

## RIBBLE VIEW HEALTH CARE LIMITED

# Ribble View

### Inspection report

39 Church Avenue  
Preston  
PR1 4UD

Tel: 01709565700

Date of inspection visit:  
29 June 2021

Date of publication:  
06 August 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ribble View is a nursing home providing accommodation and personal care for up to 30 adults. There were nine people living at the service at the time of the inspection. Some of the people lived with mental health, complex neurological conditions and required support with their physical needs.

### People's experience of using this service and what we found

People and their relatives told us they felt safe and protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. The registered manager had improved their systems to ensure they only admitted people whose needs they could safely meet. Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people during the delivery of their care. This was a significant improvement. People were safely supported to receive their medicines as prescribed. People were supported by staff who had been safely recruited. Staff had received training and guidance in the prevention and control of infections including COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's care and support had been planned in partnership with them, their specialist professionals and their relatives where possible. Staff had received training that was suitable to meet the needs of people in the home and the induction and support of new staff had improved. People's experiences of care had been enhanced by a staff team with varied specialist clinical backgrounds including physiotherapists, positive behaviour support and occupational therapists. Staff supported people in line with national and best practice guidance.

People and their relatives shared positive comments about the caring nature of the staff team. They said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld.

People received person-centred care, which was responsive to their needs. Care records were well written and contained important details about people's needs. Staff supported people to access the local community. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. The registered manager dealt with people's concerns and complaints appropriately. People received dignified end of life care.

The provider had made significant improvements to the quality monitoring, governance and leadership arrangements which had contributed to driving improvements at the home. People were supported by a collaborative clinical team with varied experience. The provider and staff had worked hard to improve people's experiences and to address shortfalls found at the last inspection. Comments from relatives included; "Things have changed drastically, my relative now has support 24hrs a day" and, "There is a feeling of knowing the people they look after and there is a sense of family and staff knowing what's going on if you

ask about your relative." The service worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff were positive with how the service was managed and the culture and morale within the staff team had significantly improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was inadequate (published 25 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 25 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on our inspection scheduling.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Ribble View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Ribble View 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 service had a manager registered with CQC. This means that they and the registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who lived at the home about their experiences of the care provided. We spoke with 10 members of staff including the registered manager, a clinical lead, the regional director, physiotherapist, positive behaviour practitioner, the head of clinical services, clinical lead and maintenance person. We reviewed a range of records. This included four people's care records, multiple medication records, accident and incident records and two staff recruitment records. We looked at a variety of records relating to the management of the service. We walked around the home and observed the environment and interactions between staff and people.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with five relatives and seven staff members over the phone. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection arrangements for assessing, reviewing and monitoring clinical risks were not robust and risk monitoring practices were not adequate. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The provider had established a robust approach to risk management including taking careful consideration on whether they were able to manage people's presenting risks and needs before they came into the home. This approach had been embedded to manage individual risk. Significant work had been carried out to improve clinical oversight so that risk could be minimised and addressed to ensure people were safe.
- Staff completed incident reports and the registered manager had improved their practices in relation to the recording and sharing of information on accidents and incidents.
- The management team and staff had improved the practices for providing people with observations to reduce risks of avoidable harm such as choking and service user on service user incidents.
- The property was maintained and equipment had been serviced in line with manufacturers' recommendations.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection systems and processes for safeguarding people from risks of abuse had not been effectively implemented to ensure compliance with regulations and local safeguarding protocols. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The registered manager and staff ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy. They shared safeguarding information internally, with the local authority and the CQC in line with their statutory obligations.
- Relatives told us they were confident their loved ones were safe in the home.

- Staff had received training in how to keep people safe from abuse. They were confident about reporting and escalating concerns to support people's safety.
- The registered manager had improved processes that ensured when accidents and incidents occurred, they were appropriately recorded, investigated with areas for improvement identified and acted on. Staff had access to guidance on what worked for each individual and how to improve the way they respond to people during times of distress. A positive behaviour support practitioner was available to provide staff with guidance.
- The provider had safeguarding and whistleblowing policies in place and staff knew how to access them if needed. This provided staff with the support they needed to raise concerns appropriately both within the organisation and with external agencies.

### Using medicines safely

At the last inspection medicines were not effectively managed, including maintaining adequate stocks and supporting medicine refusals. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The registered manager and staff had made improvements to ensure people received their medicines safely. Medicines stocks had been monitored to reduce risks of people going without their medicines. Staff had received training in medicines management and their competence had been checked, this had contributed in a reduction in medicine errors.
- The registered manager and staff had improved their approach to supporting people who refused medicines.
- Medicines administration systems were robust and well organised. The registered manager and staff carried out weekly and monthly regular audits on the safe use of medicines.

