

Dentak Care and Services Limited

The Riverside Nursing Home

Inspection report

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Littleborough
Lancashire
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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 

Overall summary

The Riverside Nursing Home is registered to provide nursing and personal care for up to 25 older people. The home is situated in the centre of Littleborough close to shops and other amenities. This was an unannounced inspection which took place on 23 March 2015. This was the first inspection following the registration of a new owner on 26 September 2014. There were 21 people living in the service at the time of our inspection.

The home had a registered manager 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and the visitors we asked told us that The Riverside Nursing Home was a safe place to live. Staffing levels were sufficient to meet the needs of people who used the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

Summary of findings

We found that recruitment procedures were thorough so that people were protected from the employment of unsuitable staff.

We saw that medicines were managed safely and people were supported by registered nurses to take their medicines as prescribed.

Appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service.

Senior members of staff had also completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application to protect a person's best interests should be made and how to submit one.

All the people we asked told us the meals were good. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

We saw that an extensive programme of refurbishment and redecoration of the home was in progress. The written plan of the refurbishment compiled by the business manager stated that most of the work would be completed by the end of 2015. However, we recommend that the registered manager and provider look for a best practice solution to audit the ongoing environmental improvements and how and when they expect to

complete them. It would be good practice to record when improvements have been completed to show to the CQC and other organisations how they are meeting their targets. Plans for 2016 included further development of the premises and providing training for the staff team.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

We saw that care plans included information about people's personal preferences which enabled staff to provide care which was person centred and promoted people's dignity and independence.

Leisure activities were routinely organised within the home and in the local community. These included individual and group activities. People who used the service were accompanied people to the local shops, café and pub. Local clergy regularly visited the home and offered Holy Communion for people who wished to practice their faith in that way.

People who used the service and their representatives were given a copy of the complaints procedure. There had not been any complaints made to the CQC or local authority since the last inspection.

The registered manager was approachable and supportive and regularly sought the views of people who used the service and their representatives in order to identify areas for improvement.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided. Audits completed regularly covered all aspects of the service provided.

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 safe.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

Staffing levels were appropriate to meet the needs of people who used the service.

Arrangements were in place to ensure that medicines were managed safely.

Good



Is the service effective?

The service was effective.

Members of staff were supported to access training appropriate to their role including, nationally recognised vocational qualifications.

People who used the service told us the meals were good. At meal times members of staff chatted to people and offered appropriate help and encouragement.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring.

We saw that members of staff treated people with dignity and respect.

People who used the service told us they received all the care and support they needed.

Good



Is the service responsive?

The service was responsive.

People who used the service were given the opportunity to take part in activities organised at the home.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

A copy of the complaint's procedure was displayed near the front door. No complaints had been made to CQC since the last inspection.

Good



Is the service well-led?

Members of staff told us the manager was approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



The Riverside 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.

Our unannounced inspection at The Riverside Nursing Home took place on 23 March 2015. During the inspection we spoke with two people who used the service, three visitors, three care workers, the registered manager, the business manager, the provider and a visiting healthcare professional.

The inspection team consisted of two inspectors.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We did not request any further information from the provider prior to this inspection. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for 3 people who used the service and medicines administration records for four people. We also looked at the training and supervision records of 2 members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

All the people and visitors with whom we spoke told us that The Riverside Nursing Home was a safe place to live. One person said, "I feel safe. It's all locked up when we're in bed." Another person said, "It's very safe here."

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. The service had a good history of reporting any concerns. Staff had policies and procedures to report safeguarding issues and also used the local social services department's procedures to follow their protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. One care worker told us they would report any concerns to the manager and was confident that appropriate action would be taken.

Information we received from the local authority safeguarding team and Rochdale Healthwatch prior to this inspection stated they had no concerns about this service.

We noted in the plans of care risk assessments had been completed and reviewed for falls, dependency levels, moving and handling, nutrition and tissue viability. Any identified risk was highlighted and professional help such as from a dietician was sought to keep people safe. A personal evacuation plan had been developed for each person to help them safely leave the home in an emergency such as a fire.

Staff had been trained in moving and handling of people with mobility problems. Equipment such as hoists and slings were provided and maintained to protect people and staff from injury.

There was an infection control policy and the registered manager conducted regular inspections to check for cleanliness. We saw that from one audit more hand washing equipment was provided and staff were also taught good hand washing techniques. This would help staff to prevent the spread of bacteria. The service also had a copy of the current health authority infection control guidelines for care homes for staff to follow good practice. Staff were given a list to follow to clean bedrooms/communal areas and the registered manager audited that

this had been done. The laundry was sited away from any food preparation areas and the new owners had upgraded the equipment to an industrial standard to provide a better service.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. There was a contract for the disposal of contaminated waste and the correct bags to use for the safe handling of soiled laundry or waste. The fire system and procedures were checked regularly to make sure they were working.

