

Rivington Park Care Home Limited

Rivington Park Care Home

Inspection report

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Date of inspection visit: 24 & 25 June 2015

Date of publication: 05/08/2015

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?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

The inspection was carried out on 24 and 25 June 2015. 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 24 people accommodated at the service.

The accommodation is provided over two floors, accessed by a passenger lift and stairs. There is a lounge with dining area on both floors. There are three double bedrooms with en-suite facilities and 19 single bedrooms.

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.

At the previous inspection on 9 May 2013 we found the service provider was meeting the legal requirements.

At the time of the inspection, the registered manager was no longer in post. 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

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager therefore needed to apply for de-registration, in order to formally relinquish their legal responsibilities. A new manager had been appointed at the service and they had applied for registration with the Commission.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some environmental risks had not been identified and assessed. This meant appropriate action had not been taken to reduce the risks to people's well-being, safety and security. We found staff recruitment practices had not been properly carried out for the well-being and safety of people who used the service. People's concerns and complaints were not always properly managed and responded to. There was also a lack of effective systems to assess, monitor and improve the quality of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

We found the providers had not consistently reviewed and updated their publicity information and operational policies and procedures. We have therefore made a recommendation about reviewing and updating the service's written material.

There were some processes in place to manage and store medicines safely. However further safeguards were needed and the manager had already begun to make improvements. We have made a recommendation about the management of medicines.

People spoken with made positive comments about the staff team at Rivington Park, they said "I think the staff are kind and caring," "We have some fantastic staff here, they give me a hug and are proper nice and kind" and "They are like my family."

People had mixed views on the availability and numbers of staff on duty; however the manager took action to increase staffing levels during the course of the inspection. There was no formal process in place to assess staffing arrangements, to make sure there was always enough staff; the manager agreed to address this matter.

We found the care planning process was lacking in providing a person centred approach to care and treatment delivery. However there were clear plans in place to introduce a person centred approach within the service.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff confirmed they had received training on safeguarding and protection.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

Healthcare needs were monitored and responded to. We observed people being supported and cared for by staff with kindness and compassion. We saw people were treated with dignity and respect and people told us consideration was given to their privacy.

We found bedrooms did not have an appropriate door lock in place. Door locks are necessary to help ensure people's privacy and dignity is protected. We discussed this with the manager and were given assurances this matter would be resolved.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. Discussion meetings were held and people had opportunity to complete satisfaction surveys. People spoken with had an awareness of the service's complaints procedure and processes.

People made positive comments about the meals provided at the service and further improvements were being introduced. People's individual dietary needs, likes and dislikes were catered for. Various drinks were readily available and regularly offered.

We observed examples where staff involved people in routine decisions and consulted with them on their individual needs and preferences. Staff spoken with described how they involved people with making decisions and choices.

Summary of findings

Systems were in place to ensure all staff received regular training, supervision and support. Health care workers spoken with understood their role in providing people with effective care and support.

People were keeping in contact with families and friends. Visiting arrangements were flexible. Arrangements in place to provide activities and entertainment; however we found the programme of activities was being further researched and developed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Although people told us they felt safe and secure in the home, we found action had not been taken to reduce the risks to people's well-being, safety and security. We found robust recruitment procedure for new staff had not always been followed.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found there were adequate staff available. Staffing arrangements needed ongoing review, to ensure there are always sufficient on staff duty to respond to people's needs.

We found there were some safe processes in place to support people with their medicines. Some medicine management practices needed to improve and action was being taken to introduce safer systems.

Requires improvement



Is the service effective?

The service was effective.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People said the meals were good and they were appropriately supported with their dietary needs.

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

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

Good



Is the service caring?

The service was caring.

People made positive comments about the caring attitude and kindness of staff. During our visit we observed respectful and considerate interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible.

Staff expressed an awareness of people's individual needs, backgrounds and personalities.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Although some people were confident complaints would be appropriately dealt with, we found concerns and complaints were not always properly managed and responded to.

Arrangements were in place to find out about people's individual needs, abilities and preferences. Action was being taken to promote a more personalised and responsive approach to care planning and delivery.