### Staffing and recruitment

At the last inspection sufficient numbers of suitably qualified and competent staff were not always deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager had made improvements to ensure that staffing levels throughout the home were appropriate. Staff were deployed appropriately and in line with commissioned care especially for people who required one to one support for their safety.
- Staff gave positive feedback in relation to staffing arrangements. They told us they felt the deployment of staff has improved and helped them to provide consistent support to people. Comments included; "Yes, there are plenty of staff, I don't feel too rushed. People who need 1-1 have it and this can be increased when people need it. We are flexible when needed."
- The registered manager and the provider had improved processes for recruitment checks to ensure new staff were safely recruited. Recruitment files had recently been audited by the management team to ensure that the correct procedures were safely in place.



### Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control. The provider and the registered manager complied with COVID-19 guidance including regular testing for staff, vaccination and use of personal protective equipment (PPE).
- Staff had access to PPE such as face masks, gloves and aprons. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure that all staff had received appropriate support and training to enable them to carry out the duties. This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager had supported staff to ensure they received suitable induction and training at the beginning of their employment. A significant effort had been made to understand the learning needs of staff and to promote staff learning. Staff told us, "I had good experience with my induction my buddy was very supportive." The registered manager informed us staff were proud to support other new staff.
- The provider had carried out a learning needs assessment following the last inspection. This had assisted in identifying specialist training areas that staff needed in line with the complex needs of people living at the home. Staff were up to date with their training and could request additional training where required. One staff member said, "There has been a big improvement, training is much better, the clinical side is more organised. We provide more consistent care and staff communicate better."
- A number of skilled and experienced clinicians such as physiotherapists, occupational therapists and positive behaviour practitioners had been employed to strengthen the clinical experience in the home and to ensure people's needs could be met holistically. Staff told us they felt supported and assured with the clinical support they were receiving. This was a notable improvement.

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

- People's needs were assessed before they started using the service. The provider had introduced additional measures to assess people before admission into the home. There was a well-planned transitional process which had been trialled with one person. Information gathered during assessment was used to create people's care plans and risk assessments. Staff said, "The transition process has improved, now we get to know the person better before they come here."
- At our last inspection people's reviews were not timely and people were not adequately supported with oral hygiene. We found improvements had been made in these areas and people were adequately supported. Care and support for people was reviewed regularly or when people's needs changed.
- The registered manager and their staff referred to current legislation, standards and evidence-based

guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 had the appropriate legal authority and were being met.

- The registered manager ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

Supporting people to eat and drink enough to maintain a balanced diet ; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. Staff supported those who required help with healthy eating or a special diet to manage their health conditions.
- We observed people being supported with their meals, the atmosphere was pleasant, and food was presented in an appetising manner. Additional facilities were there for people to make their own drinks and snacks.
- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- Staff had a good understanding about the current medical and health conditions of people they supported.

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

- People's individual needs were met by the adaptation and design of the service. The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
- Staff had continued to improve the lay out of the environment to provide people with therapeutic spaces. This included sensory rooms on each floor, gardens that were accessible for people with limited mobility.
- People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors. A garden bar had been created by people and their staff and was very popular.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated with dignity and respect by staff. One relative told us, "If there is one thing I never doubted it is the caring nature of the staff, I have never had any worries about their attitude." We observed positive interactions between people and staff.
- Care records were written in a caring, respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They supported people to have equal access to service and their local community where possible. One staff member commented; "We respect people's space, we do not try to force people to have personal care if they don't want it."

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

- People and their relatives told us independence, privacy and respect were always considered. Visiting could be facilitated in the building and through the garden so people could enjoy some privacy to enjoy their loved one's company. The importance of visiting was embedded in the care provided.
- Records we reviewed demonstrated that people were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.
- People were supported to advocate for each other with one of the people acting as an ambassador. We could see how had contributed to the improvements in people's experiences.

Respecting and promoting people's privacy, dignity and independence

- Staff provided support that ensured people's privacy, dignity and independence were maintained. Staff told us they would knock and seek permission to enter people's bedrooms and will ask people for permission before providing care. Practices at the home ensured that people's personal private information was stored securely.
- The registered manager showed awareness about people's dignity or treatment. Improvements had been made to ensure that staff received training related to dignity and respect and equality and diversity. This was a shortfall at our last inspection.
- The physiotherapist team and the occupational therapists had worked hard to provide people with therapy to improve their independence. This had supported people to increase their access the local community and do more for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection we recommended the provider consider best practice on end of life care and act to update their practice. The provider had made improvements.