We looked at three staff files during the inspection. We saw that a robust recruitment procedure had been followed. Before any person was employed at the home staff conducted checks. This included a criminal records check called a disclosure and barring check (DBS) which would also show if a person had been barred from working with vulnerable adults, two written references, an application form where any gaps in employment could be investigated and proof of address and identity. Prospective staff were then interviewed before management decided they were suitable to work at the home.

We saw that medicines were stored securely which reduced the risk of mishandling. Registered nurses were responsible for the management of medicines at the home. We looked at the medicines administration records of four people who used the service and found they included details of the receipt and administration of medicines. We saw that records of unwanted medicines disposed of correctly by a licensed waste carrier were kept. We saw that there were no unaccounted gaps or omissions in the records.

We saw that when people needed 'as required' medicines there were clear instructions for staff to follow.

The registered manager audited the medicines records and the competency of staff in order to ensure that medicines were managed safely.

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. We also saw that a care worker was always present in communal areas of the home to ensure that people who used the service were supervised and kept safe. The

Is the service safe?

manager explained that the home was fully staffed and staffing levels were determined according to the care needs of people who used the service. One visitor said, "There's plenty of staff."

Is the service effective?

Our findings

Discussion with people who used the service and their visitors confirmed that the care provided was effective. One person said, "I love it here."

All the people we asked told us the meals were good. One person said, "The meals are great, first class." Another person said, "The food is very pleasant." The meal served at lunch time looked wholesome and appetising. We saw that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people's needs and sat next to the people who required assistance to eat their meal. Care workers also chatted to people and offered appropriate encouragement when necessary. We also saw that hot and cold drinks and snacks were also available throughout the day.

Discussion with the cook confirmed that she was aware of people's individual preferences and any special diets such as diabetic. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people's individual preferences were catered for. The cook said that alternatives to the menu were always available if people wanted something else. Fresh fruit was also available in order to ensure that people received a varied and balanced diet.

We found that people's care records included an assessment of people's nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept.

The kitchen had achieved the 4 star good rating at their last environmental health visit which meant kitchen staff followed good practices.

Senior members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to

be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. We saw that applications had been made under the act and the applications and reviews were available for inspection in the plans of care. One of the 'best interest' decisions we saw was for a person who may not realise for safety reasons why 24 hour care was required. This had involved a multi-disciplinary team (a group of professionals involved in this person's care) and his sister to speak on his behalf. On another application we saw a person had been assisted by an independent mental capacity advisor (IMCA). The IMCA is an independent person who has been trained to act for a person to help protect their rights and make any decisions to have the least negative effect of people's lives. We saw the assessments had been completed in accordance with the principles of the Mental Capacity Act. Authorisations for DoLS were in place for ten people who used the service.

We looked at three plans of care during the inspection. Before people were admitted to the home staff met them and conducted an assessment. This was backed up with a social services or national health service assessment to make sure the person was suitable to be admitted to the home. The registered manager told us people were encouraged to visit prior to admission, meet other people who used the service and staff and view any bedrooms available. People were also supplied at this time with information about the home. One document called the service user guide told people what the service provided, such as staffing qualifications, facilities, services and other items like how to complain. The assessment process ensured the home could meet people's needs.

The plans of care we inspected showed people (or where appropriate a family member) had been involved in and had agreed to the care staff delivered. Plans contained information personal to each person and showed their choices had been recorded. People's past work, life and social history had been recorded to enable staff to treat each person as an individual. The plans of care were updated on a regular basis to keep staff up to date with any changes. The care plans were divided into sub headings to highlight a person's needs and what staff needed to do to provide people with a good outcome. The plans of care contained sufficient details for staff to deliver effective care.

Three members of staff told us about the training they had received. This included moving and handling, fire

Is the service effective?

prevention, dementia, safeguarding adults, first aid, food safety, health and safety, infection control, and nationally recognised vocational qualifications in health and social care.

New staff had to undertake an induction period. The induction was in a recognised format following the skills for health and care workers guidelines. They were shadowed until senior staff thought they had the skills and confidence to work on their own. The registered manager showed us records which confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

Members of staff also told us they had regular supervision meetings and an annual appraisal with the registered manager. The members of staff we asked said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home. This confirmed that members of staff were supported by the registered manager to provide effective care for people who used the service.

We saw in plans of care that people attended appointments with specialists, for example psychiatrists, specialist nurses, and mental health professionals as well as routine visits to the dentist, optician and podiatrist. Some of the professionals provided a service in the care home. Each person had their own GP and staff would make appointments for them. A regular visitor to the home was the community matron. This person told us that people who used the service had access to professionals to keep their health and social care needs up to date and follow any good advice.