People had opportunities to take part in social activities. However, the provision of suitable activities was under review. People were supported to keep in contact with families and friends. Visiting arrangements were flexible.

Is the service well-led?

The service was not consistently well led.

We found there was a lack of effective systems in place to assess, monitor, direct and improve the quality of the service.

People made some positive comments about the management and leadership arrangements at the service. There was a manager in post who had applied for registration with the commission.

People indicated there was an open and friendly atmosphere at the service.

Some improvements were needed with sharing details of proposed changes and the service's vision and values.

The service's policies, procedures and written information needed to be reviewed and updated.

Requires improvement



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.

The inspection was carried out on 24 and 25 June 2015. The first day of the inspection was unannounced. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including statutory notifications received from the service and previous inspection reports. We also contacted the local authority's contract monitoring team.

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 four people who used the service, one relative and one friend. We talked with four health care assistants, the cook, a cleaner, the acting manager, deputy manager, administrator, activity coordinator and a nurse.

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, three staff recruitment records, medicines records, satisfaction surveys, complaints records and audits. We also looked at a range of policies and procedures, and information about the services and accommodation provided.

Is the service safe?

Our findings

People using the service did not express any concerns about their safety, security and wellbeing. They made the following comments: “I feel safe and comfortable here,” “I feel safe here and nice and relaxed,” and “I feel safe here, I've no reason to feel unsafe.” A visitor told us, “I feel happy knowing that she is safe in here.”

We looked at how the recruitment procedures protected people who used the service. We found processes were in place to check the nurses had appropriate qualifications and a current registration. We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form and attending face to face interviews. Some of the required checks had been completed before staff worked at the services and these were recorded. The checks included an identification check and the obtaining of written references from previous employers, as well as a DBS (Disclosure and Barring Service) check. 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.

However, we found full employment histories had not been obtained and gaps in employment had not been pursued and clarified. There were no records available to show information about the applicants' physical or mental health conditions had been sought and reviewed. There was also a lack of satisfactory documentary evidence of relevant qualifications. There were no copies of certificates to verify applicants had obtained the declared NVQ (National Vocational Qualifications). There were no records to demonstrate these matters had been pursued and clarified with the applicant. Records of interview discussions were brief and lacking in information to show how applicant's responses had confirmed their suitability.

This meant the registered provider had not operated robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. People using the service told us, “It's kept very clean, they keep my room clean.” We were made aware of several

areas which had been improved, including the nurses' station and treatment room. The manager also explained plans were in place to extend the laundry and improve staff facilities. However, we looked around the premises and noted some matters required attention. None of the bedroom doors were fitted with suitable locks to promote security and privacy. Nurse call points in some bedrooms were not easily accessible to the occupants. We found there was no call point fitted adjacent to one shower and the call point in another shower room had been removed. One lounge was being used to store various items, including wheelchairs and free standing electric fans. One bathroom was in the process of being upgraded, however access to this room had not been restricted. There were no health and safety risk assessments available to show the premises and outside areas, had been assessed to identify and minimize risks to people's well-being, safety and security.

This meant the registered provider had not ensured the premises and equipment were suitable and safe for the intended purpose. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed arrangements were in place to check, maintain and service equipment, including, the passenger lift and nurse call systems. Regular checks were also made of the water quality and temperature and servicing was carried out on gas and electrical installations. We found fire safety risk assessments were in place. Regular fire drills and fire equipment tests were being carried out. Systems were in place to record and proactively respond to accidents and incidents. There were contingency procedures to be followed in the event of emergencies.

We looked at how risks to people's individual safety and well-being were assessed and managed.

We found individual risks had been assessed and recorded in people's care and treatment records. The assessments included, moving and handling, risk of falls and the use of bed rails. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. The assessments we looked at were different for each person and reflected risks associated with their specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found reviews and evaluations had been carried out on a regular basis. We noted the majority of beds were fitted with

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integrated bed rails, we therefore questioned if there was an over reliance on the use of this type of equipment. We found the manager had already commenced a review on this practice.