- People and their relatives were supported to plan for their end of life care. The registered manager had made improvements to ensure staff had up to date training in supporting people towards the end of their life. They had worked with a local hospice to ensure people received dignified end of life care.
- We received positive feedback from relatives in relation to the end of life care received. Comments included; "I think they were very caring towards [name removed relative] towards their end of life. Staff always made me feel welcomed and made arrangements for me to visit regardless of the lockdown restrictions."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff completed an assessment of people's needs before they started using the service. They worked in partnership with other agencies to ensure smooth transition. This ensured the service was right for the person and they could meet the person's needs.
- Records we reviewed and conversations with staff showed they had been responsive to people's needs. Any changes in people's needs resulted in a review of their needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. The registered manager and staff followed the guidance in the care plans and reviewed people's needs without delay. This was a notable improvement from our last inspection.
- People's records were detailed and comprehensive, behavioural support plans provided precise guidance on how best to support people and what works for them. Specialist guidance from other professionals had been included.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using service.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from complaints to reflect on staff practice. One relative told us; "They are responsive to feedback and comments and it's nice to feel heard."

### Meeting people's communication needs

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

- People's communication needs had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. People's communication needs were assessed, and staff were aware of each person's needs and how they were to be met.
- Staff were able to share examples of how people's communication was supported. Comments included, "One person has a picture book to communicate with us" And; "We recognise when is the best time for the person to communicate. We ask one person to 'high five' us if he wants to eat. They can respond to this."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. There was a strong emphasis on ensuring people had access and engagement in the local community. The introduction of the therapists at the home had improved people's experiences.
- People using the service gave positive feedback regarding their experiences. Comments from one person included; "Previously I was terrible at keeping appointments, but I now have the support to go to my appointments and someone to come with me. I wish I had made more of an effort before, but the positive thing is I do now."
- People were supported with activities that were person-centred and linked to their interests. Care plans for activities focused on each person as an individual. Staff told us, "We look in the care files at what people used to do and try to bring that up. We try to follow up their interests. The pandemic has been challenging. Inside we have pamper sessions, there are different rooms that have been done, juice bar, sensory room. We got a list from people in the building. We have the café."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service management and leadership had made significant changes since the last inspection and had effectively planned and implemented improvements which they have sustained.

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

At the last inspection the registered manager and provider had not ensured that there were effective systems to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the service was no longer in breach of Regulation 17.

- The registered manager and the provider showed a clear understanding of regulatory requirements and how to address shortfalls. At the last inspection there were six breaches of regulation. At this inspection we found all breaches and associated shortfalls had been addressed and care, quality and people's experiences significantly improved.
- The provider took immediate action following our inspection to review the quality of the care provided and the experiences of people and staff at Ribble View. They created a robust action plan which was implemented and monitored at the highest level in the organisation. There was evidence of a strong focus to address the shortfalls identified at the time. This had significantly assisted in improving people's experiences and to comply with the regulatory requirements.
- The provider had introduced a new management team with a strong clinical background, they had also added new clinical roles to enhance the care provision. We noted a significant improvement in the monitoring of people's clinical needs and the local clinical decision making process which was overseen by senior leadership at board level.
- The provider and the registered manager had improved the quality monitoring, audits and there was a more questioning culture which helped staff to raise concerns with confidence that management team would respond. Regular internal quality monitoring activities had been carried out and showed consistent continuous improvements, demonstrating that the improvements had been sustained since our inspection nine months ago. Lessons were learnt from incidents in the home and observations on people's changing needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- The registered manager had systems to gather the views of people and relatives. People using the service and their staff felt their contributions were respected and that the management team treated staff with respect. One staff said, "One resident is an ambassador who is involved in recruitment and running bingo, the residents who are able to can speak with them." We noted the morale within the staff team had significantly improved and feedback from staff supported this. One staff said; "The communication and staff deployment has improved, and management listen to our concerns."
- The registered manager promoted an inclusive, positive and open culture. Staff were aware of risks associated with closed cultures and knew how to raise concerns about poor practices within the organisation. "Closed" cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches.
- Relatives shared positive comments regarding engagement especially during the COVID-19 pandemic. Comments included; "I think it has been very positive to see the changes in the home, they had a lot to do given the lockdown. Communication was good, we are always up to date. They have facilitated a visit with the pod and inside they are very careful. When not, possible they used photos videos, I have seen a lot of positive changes." There was ongoing improvements to the phone system in the home to ensure people's relatives can easily get through to the home. This has been a concern from our last inspection.

Working in partnership with others

- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required by law.