

Riversway Care Limited

# Riversway Nursing Home

## Inspection report

Crews Hole Road  
St George  
Bristol  
BS5 8GG

Tel: 01179555758  
Website: [www.springhillcare.com](http://www.springhillcare.com)

Date of inspection visit:  
25 April 2017  
26 April 2017  
28 April 2017

Date of publication:  
19 June 2017

## 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

We carried out a comprehensive inspection on 25, 26 and 28 April 2017. At our last inspection in May 2016, we found three breaches of the legal requirements. This was because risks to people's health were not always assessed or mitigated and some equipment was not used correctly. The provider sent us an action plan following the inspection. At this inspection we found sufficient actions had been taken to address the breaches.

The inspection was unannounced. Riversway Nursing Home provides nursing and personal care for up to 69 people. At the time of our inspection there were 62 people living in the home.

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

People told us they felt safe in the home. They were cared for by staff that had been trained and understood their responsibilities with regard to keeping people safe from avoidable harm and abuse. Risk assessments were completed and risk management plans were in place.

People were supported to make decisions on a day to day basis. Staff identified when people's needs changed and they obtained support and guidance from external health care professionals.

Staff demonstrated a kind and caring approach and they treated people with dignity and respect. Staff knew people well and were able to tell us about people's likes, dislikes and preferred routines which were reflected in their care records.

There was a range of activities that people could participate in and people were enjoying group and one to one activities on the days of our visit.

People, staff and relatives told us the home was well-managed. People and relatives told us the registered manager was readily accessible and available to them. Staff told us they were well-supported and that the home was a good place to work.

## 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.

Staff were deployed in sufficient numbers to meet peoples needs.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Arrangements were in place to ensure people received their medicines safely.

Recruitment procedures were completed and checks undertaken to make sure only suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their roles. Training plans were in place to make sure staff attended training when it was due. Staff felt supported and had the opportunities to receive feedback about their performance.

The home was meeting the requirements of the Deprivations of Liberty Safeguards (DoLS) authorisations. This meant the legal rights of people were upheld.

Staff ensured people's health care needs were met and that they had access to health care professionals advice and guidance.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind, caring and respectful and we saw people being treated with compassion and dignity.

Staff provided care in accordance with people's individual needs, wishes preferences and choices.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's needs. People and their relatives were involved in planning and reviewing their care plans.

People had opportunities to participate in social activities and events.

A complaints procedure was in place and this was easily accessible.

**Is the service well-led?**

The service was well- led.

Systems were in place for monitoring quality and safety. Action plans were implemented and monitored for progress.

People and staff spoke positively about the management support they received, and told us the home was well-managed.

**Good** ●

# Riversway Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Riversway Nursing Home on 25, 26 and 28 April 2017. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector and two experts by experience on the first day. On the second day, the inspection was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of the type of service inspected. A pharmacy inspector completed an inspection of the medicines management in the home, on 28 April 2017.

Before carrying out the inspection we reviewed the information we held about the care home. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law.

During our visit we spoke with 22 people who lived at the home and 13 visitors. We observed the way staff interacted and engaged with people. We spoke with the provider's head of human resources, the registered manager, two service managers, the admiral (dementia specialist) nurse, learning and development coordinator, a visiting health professional and 12 staff that included registered nurses, care staff, activity, catering, housekeeping and maintenance staff. We observed how equipment, such as pressure relieving equipment, bed rails and hoists were being used in the home.

We looked at six people's care records. We looked at medicine records, staff recruitment files, staff training records, audits and action plans, and other records relating to the monitoring and management of the care home. Following our visit, we received further information that we had requested.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. Comments included, 'I like living here. It's for my safety, I get given all my tablets as I would not know how to [take my tablets] at home,' 'I need to be here as I was not safe at home and I feel comfortable here, everyone is kind and nice, I got everything I need. I do what I want when I want because I can,' and, "At night I'm glad I'm in here. I couldn't live alone at my age. If anything goes wrong there is always someone to hand. I have my buzzer at night."

We found that safe systems were in place for handling medicines. Staff told us people were able to look after their own medicines if they wished to and could do so safely. This formed part of the assessment when people moved to the home. At the time of our visit, staff administered all the medicines used in the home.