We looked at how the service managed staffing levels and the deployment of staff. People using the service told us: “I think there's enough staff,” “They can be short staffed when somebody rings in sick but they do get bank staff in” and “You don't have to wait for help, the staff always come quickly when I press my buzzer.” One relative commented, “Staff cover the basic needs of residents very well, but I don't think there's enough staff to do more than this,” another said, “I've had to look for staff when I've been here and they always seem to be busy.” During the course of the inspection, the manager identified the need for additional staff to respond more effectively to people's needs. Therefore action was taken to increase the numbers of on duty during the afternoon and evening period. We looked at the staff rotas which indicated systems were in place to maintain consistent staffing arrangements. The providers had produced guidelines around proposed staffing levels, however, there was no structured process in place to monitor and assess staffing levels, to ensure there were sufficient suitable staff to meet people's individual needs and to keep them safe. The manager agreed to pursue this matter.

Information we hold about the operation of Rivington Park indicates safeguarding matters are effectively managed and appropriately reported for the wellbeing and protection of people using the service. During our visit we found the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Health care workers spoken with had an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse and neglect. They told us what action they would take if they saw or suspected any abusive practice. They confirmed they had received training on safeguarding vulnerable adults. Training records showed staff had also received training on safeguarding children and young people, managing aggression and conflict resolution. We found there was information available at the service on local advocacy services. However, there were no information leaflets from the local authority or health authority on safeguarding and protection, which would help increase everyone's awareness on keeping people safe.

We reviewed the medicine management processes. People using the service told us, “If I'm in pain they bring me extra pain killers,” “Medicines are given at regular times,” “Staff tell me what my medicines are for and give me plenty of water with them” and “I get my medicine on time, I know what all my medicines are for.” A relative said, “Staff do give medications at the right times.”

The service had a process in place to assess, record and plan for people choosing to self-administer their own medicines. However, the service needed to develop their processes to ensure that each person's preference and ability to manage/ be involved with their medicines was routinely assessed, planned for and reviewed.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. We noted the printed labels on the MDS did not include a description of the medicines which would provide further safeguards in administering process. We found there were several unexplained gaps on the MAR (medicine administration records) which meant it was unclear if people had taken their medicines or not. Records were kept of the specific times some medicines were administered to help ensure appropriate timings were maintained, however this safeguard had not been consistently applied to each prescribed item.

Separate protocols had been drawn up for the administration of medicines prescribed “as necessary” and “variable dose” medicines. These are important to ensure staff are aware of the individual circumstances this type of medicine needs to be administered or offered. The protocols seen were brief and lacking in appropriate details. However the manager had already identified this matter as an area for improvement. We found plans were in place to address this matter and to provide a more person centred approach to supporting people with their medicines.

Staff had access to a range of medicines policies, procedures and guidance which were available for reference. Information leaflets were available for each prescribed item. We found the services' pharmacist had

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provided training on medicine processes within the last 12 months. This had included an assessment of their skills and competence. However, the manager had already identified this as an area for improvement. Plans were in place to ensure the competency assessments were more comprehensive and frequent. Training was also to be provided on the application of topical creams.

We discussed the findings of the medicines process with the manager. We noted an audit had been scheduled for

the day of the inspection. We looked at the record of the previous audit and found processes were in place to appropriately highlight and rectify any discrepancies. The manager explained the outcomes had also indicated a more comprehensive auditing tool was needed; therefore action had been taken in respect of this matter.

We recommend that the service consider current recognised guidance on medicines management and take action to update their practice accordingly.

Is the service effective?

Our findings

We looked at the way the service provided people with support with their healthcare needs. People who used the service commented, “If there is anything wrong with me they would get the nurse to check me out” and “I’ve seen my doctor fairly recently.” One person described circumstances whereby staff had appropriately monitored and responded to changes in their condition.

People’s healthcare needs were considered during the initial care planning process and as part of ongoing reviews. We noted assessments had been completed on people’s medical conditions. Records had been made of healthcare visits, including GPs, social workers, the mental health team, the chiropodist and the district nursing team. The manager had recently introduced an additional process to more effectively monitor and respond to people’s individual health and well-being needs. We noted plans were also in place to introduce further monitoring systems around wound care and dressings.

