Riversdale was a safe place to live. One person told us, "I have peace of mind as far as safety is concerned."

People told us that they had received their medication on time. One relative explained, "Medication is all taken care of," they told us that this reassured them.

We checked a sample of medication stocks including medication prescribed in variable doses, controlled drugs and longer term medications against the medication Administration Records (MARs). We found that these tallied which indicated that people had received their medications as prescribed. Medication was securely stored in a locked room with appropriate lockable cupboards and a lockable trolley. A fridge was available to store medications requiring lower temperatures and we saw that this had been used appropriately.

Records for prescribed creams and dressings were not always clear or immediately available. In discussion with staff it appeared that people had received these as required however it took some time to locate the correct MAR sheets or records. This could impact on people receiving their prescribed treatment.

One of the people living at Riversdale told us, "There's plenty of staff walking around." A relative agreed with this telling us there was, "Absolutely enough staff." During the two days of our inspection we saw that there were sufficient staff available to provide people with the support they needed.

Recruitment files contained evidence that prior to commencing work at the home a series of checks had been carried out on new staff. This included obtaining references and a Disclosure and Barring Service (DBS) check. These help to check that staff are suitable to work with adults. at risk of abuse or neglect. The provider did tell us that they had problems recruiting registered nurses but that two new registered nurses were due to commence working in the home.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be 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 and found that they were not.

We looked at a file which contained DoLS applications made by the home for people living there. This was disorganised and difficult to follow. For example we saw that a letter had been received from the Local Authority in 2016 stating that six DoLS applications had been rejected. We could not establish who these applications referred to. The applications had not been re-submitted by the home. We discussed this with the manager and nominated individual who told us that they were in the process of re-applying for DoLS via a new system introduced by the local authority. They also explained that they assessed people to see if they needed a DoLS if they thought this may be necessary. There was no systematic method used to ensure that each person who required the protection of a DoLS had been assessed and an application submitted to the local authority, along with tracking the outcomes. This meant that some people were being deprived of their liberty without the proper authorisation to do so?

These are breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Concerns had been raised with us regarding the care provided to people with pressure sores or who were at risk of developing a pressure wound. We spoke with three health professionals involved in people's wound care and they explained that this appeared to be a record keeping concern. They said that in their opinion standards of care had slipped in the home in past months partly they thought due to a lack of regular registered nurses and information not being effectively communicated within the home. However they also told us that this was improving. We looked at records for wound care and found these difficult to locate or follow. It was not easy to find what treatment people required or had been given. For example one person's up to date wound care plan and medication records could not be located for some time on the first day of the inspection. A second person's records stated on the same day that the person had no need for dressings and later stated a dressing had been applied. Five days later their records stated the person's wound had healed then stated 'dressings to be applied until skin fully healed.' The lack of clarity within people's records meant that they are at trick of not receiving the treatment they require.

We spoke to one person who appeared to have a health issue with their fingernails. No information about this was recorded within their care plan. We asked the nominated individual about this and they said that they would ensure it was looked into.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A health professional told us that they had visited the home recently and were now satisfied with the wound care being provided.

We saw that some assessments of people's capacity to make decisions had been carried out. However it was not clear within people's records why it had or had not been decided that people required the protection of a DoLS. We spoke with the manager and nominated individual about this and on the second day of inspection we saw that a number of applications for DoLS had been made to the local authority and senior staff were working through assessments for other people.

Care files did evidence that people's capacity to make decisions in their life had been assessed and considered. We saw that where a person lacked capacity a 'best interest' meeting had been held on their behalf. We also saw that people had been asked if they agreed to a number of things within the home for example consenting to the use of bedrails or having their photograph taken. One person's file had been updated with a note to state they had signed and agreed to this before they lost the capacity to do so. This was good practice as it showed the person's decision making ability was regularly considered and their previously known views taken into account.

Care records showed that where people required referral had been made to outside health professionals such as people's chiropodist, GP, practice nurses and tissue viability nurses.

Adaptations were available throughout the home to support people with their mobility and personal care. These included hand rails, grab rails in bathrooms and toilets, an adapted shower and passenger lift.

Staff told us that they had good access to training and were able to discuss what they had learnt from recent training sessions. They told us that the nominated individual was supportive of training and helped them to advance in their career. They also said that they had regular staff meetings and supervision from senior staff and felt supported in their role.

We looked at the training records and found them difficult to follow. However we did see that staff received regular training and updates in accordance with the requirements of their job role. We saw that care staff were completing the care certificate. We had some concerns over the practical moving and handling training as this was not carried out by a person qualified to do so. We raised our concerns with the provider and asked them to consider this issue.