Staff used an electronic system to record the receipt and administration of people's medicines. We saw staff give six people their morning medicines and four people their lunchtime medicines. Staff used safe practice and recorded the medicines they had given. People were asked if they needed medicines such as Paracetamol, which were prescribed to be taken 'when required'. Three people we spoke to told us they thought the staff looked after their medicines well. The staff responsible for giving people their medicines had received training and assessment for this. This helped to ensure that people received their medicines safely and correctly.

We looked at 13 people's medicines administration records for the previous month. These showed that people's medicines were available for them. Staff recorded that they had been given as prescribed by the doctor. When medicines had not been given, staff had used a code to record the reason. Senior staff received a printed daily report of medicines administration, so they were able to check that people's medicines were available and had been given as prescribed.

The administration recording system included a check of the stock balance. This helped staff to ensure medicines were always available and to check they had been given as recorded. However, staff told us the stock balances were not always correct. We checked six packs of medicines and found that the recording of amounts for three were incorrect. Staff told us they planned to do a complete stock check to make sure all the balances were correct. This would help them to check that medicines had been given as recorded.

We looked at the care records for one person who was given their medicines covertly. This meant their medicines could be disguised in food or drink to make sure they took them. We looked at one person's records and saw this action was agreed with the doctor and pharmacist and discussed with the person's relatives. Suitable safeguards were in place to make sure this was in the person's best interest.

Some creams and ointments were kept in people's rooms and applied by care staff who provided personal care. At the time of our visit, staff recorded the application of these products in people's daily care records. We found these were not always completed and staff did not always record the name of the preparation applied. Staff were in the process of installing new cupboards for storing creams and ointments securely in people's rooms. They showed us a new record they planned to introduce, when all the cupboards were

installed, to improve the recording. These included body maps and instructions about application to show staff where and when creams and ointments should be applied.

Medicines were stored securely and at a safe temperature. Each floor had a medicines refrigerator. Staff checked and recorded the temperatures each day to make sure they were in the safe range for storing medicines. Suitable storage was available for medicines needing additional security.

The electronic recording system produced daily audits of medicines administration for the senior staff. We looked at eight of these. These showed that people's medicines were available for them. Staff had recorded any action they had taken if there was a discrepancy. For example when a medicine had not been recorded as given to a person, they had spoken to the member of staff to check the reason for this. We also saw an example of a recent monthly audit covering the handling of medicines in the home. This helped to ensure that people's medicines were looked after safely and given correctly.

People were protected from avoidable harm and abuse because staff had been trained on how to identify signs of abuse, and knew how to report any concerns. One member of staff said "I would go straight to my line manager and if I didn't feel listened to I would report to CQC [Care Quality Commission]."

Risk assessments were completed and risk management plans were in place for risks including falls, moving and handling, bed rails and nutrition. For example, one person had been assessed as being at high risk of falling. The risk management care plan guided staff on how to keep the person safe as they tended to forget their walking stick. The plan also included details of the side effects of the person's medicines that may also affect their balance.

However, some people had been prescribed a thickening agent to be added to their drinks in order to reduce the risk of choking. We found the containers of thickening agent for two people were openly stored on top of furniture in their rooms. This product should be safely stored so it is not readily accessible to people that may not recognise the risks associated with consuming the product before it is mixed with fluids. NHS England issued a medical alert in February 2015 about potential risks to patient safety. The registered manager took action to remove the products before the end of our visit and told us they would ensure all staff were made aware of the need to safely store the product.

We saw that staff responded promptly to peoples' calls for help and support. For example, a person who was in the dining room at lunchtime asked a member of staff if they could be supported to go to the bathroom. They were supported immediately by two members of staff. During the two days we visited, we observed that staff were not rushed and peoples' care needs were promptly attended to.

We received mixed comments from relatives and staff about staffing levels. One relative commented, "Staff have changed a lot over the two years and I would like mum to have more time spent with her but I know there isn't always the time. Staff are busy all the time". Most of the staff we spoke with told us that staffing levels were manageable unless there was staff sickness. Comments from staff included, "If someone goes off sick it's tricky," "It's more difficult when people go off sick" and, "If we are short and someone [person using the service] needs a one to one [individual support] we can be a bit pressurised."

A visiting health professional said "I think there is enough staff. It always feels like people are being attended to."

Accidents and incidents were reported and recorded. There was a description of the accident or incident, actions taken and steps required to minimise the risk of recurrence. The registered manager told us how

they reviewed reports to look for trends in the types or frequency of accidents. We have been following up on one notification we received and we are looking further into the circumstances of this notification.

