

Rivington Park Care Home Limited

Rivington Park Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 03 and 08 January 2018. Rivington Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 23 people. At the time of the visit there were 21 people who received support with personal care and nursing care.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2017, we found people's medicines were not safely managed and the service was in breach of the related regulation. We also made a recommendation in relation to the systems for checking the quality of the service. Following that inspection the provider sent us an action plan detailing the improvements they would make in relation to the safe use of medicines.

During this inspection we reviewed actions the provider told us they had taken to gain compliance against the breach in regulations identified in January 2017. We also looked to see if improvements had been made in respect of the breach.

During this inspection we found breaches of Regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not sought authorisation to deprive people of their liberties to keep them safe. In addition, risks to receiving care had not been adequately managed and staff had not been adequately supported with supervision and ongoing training. The governance and quality assurance systems were not effective in identifying shortfalls and generating improvements to the quality of the service. You can see what action we told the registered provider to take at the back of the full version of the report.

This is the third consecutive time this service has been rated Requires Improvement.

Feedback from people and their relatives regarding the care quality was positive. Views of a professional we spoke with were also positive. People who lived at the home told us that they felt safe. There was mixed feedback about the staffing levels in the home. Visitors and people who lived at the home spoke highly of the registered manager and the care staff.

Some improvements had been made to the management of medicines. People told us they received their medicines as prescribed and staff had been trained in the safe management of medicines. However, we noted that further improvements were required to ensure people's medicines were robustly managed.

The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. However; there was a lack of understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered and where required some DoLS authorisations had been sought from the local authority. However, the systems for assessing and recording mental capacity assessments were not robust. The registered manager started to take action to address this.

Staff had received safeguarding training and knew how to report concerns to safeguarding professionals. Accident and incidents had been recorded; however improvements were required to demonstrate that people had been observed following incidents such as falls or unwitnessed falls. Recruitment checks were carried out to ensure suitable people were employed to work at the home.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review. However, risk assessments were not always available or reviewed when people required the use of bed rails and where a person had been put at risk through their own actions. The registered manager took immediate action to address this at the time of the inspection.

Risk associated with fire had been managed and fire prevention equipment serviced in line with related regulations. Risks of infection had been managed. The environment was clean and adaptations and decorations had been used to suit the needs of people living in the home.

Care plans were in place detailing how people wished to be supported. People and their relatives were involved in care planning. However, this was not consistent. We saw plans to improve this were in progress. People's independence was promoted.

The provider had sought people's opinions on the quality of care and treatment being provided. Relatives and resident's meetings and surveys had been undertaken to seek people's opinions and a suggestions' box was in place at the entrance.

We observed that regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided. We found people had access to healthcare professionals and their healthcare needs were met. Relevant health care advice had been sought so that people could receive the treatment and support they needed. Health and safety concerns were identified and rectified.

We observed people being encouraged to participate in activities of their choice. People were supported to continue to access their community to reduce social isolation. People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

Some of the staff had received induction and training including the national vocational qualifications such as NVQ1 and 2. However, there were some shortfalls in staff training in various areas. Nurses and care staff had not always received one to one supervision with their manager or have their competence checked.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. We received positive feedback from a visiting professional and relatives of people who lived at the home.

We saw evidence where the registered manager and staff had considered best practice.

The registered manager and registered provider used a variety of methods to assess and monitor the quality of care at Rivington Park Nursing Home. There were checks in various areas such as medicine, care plans, health and safety and catering. However, we found shortfalls in the systems and processes for monitoring and assessing quality in the home. Governance and management systems in the home were not robust and required improvements. Internal audit and quality assurance systems had not been effectively implemented to assess and improve the quality of the service and to proactively identify areas of improvement. There were policies and procedures in place. However, some of these had not been reviewed or followed to ensure compliance with regulations and continuous improvement of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place. However, these were not robust.

People's medicines were safely managed however some improvements were required.

Relatives felt their family members were safe. Feedback was positive.

Staff knew how to protect people from abuse and some had received safeguarding training. Risks of fire had been managed and equipment had been serviced regularly.

Requires Improvement ●

Is the service effective?

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were not fully protected in line with the MCA principles. Authorisations to deprive people of their liberties had not always been submitted where required. Records demonstrating consent and mental capacity were completed. However, records of best interest decisions were not completed.