We saw that nurse's competencies were checked and that agency staff profiles were sourced to ensure that staff had the skills needed to work in the home.

We looked at staff support and supervision documentation and saw that this was provided but appeared to be inconsistent across the staff team. It was difficult to determine what support staff had received as the records were not stored in one place.

Riversdale provides a 'transfer to assess service' for up to three people at a time. This service is for people

who have recently come out of hospital, .They can stay at the home for a period of approximately six weeks to be rehabilitated and during this time their future care needs are assessed. The local authority told us this scheme was run efficiently by the provider and described it as, 'Extremely well run, very flexible and impeccably organised.'

We looked at people's dining experience at the home. On both days of the inspection we saw that the dining tables were laid out invitingly with tablecloths, condiments and matching crockery. We observed part of the lunch time meal, food looked appetising and people were offered a choice of meal. We saw that people appeared to enjoy their food and a relative told us, "He eats everything, it's varied, looks tasty." Mealtimes were pleasant, sociable and unrushed occasions that people appeared to enjoy.

The cook knew who had a special or different diet and catered for this. For example two people were vegetarians and we saw that suitable food had been People who required support to eat received unrushed support with their meals and had access to adaptations to their crockery if they needed it. Throughout the inspection we saw that people were regularly offered drinks.

Records were in place for people who needed their food and drink intake and output monitored.
During the inspection we saw that the opportunity to undertake training in the Malnutrition Universal Screening Tool was offered to staff at the home and the manager arranged for this to be delivered.

Good

Is the service caring?

Our findings

The office at Riversdale had been moved to a room that opened into the dining area on one side and the corridor on the other. This room was very hot and the door to the corridor was often open. This means that people walking past may be able to overhear confidential information. We saw a visiting professional sat in the lounge talking about one person's care with staff. We also overheard a nurse sat in the communal area working on people's files and making phone calls. This meant that people's private information could be overheard. We discussed this with the nominated individual who told us they intended to return to the previous office as soon as possible and said that they would ensure any communication about people living in the home took place in a private area in future.

People living at Riversdale were positive about living there and the staff who supported them. Comments we received from people included, "I really enjoy it"; "Staff are lovely. They do a lot for me" and "It's very nice here, caring."

Relatives confirmed this telling us, "They have been lovely with him" and "Staff are lovely, super. Exceptional emotional support." They told us that staff provided support to relatives as well as the people living there. One relative commented, "They look after relatives too." A second relative said, "They're pleasant, caring, very good emotional support as well as physical." A relative told us that recently one of their parents had been ill and staff of different roles took time to sit with their other parent, often after their shift had ended to provide comfort and support.

A visiting health professional expressed the opinion, "They do care, very much."

During our inspection we saw that staff spent time interacting with people and chatting with them as well as meeting their care needs. When we asked staff to tell us about the people they supported they started by telling us about the things the person liked and did not like and their life before living in the home. This showed is that staff took a person centred approach to supporting people.

People's visitors were welcomed at the home at any time. We saw a number of people visited throughout the day and people were able to see their visitors in their bedroom or communal areas as they preferred. It was evident that visitors felt welcome at the home and comfortable visiting. One relative told us that staff would phone them from their mum's bedroom so they could have a chat with their mum.

There was a busy welcoming atmosphere in lounge areas and we saw that people were engaged in conversations with staff as well as with each other. This added to a comfortable relaxed atmosphere within the home.

People were supported to be as independent as possible for example by the use of adapted crockery. When staff supported people to walk around the home they ensured they had their walking aids and took time to walk slowly with the person at their pace. One person who was staying at the home on a short term basis told us that staff had helped them regain their independent living skills and confidence.

Requires Improvement

Is the service responsive?

Our findings

Individual care files and records were in place for all of the people living at Riversdale. Prior to people moving into the home an assessment of their care needs had been undertaken. These assessments provided sufficient information to write a care plan based on the person's initial needs. Care plans contained a series of assessments including risk of falls, nutrition, dependency levels and experience of pain that had been used to write a care plan.

However we found information relating to some people's care needs was difficult to locate or missing from the care plans. This included clear guidance regarding wound care and information about, mattress settings and some health concerns. Staff sometimes knew this information and could either locate it or verbally tell us about it. However there is a risk that a lack of clear records can lead to people not getting the care they require. The nominated individual acknowledged this and on the second day of inspection had commenced work on updating care files.