Safe recruitment processes were completed. Staff completed an application form prior to employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. Where required, checks were completed to make sure staff were appropriately registered with the correct bodies, for example the Nursing and Midwifery Council.

We did note that two members of staff had commenced in post before a second reference had been obtained. This was not in accordance with the provider's policy that required two references to be obtained. The head of human resources told us the files for these staff were kept in a 'pending folder' until the full checks had been completed. They told us they kept staff employment status under review until they obtained the full and complete recruitment checks required by the provider.

The environment was maintained to ensure it was safe. For example, water temperatures, legionella checks, electrical and gas safety, lift maintenance and hoist checks had been completed. Systems were in place to ensure that fire safety was adhered to. There was a fire risk assessment in place and records showed that regular tests of the fire alarm were completed. In addition to this, the emergency lighting was tested periodically and maintenance completed on firefighting equipment such as extinguishers. Personal emergency evacuation plans were in place for staff to follow in the event of fire or an emergency if people needed to be moved from the building. These provided details about the person's level of mobility and other factors that may need to be considered. For example, one person's plan provided information about their anxiety and how this may need to be considered in the event of an emergency.

# Is the service effective?

## Our findings

When we last inspected Riversway Nursing Home, this domain was rated as 'Requires Improvement.' There were breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's health were not always assessed or mitigated and some equipment was not always used correctly. At this inspection we found sufficient actions had been taken to address the shortfalls identified at that time.

People and their relatives spoke positively about the staff that supported them, and told us they were confident that staff provided the care needed. Comments included, "Definitely [well-trained] – some [staff] have been here nearly 20 years," and "[Staff are] very well trained here." One relative told us, "We looked around for mum and loved this place. It seemed the only one that all the staff had a purpose. They were doing things all the time for residents and not just sat doing paperwork."

Staff spoke positively about the training they received. Staff described how they had improved their skills following a 'virtual tour' training session, where they were supported to experience and 'walk in the shoes' of a person living with dementia. Comments from staff included, "It really made you think about how you care for people with dementia and I think it has made me a lot more understanding," and "I think everyone should do it [the training]. It was really powerful. Made me a better carer."

We looked at the training records and saw training completed for topics described as mandatory by the provider. This included health and safety, first aid, moving and handling, food safety, mental capacity and safeguarding. We did note shortfalls where staff had not attended mandatory refresher training when it was due. For example, for staff that required this specific training, the records showed that 36% staff were not up to date with moving and handling training and 62% staff were not up to date with first aid training. The PIR submitted to us in March 2017 stated that first aid training would be completed for all staff during 2017. We spoke with the learning and development coordinator and we were shown the training plan that confirmed dates when this training was to be provided. We spoke with the head of human resources who told us the steps they were supporting the registered manager to take with staff that failed to attend the required training when it was due.

Staff were provided with further training, designed to help them meet the individual needs of people they were providing personal and nursing care for. This included specific illness training such as end of life, diabetes and Parkinson's. Staff that administered medicines had their competencies checked each year to make sure they remained safe to practice.

Additional training was provided and some staff had attended training to enhance the support they provided for people with distressed or challenging behaviours. The specialist dementia care nurse, known as an 'admiral nurse' told us about their role in the care home. They told us about the support, advice and guidance they provided for staff and for relatives of people living in the home.

Staff completed an induction programme when they started in post. The programme incorporated the

standards of the Care Certificate, a national training process introduced in April 2015, designed to ensure staff are suitably trained to provide a high standard of care and support. Staff completed initial training then shadowed experienced staff until they were confident to work unsupervised.

Staff told us they felt well supported, and told us, "It's [the support from other staff] much better now," and "We get good support." They told us they had the opportunity to discuss their performance on a regular basis. Most of the staff we spoke with were not sure how often they had supervision meetings with their line manager and the supervision records showed these were not all completed as frequently as required by the provider. The head of human resources and the registered manager told us they had also held meetings with staff that were recorded as 'significant meetings' for which records were maintained. Overall, whilst there was a minor shortfall for the previous year, plans were in place to make sure staff had the opportunity to receive sufficient supervisions for the current year.

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.

In the records we looked at, consent had been obtained and consent forms were signed, for example, for the taking of photographs and use of bed rails. Staff told us they were aware that people needed to consent before care was provided. A member of staff told us, "Residents are asked to agree before we give care and if they refuse we go away and come back later. We saw evidence of this during our visit. We heard staff asking people if they were ready to receive support. One person told us they, "They [the staff] explain what they are going to do, get permission, they chat away."