Some staff had received training, induction. However, there were significant shortfalls in staff training and supervision.

The environment was adapted to meet the needs of people living at the home.

People's health needs were met and specialist professionals were involved appropriately.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke highly of care staff and felt they

Good ●

were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Is the service responsive?

The service was not consistently responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. However, they were not always accurate or reviewed regularly.

Information was provided in an accessible manner to people with sensory impairment.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Policies for assessing and monitoring the quality of the service were in place. However the systems and processes had not been fully established and were not robust to identify concerns relating to care and treatment.

There was a lack of clear and systematic approach to monitor the overall quality and safety of the service.

We found shortfalls relating to risk management, seeking consent and audit systems in the home. Governance systems in the service were not robust.

There was a registered manager in post and people gave positive feedback about the manager and the staff.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 03 and 08 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, who is the lead inspector for the service and an expert by experience, who had experience of caring for older adults and those living with dementia. We also had on the inspection a specialist professional advisor; who had expertise in the care of older people and general nursing for adults.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we reviewed the information we held about the service. This included safeguarding alerts and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care professionals who worked alongside the service. We also reviewed the information we held about the service and the provider.

We spoke with a range of people about the home including eight people who lived at the home, three visitors and five care staff. In addition, we also spoke with the activities co-coordinator, the chef, the deputy manager, registered manager, the administrator and the operations director.

We looked at the care records of seven people who lived at the home, training records and five recruitment records of staff members and records relating to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection of Rivington Park Care Home in January 2017, we found there was a failure to ensure that people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report on how they were going to improve the service in relation to the breach. The provider sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection, we reviewed the actions that the provider told us they had taken to gain compliance against the breach in regulation. We found necessary improvements had been made in order to meet the regulation in relation to medicines management. However, further improvements were required to ensure people's medicines were managed robustly. We found concerns in relation to the management of risks to receiving care such as the safe use of bedrails and their association with risks of falls.

We looked at how risks to people were assessed and whether their safety was monitored and managed so they can stay safe and their freedom respected. We found accidents and incidents had been recorded. Support had been sought from emergency services and health professionals where this was required. Accident and incidents had been analysed to identify patterns and trends. However, staff had not always recorded the support they had provided people after the incidents such as post falls observations. This was in the cases of unwitnessed falls. This meant staff had not demonstrated how they observed people for injuries after falls.

We found records which showed one person had suffered three unexplained injuries; this included skin tears during the provision of person care. Records showed further unwitnessed skin tears and injuries that had not been reported to the local safeguarding authority in line with the local safeguarding guidance. This lack of reporting meant people could not be assured the registered provider and the staff would raise safeguarding concerns to allow independent investigations by relevant authorities.

Risk assessments had been undertaken in key areas of people's care such as, falls, nutrition, skin integrity and moving and handling as well as behaviours that could pose a risk to self and others. However, we found instances where risks had not been adequately assessed and planned for.

For example, we found one person had fallen in the night after climbing over bedrails. Although care staff had ensured this person received medical attention, we found there was no record of a risk assessment to demonstrate how the risk would be managed or reduced in the future. The bedrails had continued to be used by staff at the home for this person. There was no review and update in their care plan to demonstrate the change in risk and any changes to the measures that were required to minimise the risks to this person's personal safety. This meant that the provider had not adequately acted on the identified risk. We shared our findings with the registered manager and the operations director for the service. They completed a risk assessment during the inspection and informed us they would consider an alternative bed for the person to reduce the risk of using bedrails.

There were failings in the assessment of the risks to the health and safety of service users and measures to mitigate any such risks were not robust. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home told us they felt safe living at Rivington Park Care Home and with the way staff supported them. Comments from people who lived at the home included, "The carers, they're absolutely brilliant. I'm dependent on them and I'm not frightened of anything. I feel secure.", "The people are very nice, they look after you with care" Comments from relatives included, "[my relative had a few falls, so they put in a pressure mat and pressure cushion the chair which is alarmed." And, "The care [my relative] gets, they seem to look after her. They're very careful when they give her assistance."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults. We saw evidence which demonstrated how staff had acted when they had witnessed unprofessional behaviour from their fellow colleagues. We also saw evidence of disciplinary procedures in place at the service and how this had been used to protect people from abuse and ill treatment.