During the inspection we observed examples where staff involved people in routine decisions and consulted with them on their individual needs and preferences. Staff spoken with described how they involved people with decisions, including choice of clothing and how they spent their time. We noted people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of ‘home’, familiarity and ownership. We were told one person had recently chosen the colour scheme for their bedroom.

We also observed people being asked to give their consent to care and treatment by staff. Staff spoken with expressed an awareness of people’s ability to make decisions and choices. People’s capacity to make safe decisions and choices about their lives was considered within the care planning process. We found there were signed agreements relating to consent to care and treatment, along with other matters, such as photography, use of bed rails and consent around medicines. The manager was unsure of the consent and contractual agreements for people occupying shared rooms and therefore was to pursue this matter with the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. The manager confirmed the applications included the use of bed rails, as appropriate. Staff spoken with had an understanding of the MCA 2005. Records and discussion showed arrangements had been made for staff to access training on the MCA 2005 and DoLS.

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: “The food is plain and well cooked, I like it,” “The food is alright,” “I like all the food here” and “The food is lovely here and we get plenty to eat and drink.” We found people were offered a choice of meals, they said: “Staff do ask what I like and don’t like, I didn’t want chicken today so they made me egg and chips” and “They do try to vary the food, sometimes I get a choice.”

We spoke with the cook on duty who explained the arrangements in place for ordering provisions, offering choices, providing nutritionally balanced meals and catering for specific diets. We looked at the recently revised menus, which had been devised to include people’s known preferences and provided more scope for choices at each mealtime. A list of additional alternatives had also been produced for people to select from.

Processes were in place to assess and monitor people’s nutritional and hydration needs. The care records we looked at showed people’s food likes and dislikes had been sought and their dietary needs considered. Nutritional screening assessments had been carried out, including any conditions which may influence their food and fluid intake, with any support needed noted in people’s care plan. 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 and dieticians were liaised with as necessary.

We observed the meals service at lunch time. We noted people were sensitively served, supported and encouraged

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with their meals and drinks. The meals served looked appealing and plentiful. The manager told us of the action taken to review and improve the catering arrangements and there were action plans for further developments.

We looked at how the service trained and supported their staff. One person using the service told us, "I'm confident of the staff's abilities to care for me." All new staff completed an initial 'in-house' induction; they then began introductory training in care to a nationally recognised standard (The Care Certificate). There were systems in place to ensure all staff received regular training as part of a training framework. The key areas covered included: fire safety, infection prevention and control, manual handling, health and safety and food safety. Additional training modules included, dementia awareness and end of life care. Records showed, person centred care and record

keeping had been identified as future topics for training. Staff spoken with told us about the training they had received and confirmed there was an ongoing training and development programme at the service. We looked at training records which confirmed this approach. The service supported staff as appropriate, to attain recognised qualifications in health and social care.

Staff spoken with said they had previously received regular one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule appointments for future supervision meetings. Systems were in place to provide staff with an annual appraisal of their work performance.

Is the service caring?

Our findings

People spoken with indicated they were treated with kindness and compassion. They made the following comments: "I think the staff are kind and caring," "They couldn't do more for me than they do," "We have some fantastic staff here, they give me a hug and are proper nice and kind" and "They are like my family."

People said their privacy and dignity were respected. People told us, "They do treat me with dignity and respect," "They shut the door for privacy when I need it and open it when I ask," "Staff close doors when getting me dressed and always knock on my door before coming in." A relative said, "Staff speak kindly to her and respect her dignity." We saw people being assisted considerately and noted they were politely reassured by staff. At lunch time we observed health care workers were kind and patient, when assisting people with their meals.

We observed people spending time in the privacy of their own rooms and in different areas of the home. However, we noted bedrooms did not have an appropriate door lock in place. Door locks are necessary to help ensure people's privacy and dignity is protected. We discussed this matter with the manager who acknowledged our concerns and we were given assurances this would be resolved.

Staff spoken with understood their role in providing people with care and support. There was a 'keyworker' and 'named nurse' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and treatment. Staff

were aware of people's individual needs, backgrounds and personalities. They gave examples of how they delivered care and promoted people's dignity and choices. One visitor told us, "Staff do seem to know my (relative) well."