Mental capacity assessments were completed where people were noted as not being able to communicate their needs and wishes. Decision specific, best interest discussions had taken place and there were records in place that demonstrated how decisions had been reached. A visiting GP said, "The staff are very good at knowing when people might need best interest meetings."

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

The registered manager had met their responsibilities with regards to DoLS and 17 applications for people living at the home had been made and were waiting for assessment or renewal of an expired DoLS, by the local authority. Seven people in the home had current authorised DoLS in place. The registered manager understood the requirement to notify the Commission when a DoLS was authorised.

People spoke positively about the quality of food in the home. Comments from people included, "The food, a complete choice, anything you fancy," Enjoy meals, a pleasure to be here" and, "Food is fine. You can pick what you want. I need mine cut up, it always happens and nicely presented. I've got a drink all the time." A relative told us, "He eats small amounts, they feed him good food and give him drinks."

One person told us they did not like to eat their meals in the dining room and chose to eat in their bedroom. They told us, "I stay in my room for food. The staff have asked me to go to the dining room but it's too noisy, there are a few loud ones."

We observed meals being served to people in the dining rooms and in their bedrooms. People were supported with eating and drinking and provided with clothes protectors if they were needed. We saw staff provided this support in a respectful, caring and dignified manner. Staff were knowledgeable about people's individual needs, abilities, likes and dislikes.

We saw some people changed their mind and did not wish to eat what they had ordered. Alternative meals were offered and quickly provided. A senior member of the catering team told us, "I treat residents as if they were my mum and dad and if they wanted kippers for tea I'd try and get them." They showed us the guidance on a wall chart in the kitchen that provided information and guidance about textured meals. They also told us how they fortified foods for people that needed additional calories by adding cream or potatoes to foods such as the home-made soups they made each day.

Nutritional assessments were completed and people's weights were recorded and monitored. A nationally recognised tool was used to calculate people's risk of malnutrition or obesity. A visiting health professional said "Weight loss in this patient group is common, but the staff here are really on the ball. They are proactive rather than reactive". Care plans showed that when concerns were noted in relation to poor swallowing for example, external support and guidance was sought from the speech and language therapist.

Some people had been assessed as needing their food and fluid intake recorded. We spoke with a registered nurse who told us, "I instruct the staff daily about the charts and make sure they know why it's important to fill them in." We saw monitoring records that were fully completed. We also identified two people had monitoring charts in place and these had not been fully completed. The registered manager told us, for the two people we had reported on, the charts were not required, and they discontinued them during our visit.

One person was noted as having difficulties tolerating the use of suction equipment. We noted on the staff handover records the procedure had been needed and was carried out three times the night before our visit. There was no further documentation to record the details of this procedure or how the person had responded to it. The registered manager told us they would review our finding and make sure the healthcare needs and treatment for the person were fully reported and recorded.

People had access to a GP when needed. A relative told us, "I never worry about my wife. They phone me if there is a problem but the doctor comes in most weeks and she can see them if she is unwell. The staff know everything about my wife and I know about her care plan. I write in it sometimes if she drinks."

## Is the service caring?

### Our findings

All the people and relatives we spoke with told us that staff were kind, respectful and caring. Comments included, "I am really happy. The staff are always kind," "Very helpful kind staff," "I couldn't be more comfortable, respect, yes, privacy, yes," and, "I would tell anyone if I was unhappy with something, the staff are nice and the atmosphere makes me happy."

We watched interactions with staff, and people looked relaxed and comfortable in their presence. Staff were attentive, supportive and sensitive to people's individual needs. For example, a member of staff sat on a chair beside one person, started having a conversation and asked how they were feeling that day. The person said they were worried because they couldn't find their handbag and they needed it. The member of staff reassured the person, went to look and returned very shortly afterwards with a handbag and asked, "Is this the one?" The person appeared delighted and replied, "Oh good, that one's mine. I really thought I'd lost it."

Staff spoke positively about their roles. Comments included "I feel happy and proud to work here. I have a huge attachment to the people that live here" and "I know we give good care here". One staff member said "I absolutely would recommend it here. I intend to stay until I retire!"

People told us how staff respected their need for privacy. For example, one person commented, "They shut the doors if they are doing anything for me." Staff were able to describe how they treated people with respect and ensured people's privacy and dignity were maintained. For example, a member of staff told us, "We get to know what's important for people and making sure people are treated with respect is important for everyone. We make other staff don't just walk in [when personal care is being given], just things we would all expect really."