We found lessons had been learnt from previous safeguarding incidents. For example lessons had been learnt to ensure that where people were monitored using sensor mats, care plans were in place for these. However, further improvements were required to ensure all recommendations made by professionals were implemented to demonstrate lessons were learnt. For example we saw a recommendation had been made by the local safeguarding social worker. They recommended staff to ensure that where a fall had been recorded in the falls audit, staff should record what actions they had taken to reduce risks of reoccurrences. Our findings showed that this was not always happening.

We looked at the arrangements in place for managing people's medicines. Concerns about medicines identified at our previous inspections of January 2017 meant that the home was in breach of regulation 12, the proper and safe management of medicines. During this inspection in January 2018, we found necessary improvements had been made which demonstrated that medicines were handled safely. People and their relatives were satisfied with the way medicines were managed. Staff designated to administer medicines had completed a safe handling of medicines training. However, they had not been competence tested. This meant that the provider had not checked if staff had achieved the right level of competence to manage medicines safely following their training.

We observed staff administering medicines during the inspection. They were kind and patient with all of the people they administered medicines to. The staff took time to explain to the people what the medicines were for and waited whilst they took them. They administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. We saw people's ability to self-manage their medicines had been considered and secure lockable units had been provided if people wished to store and manage their own medicines.

Medicines such as pain patches and topical cream charts were safely managed. These included body maps. The registered manager was working collaboratively with the chemist to improve the processes for ordering medicines. There were errors that had occurred due to the current arrangements however, this was attributed to arrangements with the chemist and not entirely on the provider and their staff. The registered manager was making efforts to resolve this with the chemist.

Records were kept for medicines that were awaiting disposal and medicines for disposal were kept securely. Arrangements had been put in place to ensure unwanted medicines were disposed of on a monthly basis. However; the records for disposal were not up to date and did not have allowance to demonstrate who had disposed the medicines or handed over the medicines for disposal.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard or secure safe, access to them was restricted and the keys held securely.

Staff had monitored the temperatures in the medicines storage rooms and fridges and kept records of these checks. However, there was no written guidance to show staff what the acceptable levels of temperatures were and what action to take if temperature go out of the accepted range. We found in some instances temperatures had exceed the acceptable levels however this had not been picked as concern and rectified. The effective monitoring of temperatures would ensure that temperatures in medicine storage areas are kept at the recommended levels to prevent medicines from being compromised.

We found further improvements were required to the medicines management practices in the home. For example the medicines count for 'as required medicines' (PRN) did not always tally with the records we saw. It was observed that PRN care plans were in place; however outcomes were not routinely recorded following administration.

The registered manager had undertaken medicines audits however; it was not always clear if actions had been completed or if any action had been taken on identified issues. It was also noted from the medicines audits that concerns or shortfalls were picked up however, there was no evidence to show they were being addressed or signed off. There were policies and procedures which defined and described the service's responsibilities in relation to medicines. However; the policy was last reviewed in 2015 and did not make reference to current best practice such as National Institute of Clinical Excellence (NICE) guidance on managing medicines in care homes.

We recommend the provider to consider best practice and national guidance in the safe management of medicines. Such as the National Institute of Clinical Excellence (NICE) guidance.

We looked at the risk assessments in place concerning fire safety and how people would be supported in the event of an emergency. Each person had a personal emergency evacuation plan (PEEPS). This provided staff with guidance on how to evacuate people in the event of an emergency. We saw the service had contingency plans in place and a building evacuation plan. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Records showed that staff had been involved in fire safety practice drills.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing had been undertaken. Maintenance checks had been done regularly and records had been kept. Faults and repairs had been highlighted and some were yet to be addressed. These measures helped to make sure people were cared for in a safe and well maintained environment.

We found there were plans in place to respond to any emergencies that might arise and staff understood these. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power, accommodation or severe weather.