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, "They encourage me to do things for myself when I can." People were encouraged to express their views and opinions as part of daily conversations. Some people expressed awareness of their care plans and we noted where possible, they had signed in agreement with them. The manager expressed clear intentions to more effectively involve people with the care planning and review process. Although people we spoke with didn't recall attending any meetings, we found a residents/relatives meeting had been held and the manager indicated further meetings were being planned. Discussion meetings are useful for helping to keep people informed of proposed events, offering people the opportunity to be consulted and make shared decisions.

There were notice boards in Rivington Park, which were regularly updated; they provided a range of information, including forthcoming events, activities held and notes from the last residents/relatives meeting. There was an album of staff photographs which included details of their names and roles. There was a guide/handbook for the service, a brief leaflet and an internet website, which provided information about the services and facilities available. We noted the guide/handbook was over 10 years old, however the manager told us this information was being revised.

Is the service responsive?

Our findings

We looked at the way the service managed and responded to concerns and complaints. We found information was available on making complaints. Comments from people spoken with included, "If I had a complaint I'd complain to the carers or the nurse and they'd do something about it," "If I was worried over something they would sit and talk to me. They don't let things pass over, they would do what they could to put things right, they don't let things slide."

However, relatives and visitors spoken with expressed some concerns around specific aspects of care delivery and continuity of care. They indicated they had mentioned the issues to staff, but no changes had been made. Mention was also made of a particular complaint being made to the manager which had not been responded to and dealt with. We looked at the service's processes for recording and responding to complaints and found there had not been any complaints or concerns logged for more than 12 months.

We discussed these individual matters with the manager, who gave us assurances appropriate action would be taken in response to the issues raised. Following the inspection we contacted the manager who confirmed that the necessary improvements had been made with records kept. However, we would have expected these matters to have been identified and acted upon without our intervention.

This meant the provider did not have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service assessed and planned for people's needs, choices and abilities.

The manager described the processes in place to assess people's needs and abilities before they used the service. During the inspection, the manager went out to meet and assess the needs of a person considering moving to the service. The assessment involved gathering information from the person and other sources, such as, families, social workers and relevant others. We noted the assessment had taken into account the person's needs, abilities and preferences.

We found each person had an individual care plan. We looked at three care plans and found they included risk assessments on the specific areas of need often associated with older people. They included some information around people's background histories, preferred routines, likes and dislikes. There were care and treatment plans in response to identified needs and preferences, with directions for staff to follow on meeting the needs. Processes were in place to monitor and respond to changes in people's needs and circumstances. We saw the care plans had been evaluated on a monthly basis or more frequently, in line with any changing needs. Records were kept of changes in people's conditions and the delivery of care, including any nursing interventions. Regular handover meetings were held to discuss monitor and review people's individual's needs and preferences.

We noted the care planning process didn't always reflect a person centred approach to care and treatment delivery. There were no specific assessments and care plans relating social, emotional and spiritual care. Night time needs and preferences had not been fully considered and planned for. People using the service and their relatives, expressed a mixed response of their knowledge and involvement with the care planning process. Healthcare workers also indicated they were not fully aware of the content of people's care plans, although they confirmed they could have access to them. However, it was apparent the manager had already identified this as an area for improvement. We found there were action plans in place to introduce a person centred approach within the service. A revised care plan format was in the process of being introduced and training in person centred care planning and care delivery had been scheduled for July 2015.

We found positive relationships were encouraged at the service. There were no restrictions placed on visiting; relatives and friends were made welcome at the service. One person told us, "Staff make my relative comfortable when she comes and offer her a drink." A relative commented, "I'm made welcome when I come here." We noted services conducted by churches in the local community were held at the home on a regular basis.

We found people had mixed views about the activities provided at Rivington Park. Some people expressed a satisfaction with the various activities and entertainment on offer, one person said, "I enjoy staff reading to me, I've played Bingo for the first time in my life, they have quizzes

Is the service responsive?

and I like to listen to my radio.” However, others indicated there could be more intellectual stimulation, outings, support to access the garden/patio area and time for staff to just sit and chat. We found the manager had recently implemented a review of the services’ activities and engagement programme. This had resulted in an increase in the hours of the activity coordinator and the provision of

further recreational opportunities. The manager told us ‘dementia friendly’ activities were being researched, and meaningful activities were to be more effectively included in the service’s person centred care planning. We saw the manager had recorded action plans in response to these proposed changes.