We looked round the home and saw that a programme of refurbishment and redecoration was in progress. One visitor said, "The new furniture and flooring is a lot better." The written plan of the refurbishment compiled by the business manager stated that most of the work would be completed by the end of 2015. Plans for 2016 included further development of the premises and providing training for the staff team.

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. One person said, “The staff are lovely.” Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner. We found staff to be compassionate and caring. We also saw that staff knew people who used the service well and knew how to care for each individual.

The community matron who regularly visited the home said, “The staff are brilliant, they are caring and conscientious, the service users are really well looked after. All the staff are eager to learn and do everything I ask of them.”

The care workers we spoke with understood the importance of promoting people’s privacy and dignity. We saw that people who used the service were nicely dressed and looked smart. However, one visitor commented that their relative was wearing clothes that did not belong to them.

The plans of care we looked at contained information about people’s individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people’s dignity and independence.

We saw there was a lot of information located in areas where people or their visitors could read them. They included the menu’s, information on end of life care, how to access the local advocacy service, activities and many thank you cards for what the service had done. We looked at the cards and noted some of the comments which included, ‘Thanks for your caring staff and the kindness you showed to my mother’, ‘Thanks for the kind attention you showed my father and the caring attitude of staff’ and ‘Thanks for making my mother as comfortable as possible’.

We noted that visitors were welcomed into the home and offered refreshments. People who used the service could receive their visitors in communal areas or their own room.

Is the service responsive?

Our findings

From looking at information in the plans of care and talking to staff it was apparent that people were encouraged to remain independent for as long as they could. Members of staff were able to tell us how they supported people to make their own decisions, wherever possible, and offered choices for people to remain as independent as possible. This included how people dressed, what they ate and what times they got up and went to bed. Staff told us that although they may have to assist people they would try to let people have as much choice as possible to retain some independence. One visitor told us their relative was well looked after and said, "The staff are very friendly."

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Where possible people who used the service or their representatives were involved in these reviews.

The care plans we looked at included information about people's interests, hobbies and religious needs. During our inspection we observed that members of staff spent time individually with people who used the service. We saw that

staff were doing people's hair, manicures or chatting to people. Members of staff also told us that they read to people and accompanied people to the local shops, café and pub. Activities organised within the home included arts and crafts, reminiscence and games such as cards, snakes and ladders and dominoes. An outside entertainer sometimes visited the home.

Staff had undertaken equality and diversity training so should be aware of how to meet people's diverse needs.

Local clergy regularly visited the home and offered Holy Communion for people who wished to practice their faith in that way. We were told that the words of hymns and prayers had been printed in a different language for a person whose first language wasn't English.

There was a complaints procedure which was issued to each person and their families on admission to the home. There had not been any complaints made to the CQC or local authority since the last inspection. We looked at the policy and it told people how to complain, who to complain to and the times it would take for a response. The relatives of two people who used the service told us that would make a formal complaint if this became necessary.

Is the service well-led?

Our findings

The home had a registered manager 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 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 said she found that she got better results from sitting and talking to people and their families than by sending out surveys or by holding group meetings. We looked at the records taken from these discussions and comments included, "I am happy with the amount and quality of food. The place cannot be faulted for the care", "The staff are very good and residents are well cared for", "The food is very good. I like the pamper sessions", "I like going out. The food is lovely and I get plenty", "I have no concerns about the food. There is always plenty to eat. If I ask for anything I always get it" and "The care is very good."

Members of staff told us they liked working at the home, everyone was friendly and they all got on well together. Staff also told us the registered manager was approachable and supportive and said she was "Great."

The visiting Community Matron said, "It's like a real family, the manager holds this place together, she comes in at night if there's a problem and staff can always contact her."

The registered manager conducted regular audits of the care and facilities they provided. This included infection control, mattress condition, care plans, medication, hand

hygiene, hot water outlet checks and the cleaning systems. The new owners took over this service five months ago. The service needed a lot of work to bring the environment and some of the furnishings up to date. We have seen many improvements at this inspection. However, we recommend that the registered manager and provider look for a best practice solution to audit the ongoing environmental improvements and how and when they expect to complete them. It would be good practice to record when improvements have been completed to show to the CQC and other organisations how they are meeting their targets.

We looked at many policies and procedures including the management of accidents and incidents, infection control, medication management, the administration and storage of controlled drugs, health and safety, mental health and capacity, safeguarding - which also covered bullying and harassment and the management of violence and aggression. The policies were reviewed on a regular basis.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.

The registered manager told us that the new owner was approachable and supportive and had provided essential new equipment such as a hoist, washing machine and dryer. She also said the business manager helped the care workers when necessary.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.