People we spoke with and their relatives told us they felt that there were adequate staff numbers during the day and at night. Comments about staffing included; "There's always somebody there, there's always someone around," "They do come if you buzz but sometimes you do have to wait if they are busy," "I've never had to wait." And; "Sometimes I feel they are short staffed, they always try and get someone in." All visitors we spoke with told us there was always staff about when they visited. We spoke to the registered manager about the feedback on staffing levels and they informed us they had been no concerns around staffing and that they would review this.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit, staffing levels were observed to be sufficient to meet the needs of people who lived at the home. There were five care staff in the day and two care staff and a one nurse for the night shift. Comments from staff included, "There are enough of us and we help each other, if we are struggling the manager will arrange cover for us." They gave us examples when they had requested additional staff and this had been responded to promptly.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of five staff members and found that safe recruitment procedures had been followed. We saw the required reference and character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. 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.

The building was clean with hand sanitising gel and hand washing facilities available around the premises. However, during the inspection we observed two toilets had no rubbish bins. We discussed this with the registered manager and they assured us that this would be resolved. Risks of infections had been managed and regular infection control audits had been undertaken.

We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Water temperatures had been checked to ensure people were protected from risks of Legionnaires' disease and scalding.

Is the service effective?

Our findings

People's assessed needs, preferences and choices were not always met by staff with the right qualifications, skills, knowledge and experience. At our previous inspection of Rivington Park Care Home in January 2017, we found there were shortfalls in the provision of staff training, supervision and competence checks. The registered manager was new in their post and had plans to rectify the shortfalls. During this inspection in January 2018, we reviewed whether actions had been taken to address the shortfalls. We found that necessary improvements had not been made in respect of training of care staff. There were significant shortfalls in various areas of training that the provider had deemed necessary for the roles staff were employed to perform. For example, not all nurses had received training in areas such as wound care, catheter care, nasal gastric feeding and syringe drive. Some people in the home required care in these areas. In addition, care staff had not consistently updated their training to ensure their practice and knowledge was up to date.

We found significant shortfalls in staff supervisions for both care staff and nurses. Supervisions are important as they are used to consider the individual performance and learning developmental needs for care staff in a confidential environment. Staff had received group supervisions and annual appraisals. However, there was no regular individual supervision. We also noted that there was a training policy and that training sessions had been booked with an accredited trainer. However, staff had not always completed or attended the arranged training and this had not been followed up by the registered manager or the service provider.

The organisation's policy required that staff received a minimum of four supervisions per year and monthly supervisions for nurses. However, we found this had not been followed and majority of the staff had received a maximum of two one to one supervisions and none of the nurses had received clinical supervision in 2017. This meant that the provider had not provided staff with supervision to enable them to carry out the duties they are employed to perform. They had also failed to follow their own policies on staff supervision.

The records showed that staff had not been competence tested and our conversations with staff and the registered manager confirmed this to be the case. This meant that the provider had failed to show how they had supervised staff to demonstrate they had the required or acceptable levels of competence to carry out their role unsupervised. We discussed this with the registered manager; they informed us that they would introduce this in the service and already had documentation to support this. This would ensure that staff are competent and their practice reflects current legislation, guidance and best practice.

In their PIR the registered manager wrote, 'Management ensure that staff attends training sessions to improve and expand their skills according to their job role. Regular supervisions occur these can be one-one or group sessions where best practices and knowledge and ideas can be shared.' Our findings showed that this was not always happening. We found that the provider had failed to put effective action plans and make significant improvements in relation to staff training, supervision and development.

There was a failure to ensure that all staff had received such appropriate support, training, professional

development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A significant number of DoLS authorisation requests had been submitted to the local authority. None of the requests had been authorised due to backlogs at the local authority. The registered manager was regularly checking progress of the other applications. We saw evidence that people's consent in various areas been sought in all care files we looked at. This included consent to the use of photography, application of bed rails and medicines management.

However; we found the service was not consistently working in line with the key principles of the MCA. Records we looked at identified up to four people living at the care home who were at risk of being deprived of their liberties because they lived with a dementia and experienced difficulties in communicating their needs or giving consent. These people were not free to leave the care home. In addition, their care included restrictive practices such as lap belts and bedrails to keep them safe, they lacked mental capacity and were under constant supervision by the staff team for their own safety. Formal authorisations are required where it is necessary to restrict the people for their own safety and the measures in place should be as least restrictive as possible. However, the provider had not sought relevant authorisations from the local authority.

The registered manager had completed mental capacity assessments. However, where people lacked capacity to make specific decisions, they had not demonstrated how they had made the decisions in the best interest of the people involved.