Is the service well-led?

Our findings

People spoken with made some positive comments about the management and leadership arrangements at the service. They said, “I know who the manager is, she's very approachable, I think she is a good leader and the staff seem to like her” and “She had a lot to do in the office at first, this last week or two she's come onto the shop floor more. ...and she's getting used to the residents now.” One relative told us, “I know who the manager is and feel confident to go and speak to her.”

We found a representative of the registered provider, had visited Rivington Park, however, there were no governance audits and reports available from senior management within the organisation. We were told of proposed improvements at the service including: upgrading a bathroom, extending the laundry and reducing the shared occupancy rooms. There were no time-scaled action plans to inform and direct these proposed changes. There was no business/development plan available to demonstrate an analysis and evaluation of the service. There were no structured arrangements in place to demonstrate the manager was being formally supervised and supported. This meant information was lacking in supporting an effective and accountable approach to monitoring, evaluating and strategic planning of the service.

The manager had carried out some audits on systems and practices. However, this inspection showed there was a lack of effective quality assurance and auditing processes at the service. We found several matters needing attention, for example, in relation to the environment, health and safety, staff recruitment and complaints processes. This meant the registered provider had not identified risks and introduced strategies, to minimise risks to make sure the service runs smoothly. During the inspection, the manager took action to resolve some of the issues raised. However, we would expect such matters to have been identified and addressed without our intervention.

This meant the provider did not have suitable systems or processes in place, to ensure the service is operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was run by a manager who had been in post since April 2015. The manager had applied for registration

with the Commission. However we noted the previous manager remained registered as they had not applied for de-registration, in order to formally relinquish their legal responsibilities. The registered manager, along with the provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. Following the inspection we were advised the registered manager had been contacted regarding the de-registration process.

The manager and deputy manager, expressed commitment to the ongoing improvement of the service. We found the manager had been effective in identifying and implementing several improvements at the service. We found regular audits were carried out on various systems and practices including: infection prevention and control, medicines management, housekeeping, equipment and accidents and incidents. The manager provided a monthly report on the service to the provider and senior management meetings were held. Information we hold about the service indicates the commission has been notified of any incidents in line with the current regulations.

People indicated there was an open and friendly atmosphere at the service. There were systems and processes in place to consult with people who used the service, relatives and staff. One person using the service told us, “Staff do ask me if I'm satisfied with my care and I am.” The manager said there was an ‘open door policy’ to promote ongoing communication, discussion and openness. People using the service and staff had opportunity to influence the service by participating in meetings. There was also a suggestion box in the entrance hallway. We found a survey had been carried out with people using the service and their relatives. We looked at the collated results and noted the majority of people had expressed their satisfaction with the service. We noted there were no structured arrangements to actively seek the views of other stakeholders, such as visiting professionals and commissioners on their views and experience of the service.

The service’s vision and philosophy of care was reflected within publicity material, policies and procedures and the statement of purpose. New employees were made aware of the aims and objectives of the service during their induction training. However, staff indicated they had not

Is the service well-led?

recently had opportunity to consider the service's vision and values. We also found the providers had not consistently reviewed and updated their publicity information and operational policies and procedures.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They considered the service was well organised and managed. There were clear lines of accountability and responsibility. If the registered manager or deputy was not present, there was always a senior member of staff on duty with designated responsibilities.

They described the new manager as supportive and approachable. Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. They were unsure who the area manager was, but they knew how to contact the head office should they need to.

We recommend the registered providers review and update their policies and procedures, to reflect current regulations and convey existing published good practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (2) (3) (a)). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had not ensured the premises and equipment were suitable, secure and safe for the intended purpose. (Regulation 15 (1) (b) (c) (d)). |

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The provider did not have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken.(Regulation 16 (1) (2)). |

| Regulated activity | Regulation |
|--------------------|--|
| | Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have suitable systems or processes in place, to ensure the service is operated effectively to ensure compliance with the regulations.(Regulation 17 (1) (a) (b)). |

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.