Riversway Care Limited

Riversway Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Riversway Nursing Home is a care home that provides personal and nursing care for up to 69 older people. The service is provided in accommodation over two floors. At the time of the inspection, 66 people were living in the home.

What life is like for people using this service:
People who used the service and relatives spoke positively and told us they felt safe in the home.

Medicines were safely managed, and people received their medicines when they needed them.

Quality assurance risks systems identified shortfalls and actions plans were in place to mitigate risks and make improvements.

Staff had received sufficient training to carry out their roles. Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were supported to access health care services and regular visits were undertaken by their GP.

People's dietary needs were assessed, and people were offered choices at mealtimes. People received the support they needed with food and fluids.

People and relatives were asked for feedback and knew how to complain.

People received care that was kind and respectful. Care plans were detailed and reviewed each month.

The service met the characteristics of Good in the key questions Safe, Effective, Caring, Responsive and Well-led. Therefore, our overall rating for the service after this inspection has remained Good.

More information is in detailed findings below.

Rating at last inspection:
Good (report published in June 2017).

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:
We will monitor information received about the service to inform the assessment of the risk profile of the

service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Riversway Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:
Riversway Nursing Home is a care home that provides personal and nursing care to older people. Some people were living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting.

What we did:
Before the inspection we reviewed information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with ten people who lived in the home, briefly with others, and eight relatives. We observed how people were being cared for. We spoke with the registered manager and ten staff

that included the admiral nurse (a specialist dementia care nurse), registered nurses, maintenance, catering, activities, housekeeping and care staff.

We reviewed a range of records that included four care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

We received feedback from one health care professional and obtained their views about the service. Their views have been incorporated into the report.

Good

Is the service safe?

Our findings

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

At the last inspection in April 2017, this key question was rated Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe, with comments including, "I feel safe here. I am not frightened," and, "He is more safe here than he was at home. We are really grateful to them. We came on a recommendation from a colleague plus they have an admiral care nurse."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance about safeguarding and whistleblowing, with external contact details was readily available. A member of staff told us, "I've had training and know what to do. We have folders with all the guidance we need in them."

Using medicines safely

- People received their medicines safely and when they needed them.
- Medicines were safely obtained, stored, administered and disposed of. Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Staff followed best practice guidelines for administering medicines and they interacted positively with people. They explained what the medication was for and why it was needed. Some people were prescribed medicines to be taken 'as required,' for example, for pain relief. However, the records were not always detailed. They did not all describe the types of pain people experienced or how effective the pain relief had been. Actions were taken before the end of the inspection to make sure this was recorded going forward.
- Electronic medication administration records (MARs) were used. A registered nurse told us the system helped to reduce errors and 'flagged red' if a medicine had not been given at the time it was due. They told us this was particularly important for people, for example, with Parkinson's, for whom medicine administrations were time critical.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, mobility, malnutrition and dehydration.
- Risk management plans set out the actions needed to mitigate the risks identified. For example, for people at risk of skin damage, pressure relief mattresses were provided, and people were supported to change position on a regular basis.
- Overall, the premises were safely maintained, in that regular checks were completed that included electrical, gas, fire, legionella control and safety.
- However, there were two portable hot surface temperature radiators in communal areas. Whilst they were not in use at the time of our inspection, the risk of people burning themselves if they were switched on, had

not been considered. The registered manager told us these were not used and would be removed. Also, for a person who smoked cigarettes, a risk assessment had not been completed to ensure the health and safety risks had been fully considered. This was completed on the day of our inspection.

● Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. Equipment, such as hoists were regularly checked by external contractors.

Staffing and recruitment

● People and their relatives told us there were usually sufficient staff to provide the care and support needed. We checked the dependency tool that was used to support the calculation of staff required. On most occasions, the required staffing was achieved. When there were known shortages, agency staff were employed.

● People and relatives commented that calls bells were not always promptly answered. We noted that all calls from people sounded throughout the whole building, rather than just on the actual floor where the person was calling. The registered manager told us the current system was outdated. Options for replacement were being considered.

● Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.

Preventing and controlling infection

● Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.

● The home was clean and well maintained. Cleaning schedules and records were maintained.

Learning lessons when things go wrong

● There was a clear procedure in place for reporting and recording accidents and incidents.

● Systems were in place to analyse accidents and incidents and to identify trends to help prevent them from happening again. We discussed a recent incident that was being investigated by a senior member of staff. They told us they would report their findings to the registered manager and actions would be agreed if shortfalls were identified.

Good

Is the service effective?