There was an up to date policy in relation to seeking consent and mental capacity. However, this had not been followed. We spoke to the registered manager regarding their responsibilities in respect of mental capacity assessments, best interest's records and DoLS authorisations. They started to take appropriate action to ensure the shortfalls were rectified during the inspection.

The provider had failed to comply with requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "Yes our staff are definitely well competent", "Yes, they are trained but they're overworked. I wish they could have more help", "Yes I'm happy here they will send for the doctor anytime." We observed that people's needs and choices were considered during the delivery of care. For example we saw people being asked what they wanted to eat and where they wanted to sit. People told us they could get up anytime they wanted and chose to spend time in their bedrooms if they wanted to. One person told

us; "I get up between 9.30 and 10.00. You can get up earlier or later, but you've got to let them know. I wouldn't like to be anywhere else."

There were processes in place to ensure there was no discrimination, including in relation to protected characteristics. For example, the provider offered their staff training in equality and diversity. There was a policy to protect people against discrimination and harassment. Information on how to report concerns was readily available in prominent places within the home.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We saw people who lived at the home had access to a paved garden that was enclosed and safe for people to use. In addition, there were two lounges for people to sit. We observed people moved around the building freely. We saw some people had brought their own personal items that helped personalise their bedrooms and made it homely for them.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were able to eat their meals at their own pace. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Staff sat and had their meals with people which created a homely environment. Some people were provided with special cutlery or equipment such as plate guards to assist them with their eating.

Comments about the food were positive. One person who lived at the home said, "The food is quite good" "I'm never hungry; you can have a drink whenever you want." And, "The food is absolutely brilliant. If you don't want any of the choices, they ask what you want, I've had a prawn salad. We have tea at 4.30 and we have sandwiches or a jacket potato." We spoke to the chef who informed us people had two choices of hot meal at lunch time and two choices of hot meals in the evening. The chef showed a good knowledge of people's dietary needs, preferences and special requirements.

The care records we reviewed had a section that noted any special dietary requirements such as specialist cutlery, plate guards or the need for a soft diet. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians and Speech and language therapists (SALT) where appropriate.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments. We spoke to one visiting professional who informed us the staff were proactive in involving specialist professionals and that they would seek advice if ever they were unsure about people's conditions. This meant that people could be assured they would have access to specialist professionals if they needed them.

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "As if we're family, you can talk to them about anything. I love it here." "They are marvellous, kind. They're all good people," "They treat me with respect, they're kind. I think I'm spoilt and they're ever so friendly, they'll do anything for you" and, "It's very nice, they are very good to me." And, "They'll talk to you whilst they're looking after you, but they don't have time to sit and chat."

Comments from relatives included, "They're wonderful and caring. They have a bit of banter but they're professional in what they're doing" and, "They treat [relative] and are lovely, kind."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. People were well groomed and staff took time to sit down with people and talk about their past experiences and interests.

Staff had a good understanding of protecting and respecting people's human rights. One member of staff had been appointed as a safeguarding champion who attended meetings with other organisations and shared best practice with other staff in the home. Some staff had received training that included guidance in equality and diversity. When we discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, we observed people eating independently. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can before we assist them."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner. Staff we spoke with described how they ensured people's dignity was maintained when they assisted them with their personal care tasks.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome."

We saw people were supported to express their views on matters that were important to them and were also involved in making decisions about their care as far as possible. We found records did not always

demonstrate how people had been involved in the review of their care records. We spoke with the registered manager who showed us the work they were planning to start inviting people and their relatives to reviews. The registered provider had information details that could be provided to people and their families if advocacy was required. We saw evidence to show an advocate supported one person. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

The people who lived at the home made positive comments about the staff team and the care and support they received at the service. Their comments included, "I like to read, sometimes we have things going on and I enjoy the entertainers" and, "I like the crafts, I like living here.", "I sit quietly or talk, we play bingo and have quizzes. We have entertainers but we have to go downstairs for that." And, "I listen to the radio, I like watching certain programmes, I like the sport."