We observed staff were attentive and checked when they left people's rooms that people had received the support they needed. They asked people if they needed anything more before they left the person.

We observed relatives visiting throughout both days of the visit. There were no restrictions on visiting, and relatives told us they were always made to feel welcome.

The home had received written compliment letters and cards. Feedback was also posted directly onto the care home web site. The following are two extracts from compliments received since January 2017, 'Unfortunately, the day arrived when the family had to make a decision to find a nursing home for our 91 year old mother. I visited several homes in our area and was impressed by each one. However, on entering Riversway it took my breath away. Together with the location and excellent greeting from the staff. I decided with the family to place our mother at this care home and although early stages, I cannot find the words to praise this establishment highly enough. Thank you and long may you continue to carry out the care you obviously enjoy offering' and 'All the staff are loving and very friendly and helpful. The home has a lovely feel to it and visitors are made to feel very welcome.'

People and their relatives were supported to express end of life wishes and preferences. The needs of people admitted to the home for end of life care were initially recorded in what the staff described as a mini "temporary" plan. We talked with the staff about one person receiving end of life care and they spoke knowledgeably about the person and their needs. A GP had reviewed the person that day and the nurse in charge was aware of the plan of care.

## Is the service responsive?

### Our findings

The registered manager or senior members of staff visited people before they moved into the home to assess their care needs. Care plans were completed when people moved into the home. People were involved in care and they had the opportunity to participate in reviews if they chose to. For some people, we saw that relatives or advocates had been involved on their behalf. Most of the people we spoke with told us they talked about care needs and changes with staff on a regular basis rather than attending a formal review.

Care plans reflected people's individual needs and were detailed and informative. They reflected people's likes, dislikes and preferences about how personal care would be delivered. The care plans included details, for example, about people's communication, behaviour, nutrition, moving and handling and skin care needs. They also provided detail about people's life histories. This meant that all staff had access to information to help them provide support to people based on their individual needs, choices and preferences.

One person with a sight impairment told us how staff provided the care they needed. They told us staff always made sure potential hazards were moved out of the way in their room to help prevent them falling. They also commented that staff make sure their water glass and jug were on the table on their left-hand side, so they could easily find them. They told us, "It's the little things that count."

A relative commented, "He never is the same each day and they know this and adapt to his mood. They do encourage him to go to the dining room but if he refuses they leave him, The staff are all good."

We saw people being supported as needed and at their own pace. For example, one person was supported to move with the use of a hoist by two members of staff. The staff reassured and communicated with the person about what they were doing. The person appeared to be comfortable with the procedure and thanked the staff for their help. We saw another person being supported to the bathroom. They were encouraged to walk with their zimmer frame while being supported by two members of staff. A family member pushed a wheelchair behind the person who decided when they didn't wish to walk any further. They were then gently supported into the wheelchair. They looked relaxed and confident with the support they were given.

One person sometimes declined the offer of personal care support. Their plan guided staff to return and try again later, and included details such as 'Do not wash her face, has facial wipes,' and, 'Has a vanity case which she likes to look through'. All of the plans included personal life histories. For people who were unable to easily communicate their personal histories were located on their bedroom walls. Staff told us this helped them to start a conversation of interest, which helped to build up good relationships with people.

Wound care plans were clear and detailed. There were photographs in place to help staff assess improvement or deterioration and Tissue Viability nurse input had been sought. When people had been assessed as at risk of skin breakdown, care plans were in place. Some people had pressure relieving

mattresses in place as part of their plan of care. All of the mattresses we looked at were set correctly and we saw that daily checks were completed to ensure pressure settings were accurate. In addition, when people needed their position to be changed regularly, position charts had been completed that showed this had taken place.

Some people using the service occasionally displayed behaviour that might be upsetting for others living in the home, and that might place other people at risk of harm. One of the plans we looked at showed clearly how staff had responded to this and the steps they had taken in order to keep the person, other people and staff safe. Input had been sought from the GP and the Dementia Wellbeing Team. The plan was detailed about why the person might display signs of agitation and how staff should respond.

We spoke with staff who were able to describe in detail the people they were caring for. They all demonstrated a thorough knowledge of people's current needs and their life histories. Care staff told us they read peoples' care plans. One member of staff told us "Our care plans are the best I've ever seen because they contain so much detail about people".