Our findings

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

At the last inspection in April 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they thought staff were trained and competent to deliver care they needed.
- Staff completed an induction when they were new in post and received training to make sure they had the skills needed to do their job.
- Refresher and update training was planned, and records were maintained. This included additional 'role specific' training. For example, registered nurses had undertaken catheterisation, venepuncture, syringe driver and immunisation training.
- Staff spoke positively about the supervision and support they received. In addition, some staff had additional roles, including 'hydration' and 'dementia' champions. One member of staff told us, "It's really good. I meet with our admiral nurse each month and we discuss ways we can better understand people's needs and make improvements in their care."
- The admiral nurse told us about their monthly 'professional practice' days, when they met with other admiral nurses to share best practice and discuss innovations in care. A survey of the effectiveness of this work had been completed. An external auditor who contributed to the survey noted, "They (staff) felt the fear of the unknown had been reduced and they now knew how to deal with, for example, behaviour that challenged, and how to de-escalate that behaviour. Staff told me they felt far more confident."

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

- Pre admission assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. However, we noted that assessments on admission were not always carried out promptly, so changes in health status were not immediately recognised. We brought this to the attention of the registered manager at the time.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of malnutrition or dehydration, food and fluid monitoring charts were used. We did note gaps on two of the charts we checked, where people's fluid intake had not always been recorded. We were assured that people had received the fluids they needed, and this was a recording oversight that would be rectified.
- Oral health care assessments were completed, and actions planned to support people's daily oral healthcare.

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

- People received a healthy and nutritious diet and were provided with support to eat and drink. People

were assessed for the risk of malnutrition and actions were taken when people's weight or nutritional needs changed. People were offered choices from a menu at mealtimes and alternatives were available. For example, one person chose to eat curry as their main meal each day.

● Feedback was mostly positive, with comments including, "I am happy with the choice. They are always bringing in new things," "If there is anything different she wants they will make it, such as mashed avocado or poached eggs. She is offered plenty of drinks throughout the day in her room," and, "Food is great here compared to where she was before There is fresh fruit available and cheese from their fridge." However, we also received comments that were not so positive, with the meals described as, "Boring," and, "Food is lovely sometimes and I thank them then, but not always, can be variable.

● The chef told us how they were made aware of people's likes, dislikes, needs and preferences when they moved into the home and updated when there were changes. They told us they also attended residents' meetings and feedback and suggestions were welcomed.

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

●The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, chiropodists, social workers and dieticians. On the day of the inspection, visiting optometrists told us they visited two or three time each year, offering people eye tests and checking spectacles. People also received regular visits from their GP.

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

● Riversway Nursing Home was well maintained, and there was an on-going programme of decoration, furniture replacement and maintenance. Plans were being developed to enhance the environment, specifically for those people living with dementia.

● People's bedrooms were personalised with people's own furniture, photos and other personal items.

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

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. We heard staff supporting people to make decisions and checking that people were in agreement to care interventions and proposed support. Throughout the visit we heard staff checking and asking people using phrases that included, "Are you ready?" "Can I help you?" and, "Would you like me to cut that up for you?"

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

● Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. Nine people currently had authorised DoLS in place and for a further 14 people applications had been submitted to the local authority for processing.

Good

Is the service caring?

Our findings

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

At the last inspection in April 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People had developed good relationships with the staff team. Staff demonstrated kindness and were patient with people. One person told us, "The girls come in and chat with me. I've got special names for them. They are kind and caring."
- People looked comfortable with staff and told us staff were attentive to their needs. Relatives also told us that staff treated people well. Comments included, "Staff are interactive and very calm. If gran is distressed, they are instantaneously helpful. Staff are kind and compassionate," and, "Staff are fantastic, caring and kind. They answer our questions and take our phone calls."
- During our inspection we saw staff showing acts of kindness and thoughtfulness. They often called out to people with a greeting as they passed by and made reassuring comments and gestures.
- A member of staff told us how they got to know people well and built 'bonds' with people. They said, "It's often things like getting to know just how someone likes their toast done, that makes such a difference".
- A health professional provided positive feedback that included "I am always impressed by the level of love shown towards the residents, some of whom are quite tricky".

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

- Where they were able, people made decisions about their day to day activities. Where they were not able to make such decisions, relatives were asked for their views, and these were recorded in people's care plans.
- The records provided details about people's preferences, for example, the time they liked to get up and go to bed, and how they expressed their views. For one person a communications book had been used, but was no longer successful and the person now communicated, successfully, with the use of gestures.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity, and their privacy was maintained. Staff took time to make sure people who needed them, had their spectacles on and hearing aids fitted. People had personal belongings that were important to them, such as handbags, with them when they were in communal areas.
- We saw staff knocking on people's doors before they entered. Staff told us how they made sure people's privacy and dignity was maintained with one member of staff commenting, "It's important for people to keep as much independence as possible. Even if they can't tell us what they would like to wear, we can show and offer a choice of clothes and most people will be able to choose. We can often tell by their reactions, if they can't say."