We checked how the provider ensured that people received personalised care that was responsive to their needs. We looked at care records of six people to see if they received personalised care that was responsive to their needs. The majority of the care plans were well written well presented, comprehensive and person centred. However, we found one record had contradicting information on whether a person was safe to use bedrails or not. One part of the record stated they needed the rails. However, another part stated that they were unsafe with bedrails. Two records we checked contained other people's names and one record had an important risk assessment missing. The provider needed to ensure that they maintained consistency in these records.

The care records had been developed, where possible, with contributions from each person and their family. They identified what support they required. People and their relatives told us they had been consulted about support that was provided before using the service. People's needs had been assessed before they started living at Rivington Park Care Home. This was to ensure that the home and staff were able to meet people's needs before they decided to admit them into the home.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Specific requirements for each individual had been identified. For example, people who required assistance with moving, soft diet, people who were at risk of falling and people who were at risk due to their vulnerability. Assessments and all associated documentation were personalised to each individual who stayed at the home. Care plans and risk assessments had been reviewed and dated. However, the review details had not always been recorded or were brief and did not adequately demonstrate changes in people's needs. We spoke to the registered manager who informed us they would review the documentation, which would allow staff to document what they had reviewed, or any changes to people's needs and circumstances. This would ensure a person centred approach to care reviews.

The provider had been responsive to the needs of people who lived at the home. For example, staff were aware of the need to support people who may wish to manage their medicines and they had provided them with lockable cupboards. This ensured people could continue to exercise their independence.

The provider had used technology to support people to receive timely care and support. For example there was a wireless call bell system which allowed people to move around with their call bells and allow them to summon support from staff from wherever they were in the building. There was also a working broadband and a telephone system that was easy to use and accessible to staff and people who lived in the home.

People were supported to maintain local connections and important relationships. People were also actively encouraged and supported to maintain local community links.

We found staff had sought accessible ways to communicate with people when their protected characteristics made this necessary to reduce or remove barriers. For example we found various pictorial messages and signage in the home to help people with sight and cognitive impairment to ensure they could communicate effectively.

People had access to various activities to occupy their time. There was a dedicated activities co-ordinator who assisted with activities five days of the week. We observed them engaging with people in a positive and inclusive manner taking consideration of their choice and abilities. They informed us that the home was a member of OOMPH (Our Organisation Makes People Happy) and they provided some of the equipment used for activities and a mini bus for trips. We saw a lot of crafts made by people proudly displayed on the tables. Small prizes were awarded for quizzes that were paid for out of the homes funds. All the people we spoke to told us they enjoyed the trips.

People we spoke with knew how to make a complaint or raise concerns and felt comfortable to do so if needed. We saw people were encouraged to do so by information that had been posted in the home in the service guide provided to them when they first arrived. People were confident to speak up. The service had a complaints' procedure that was made available to people on their admission to the service. Copies were on view in the service and had been written in a format that enabled people who used the service to understand the procedures. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

One complaint had been received since the last inspection. Evidence we saw showed that this had been dealt with appropriately in line with the organisation's policies. We saw the complaints process in place. It guided staff to ensure that concerns and complaints were used as an opportunity to learn and drive continuous improvement.

Records we saw demonstrated that the provider and the staff had considered people's preferences and choices for their end of life care. For example, there was a policy that asked staff to record where people wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs. However, this was not consistent in all the care files we checked. Some files had no plans for end of life. There was no evidence to demonstrate whether people had been offered to complete the plans. We spoke to the registered manager and they immediately contacted a local hospice to seek support and expertise around this area.

There was also guidance on communicating with families and professionals to support people towards the end of their life. Some of the care staff had received training that included guidance on how to support people towards the end of their life. This showed that there were plans to ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

At the last inspection, we found there was a significant lack of effective auditing process to identify and manage improvements relating to the safe handling of medicines. We noted that matters for improvement had been identified however; these had not been corrected in a timely way. As a result we made a recommendation for the registered provider to review and update their governance systems to ensure they provided a dependable and accountable auditing process.

At this inspection in January 2018, we found necessary improvements had not been made to improve governance and the quality assurance processes at the home. We found the service was in breach of regulations in relation to risk management, staff training, and seeking consent. This demonstrated that the management systems at Rivington Park Care Home were failing to adequately monitor and improve the quality of the service and ensure compliance with regulations. Following this inspection we concluded that there had been a decline in the governance systems at the service and that the provider had failed to make the necessary improvements required for the care and safety of people living at the home.