A comprehensive activity and engagement programme was in place, and the weekly programme confirmed a wide variety of activities offered to people. The activity staff told us they organised outings on a regular basis and told us about the regular local trips, such as to the local cafes, shops and the riverside. In addition, they involved and engaged with the local community and obtained a variety of input into the activity programme from, for example, volunteers, local medical students, art students and the local school. They told us, "I just want people to feel involved." We received positive comments from people about the range of activities provided. For example, one person told us, "Excellent, they do all sorts of things, I turn up at everything, there was a spa afternoon yesterday, marvellous trips to the Harbourside." Another person commented, "I like living here its lovely, staff are great I have no problem saying this place is great, I get involved in the activities."

During the days of our visit, we saw activities taking place. We also noted music was played, in communal areas and in peoples rooms, in accordance with peoples expressed likes and dislikes.

For people who were not able, or who chose not to take part in group activities, and spent periods of time in their rooms, the activity staff provided one to one activities. The activity staff told us, "What people may want and like to do can vary from day to day. For people who choose to stay in their rooms, or who are in bed, I am there to provide whatever they may like, from reading, to chatting to doing a simple activity. I really try to provide what they want individually."

People and relatives had access to a complaints procedure. They told us they would feel comfortable raising a complaint or speaking with the registered manager if they had any concerns.

One relative raised a concern about staffing levels during our visit. The registered manager visited the relative and told us their concerns had been resolved. The complaints records did not always provide up to date detail about the investigations undertaken and on occasion, the outcome of a complaint. The registered manager told us they would take action and they addressed the minor shortfall before the end of our visit.

Visitors were made welcome and we saw there were no visiting restrictions. One person told us, "They [the care home] are good with family visits –seems they [visitors] can come anytime."

## Is the service well-led?

### Our findings

People and relatives told us they considered Riversway Nursing Home was well-managed. Comments included, "Yes, in and around if I wanted to speak to her [the registered manager] I'm sure I could," "Good management here. Not sure of manager's name and there's other manager's too [the service manager's]," and "I don't need to know [who is in charge] but I know my son does."

People and their relatives had been given the opportunity to provide feedback about the service. We saw the results from the most recent survey that was displayed in the reception area of the home. The survey asked that people comment on the care and services they received. The feedback was mostly positive and had improved from the previous year. Resident meetings were also held on a regular basis and minutes were recorded and available.

We spoke with the registered manager about the quality assurance systems that checked the quality of the service provided. We checked the records and established there was a range of auditing and quality monitoring systems in place. These included checks of equipment, care plans and medicines management records. We saw that actions had been taken where shortfalls were identified or when improvements were needed. For example, shortfalls in medicines management led to the medicines administration system being reviewed and changed.

Staff spoke positively about the organisation and told us that Riversway Nursing Home was a good place to work. Comments included, "I love working here. I have only been here a short while but I am really enjoying it. I get to spend lots of time with residents," "Now we have a second tier of management, staff are much more open and in return team leaders are open with management. Communication is so much better" and, "The manager is very good. We have some [people with] complex needs here, but everyone helps out".

Staff told us they had the opportunity to express their views, and that they felt listened to. A range of staff meetings were held to make sure communication was effective throughout the home. We read the minutes from staff meetings, and saw the head of human resources had attended one of the recent night staff meetings in March 2017. Topics for discussion included the sharing of findings following the achievement of an Investors in People Gold award. The head of human resources attended the meeting to congratulate and thank the staff team.

Staff training and development was promoted within the organisation. A learning and development coordinator had recently commenced in post in the home. They had reviewed and changed how mandatory training was delivered to staff. They told us they provided more 'face to face' training for staff and had received positive feedback.

A business continuity plan set out the procedures to be followed in the event of an incident that caused disruption to normal working. If this incident affected the ability of the care home to give care as usual, maintain adequate safety and the well-being of people and staff, the plan had guidance on the action that should be undertaken. These could be events such as disruption to gas, water or electric supply or failure of

equipment within the service.

We found that we had not always received notifications about important events the provider is legally required to tell us about, in a timely manner. For example, we contacted the provider in April 2017 when we were made aware a person in the home had a pressure ulcer. When pressure ulcers are of a specific severity, they are reportable to us. This had been identified in March 2017 and was not reported to us. We agreed this was an oversight and the notification was submitted after we contacted the care home to request the required details.