Good

Is the service responsive?

Our findings

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

At the last inspection in April 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were personalised and included details of people's individual care needs and preferences. For example, 'Likes a pillow lengthways behind his back and a pillow to rest his left arm,' and, 'Likes to go to bed at 7.30-8pm. Usually sleeps until 9am.'
- Staff attended handovers when shifts changed and were provided with updated information about people and their needs.
- Overall, people spoke positively about the range of activities offered. Some people told us they were offered the opportunity to join in activities on a regular basis but chose not to participate. Comments included, "I go sometimes. I like my TV. No, I don't feel lonely," and, "I like the church services. I'm friends with the ladies in the surrounding rooms and we look out for one another. We're a close community."
- During the inspection, we observed a sewing session. People were clearly enjoying the activity, whilst chatting with staff, and receiving words of support and encouragement.
- The weekly activity programme was displayed in communal areas. It included writing, symbols and photographs and was very clear and easy to read. The programme included evening activities such as 'fish and chip' evenings. Records were completed in 'lifestyle and well-being' reports, that confirmed the activities people had participated in.
- The activity manager told us, "Everything is running well at the moment, you never reach the end, there is always something to do." They told us about the group activities and the one to one activities they offered to people who stayed in their rooms. They also received support from volunteers who helped with gardening, school children visits, students undertaking health and social care courses and the therapy dog visits.

Meeting people's communication needs

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

- Communication requirements were discussed during the initial assessment when people first moved in to the home, and when their condition changed. This included how to communicate with people with sensory loss, such as visual or hearing loss. In addition, the admiral nurse provided training for staff to help their understanding of what people with a dementia may be trying to communicate through their behaviour, when they had reduced verbal ability.

End of life care and support

- Staff received training and told us felt confident to provide the end of life care people needed.
- We read extracts from letters and cards from relatives thanking the registered manager and staff for the

support their loved one had received. These included, "Thank you for all the love, care and kindness you gave to our loved one in his last stage of life. We know that he felt happy and safe in your care and the compassion, dignity and warmth given right up until the end is a great comfort to us all at this time," and, "To everyone at Riversway. So much to be thankful for, so many to thank. Each one of you is a hero. I am so grateful to everyone that cared for mum over the past few years and enabled us to spend precious time together".

Improving care quality in response to complaints or concerns

● The complaints procedure was displayed and readily available. Everyone we spoke with told us they would feel comfortable raising issues or complaints if they needed to.

● We looked at complaints received during the last 12 months. The records confirmed the actions taken, the people/staff involved in investigations, the findings, conclusion and action plan. Written responses were provided. Two complaints had been received about call bell response times. A relative told us they were aware the system was due to be renewed, but they had not been given a timescale for completion.

Good

Is the service well-led?

Our findings

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

At the last inspection in April 2017, this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and working in partnership with others

- Systems were in place to monitor and evaluate the quality of the service provided. Audits were undertaken and completed on a weekly and monthly basis. These included care records and medicines management and health and safety. Action plans were developed where areas for improvement were identified.
- The admiral nurse had trained and developed dementia champions to ensure staff had enhanced skills to provide specialist support to people living with dementia. They had also worked with researchers from the University of Bristol looking at topics that included compassion at end of life, relationships between paramedics and care homes and working with people with high levels of need.
- A health professional told us they worked well with the service and, "We have introduced a falls protocol which is working excellently."
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- We received positive feedback about the registered manager and the management of the home. Comments included, "I am very impressed with [name of manager and admiral nurse]. I am so happy with how well they understand and the empathy they have," "[name of manager) is very good, she reacts well to problems. She changed my Mums room within the hour when it wasn't suitable for her," and, "We have nothing but good to say about her."
- Staff were aware of the providers mission, values and vision, which were also clearly displayed in the home.
- Riversway Nursing Home's last CQC inspection report and rating were easy to access on the provider's website and a paper copy of the report was clearly displayed in the entrance reception of the home. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were completed for people using the service and for staff. Action plans were agreed where improvements or changes were needed.
- The provider had achieved the Investors in People (IIP) platinum standard. IIP is a standard for people

management, offering accreditation to organisations that adhere to the Investors in People Standard. The IIP platinum accreditation is the highest level that can be achieved.

● Staff meetings were held on a regular basis and staff felt confident their views would be listened to and acted upon. Minutes were taken, and actions agreed.