There was a registered manager employed at Rivington Park Care Home. 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.

We looked at how the registered provider demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. The registered manager and registered provider had a policy that required them to establish auditing systems to assess quality assurance and the maintenance of people's wellbeing. We saw that audits had been undertaken in various areas such as medicines, health and safety catering and care files. However, we found shortfalls identified by audits had not always been rectified in a timely manner. For example, we found shortfalls in medicines' management that had not been corrected following three cycles of audits. Care files had not been regularly audited to check the quality of the information held on people. We found people's records did not contain best interest decisions, and DoLS authorisations had not been sought for four people. We also found shortfalls in staff training, supervision and competence checks. This meant that audit systems in the service had not been effectively implemented to identify shortfalls, ensure lessons were learnt and to ensure improvements were made to the quality and safety of the service.

In their PIR, the registered manager wrote; 'Management audit care plans, risk assessments etc. to make sure that people are living how they want to and that they are safe at all times. Senior management i.e. Directors make frequent unannounced visits to the service and undertake audits, inspections and clearly document their findings and point out their findings in order to improve the service.' Our findings showed that this had not been effectively implemented to monitor and improve the service.

We discussed governance arrangements at the service with the registered manager and the operations director and they confirmed the visits were happening. We found several areas where the provider had failed

to follow their own organisational policies, for example on policies on audits, staff training and supervision as well as governance.

The registered manager took immediate action to address some of the concerns; however these shortfalls had not been identified by the providers' quality assurance system and compliance visits or rectified before our inspection. The registered manager and staff had a vision to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. However, it was not supported by robust oversight, governance systems and robust quality assurance processes.

The provider had failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We checked how people who used the service, the public and staff were engaged and involved in the running of the service. We found the registered provider had established systems for seeking feedback from people, their relatives and staff. There were residents and relatives meetings, newsletters and relatives and residents surveys. One person commented about meetings, "They have a meeting every so often and the activities co-ordinator asks if you want to say anything at the meeting." "I always go to meetings, they're once a month." In addition, there were staff meetings and staff surveys. This meant that the provider had demonstrated how they had actively encouraged feedback about the quality of care and overall involvement with people.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and people and they included, "She was the first person who spoke to me this morning with a big smile on her face." "She's always popping in and out of the lounge."

Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and had an extensive health and social care background. They were knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and catering and domestic duties. Each staff member took responsibility for their role and had been provided with oversight by the registered manager. However, the registered provider had not demonstrated how they monitored the registered manager to ensure they were compliant with regulations.

We noted that the provider had considered best practice guidance and some staff had been appointed as champions in various areas such as dementia, safeguarding, and dignity. Staff had completed dignity pledges and were signed up as dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. We also noted that the staff and the registered manager had joined local initiatives with the local authority and local clinical commissioning groups to develop expertise in areas such as prevention of pressure sores.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found handovers, were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's care plans records showing what care was provided and anything that needed to be done. However, the quality of reviews required further improvements to ensure they were detailed.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. Notifications had been submitted and the registered manager knew their regulatory responsibilities for submitting statutory notifications to the CQC. A notification is information about important events that the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered and to support care provision, service development and joined-up care. They worked with organisations such as local health care agencies and local commissioning group, local pharmacies, and local GPs. The registered manager had a system to ensure the service shared appropriate information and assessments with other relevant agencies for the benefit of people who lived at Rivington Park Care Home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service.
Treatment of disease, disorder or injury	Authorisations for deprivation of liberties had not been sought from relevant authorities for some people.
	Regulation 11 HSCA RA Regulations 2014 Need for consent

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to ensure that care and treatment was provided in a safe way for service users because ; Risk assessments relating to the health, safety and welfare of people using services were not completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance.
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
	The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
	Regulation 17 (1) (2)(a)(b)(c)(f) HSCA RA Regulations 2014 Good governance

The enforcement action we took:

A warning notice was served on the registered provider and the registered manager under Regulation 17 (2) (a) (b) (c) (e) (3)

The provider and manager were not able to provide adequate oversight, governance and supervision to staff and oversee the general running of the service, including ensuring the service was meeting regulatory requirements.

The provider and was not able to provide adequate oversight, governance and supervision to staff and oversee the general running of the service.