No complaints had been recorded at the home within the past year. We saw minutes of a meeting that took place in September 2017 that referred to an anonymous complaint being received however no record of this could be located and neither the nominated individual nor manager could provide further information. Information on how to raise a complaint was made available to people via a service user guide located in people's bedroom.

A relative of one of the people living at Riversdale told us they had found staff very responsive. They told us about a time when their relative had fallen out of bed and said the manager very quickly took action to reduce the risk.

The local authority told us that the transfer to assess service for people leaving hospital was very well run and that the provider was flexible in meeting the needs of people using this service. We spoke with two people who used this service and they told us that their needs were being met by the home and that staff had been responsive in supporting them to rehabilitate as much as possible.

We also looked into the care of one person who lived at the home. We found that the manager had recognised they could not meet the person's needs fully and had liaised with the local authority on the person's behalf. They had arranged with the local authority for extra staffing for the person and had advocated for a more appropriate long term home for the person to be found.

Nobody living at Riversdale was receiving end of life care at the time of our visit. The manager had undertaken training in a nationally recognised 'six steps' programme for supporting people who were receiving end of life care and we saw that training in this area had been arranged for staff. We also spoke to a relative who told us that staff at the home had delivered compassionate care to one of their relatives at this time.

We were told that a member of staff undertook activities with people during the afternoon. However they

were not present on either day of our inspection. We did see the manager spend a short amount of time with people engaging in a brief exercise session. Other than that we saw no formal activities or occupation taking place although we did see people enjoying chatting to each other and members of staff. A hairdresser visits the home regularly and people receive support to access communion if required.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to ensure the quality of the service provided at Riversdale Nursing Home, however these had not been effective. We were given a quality assurance file which showed a check had been carried out on one care file every three months. We asked the nominated individual about this and they told us that five files every three months were quality assured, we were not provided with evidence of these quality checks. This would amount to 20 files per year and would be less than the number of people living at the home. Three monthly audits of medication had been undertaken as had checks of the kitchen, staff records and cleaning. No actions had been highlighted following any of these checks and no action plan was in place.

Quality assurance systems had failed to highlight the issues identified during the inspection, including a lack of a clear system for applying for Deprivation of Liberty Safeguards, a lack of clear record keeping regarding would care, inconsistent records regarding staff supervision and staff training and concerns raised by health professionals about a lack of communication within the home. Complaints records did not reflect information held elsewhere at the home.

We looked at the training records and found that these were in disarray and not all stored in the same place. We were told that individual training and supervision records were in individual's files. This made it difficult to establish across the staff team who had undertaken training and who was up to date with their supervisions.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Riversdale Nursing Home has not had a registered manager since 2012. The manager of the home was not registered with the CQC as is a requirement of law. We are looking into this issue separately from this inspection. The appointed manager has worked at the home for some time and knew people well.

We asked the manager and nominated individual who took responsibility for writing nursing care plans and overseeing nursing care as the appointed manager was not a registered nurse. On the first day of the inspection the answer to this was unclear, on the second day of the inspection the nominated individual told us that they had a named nurse who oversaw nursing care plans and carried out nursing assessments.

A visiting health professional told that they had concerns about communication within the home, and that a lack of communication regarding information they had provided may have impacted on people's care. They also said that at times the manager appeared defensive. They commented that this was slowly improving with action had been taken to communicate information within the home better and the manager being receptive to suggested training for staff.

Both the nominated individual and manager acknowledged that standards at the home required improvement and on the second day of the inspection we saw that actions had commenced to improve the service provided. External health professionals told us that they had observed standards of communication, recording and communication slowly improving in recent weeks.

We asked the manager if meetings were held with people living there or relatives to ascertain their views. She told us that they were not as the home operates an 'open door policy.' We did see visitors comment forms from September 2017, whilst one contained positive comments another contained a number of negative comments. We asked how these had been addressed and were told they had not been as the form was anonymous so no action was taken.

Throughout the inspection we saw that people living at the home and their relatives knew the manager and nominated individual well and felt comfortable approaching them. We also found that both the manager and nominated individual knew people well and were able to explain their care needs. A relative described the manager as, "very caring." Staff also said they had found the management of the home supportive of them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider must ensure that care and treatment of service users is provided with the consent of the relevant person. 11(1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider must ensure systems are established and operated effectively to assess and monitor and improve the quality and safety of the service provided. Assess, monitor and mitigate risks to the health, safety and welfare of service users and maintain an accurate, complete and contemporaneous record in respect of each service user. 17 (1) (2) (a)(b)(c)