

Riversdale (Northwest) Limited

Riversdale Nursing Home

Inspection report

14-16 Riversdale Road
Wirral
Merseyside
CH48 4EZ

Tel: 01516252480

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Riversdale Nursing Home is a care home, providing nursing and residential care to up to 40 people, some of whom are living with dementia. At the time of the inspection, there were 29 people living in the home.

The home is situated on a residential road in West Kirby. Bedrooms are situated over three floors, with lift access between all floors.

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

People experienced high quality support that was compassionate and caring, from staff they had developed meaningful relationships with and who knew them well. We found some examples of how staff had gone the extra mile for people. Staff supported people in ways to promote their dignity and enable them to be as independent as they could be.

People told us they felt safe living in Riversdale. They were supported by sufficient numbers of staff who had been recruited safely. Staff were aware of safeguarding procedures and referrals had been made appropriately. Risk to people had been assessed and measures put in place to reduce identified risks.

People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act 2005. 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/ did not support this practice. People's nutritional needs and preferences were known and met and we received positive feedback regarding meals available. When there were concerns regarding people's health, the service worked closely with other health professionals to meet people's needs.

Detailed and personalised plans of care were in place that were reflective of people's needs and had been reviewed regularly. People were supported to access activities both within the home and in the local community, and to maintain relationships that were important to them.

Systems were in place to monitor the quality and safety of the service. People, staff and relatives were able to share their views to inform changes and improvements within the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 26 July 2018) and there were breaches of regulation identified. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Riversdale Nursing Home

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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Riversdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care

provided. We spoke with 11 members of staff including the provider, registered manager, general manager, senior care workers, care workers, activity coordinator, maintenance staff and the chef. We also spoke with two visiting health professionals to gain their views of the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance checks were reviewed.

After the inspection

We spoke with another health professional who had recently worked with the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as accurate records were not maintained to ensure people received care that kept them safe.

At this inspection, we found that enough improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people had been assessed and measures were in place to reduce identified risks. This information was clearly recoded within people's care files with guidance on how staff should support people to ensure they remained safe. A relative told us, "They are very good at managing risks, they have got things for [relatives] heels and a ripple bed. There was a risk of pressure sores but that's been managed well."
- Checks were completed to ensure pressure relieving mattresses were on the correct setting. We found that one mattress setting did not correspond to the guidance in the care plan. This was reviewed by the registered manager who confirmed the mattress was on the correct setting and the care plan was updated to reflect this.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff were aware of emergency procedures and had been trained in the use of evacuation equipment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person told us, "Oh indeed, I feel safe" and a relative said, "Yes, [relative] is safe here, I wouldn't have him here if he wasn't. They manage the risk of falls well."
- Staff were aware of how to raise any concerns they had and told us they would not hesitate to do this. A safeguarding policy was in place to guide staff in their practice.
- Most staff had completed safeguarding training. One staff member who had not done the training, completed it by the second day of the inspection.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.
- Referrals had been made appropriately to Wirral safeguarding team.

Staffing and recruitment

- Staff were safely recruited as all necessary pre-employment checks were evident. This helped to ensure that only people suitable to work with vulnerable adults were employed.
- People told us there was usually enough staff to meet their needs in a timely way and most staff agreed

that there was always enough staff on duty. One person told us, "I have two call bells, one by my bed and one by my chair, and they are always answered quickly." A relative told us, "Staffing levels would not be a concern."

- Agency staff were utilised when required and the registered manager told us they used the same few agency staff for consistency of care.

Using medicines safely

- Medicines were administered by registered nurses who had been assessed as competent.
- People told us they received their medicines when they needed them. One person told us, "I know what medication I am taking, and they always bring it at the right time. I've never been left in pain."
- Records of administration were maintained and completed comprehensively.
- People who were prescribed their medicines as and when needed (PRN), had required protocols in place to guide staff when their medicines should be administered.

Preventing and controlling infection

- People told us their home was always kept clean and tidy. Their comments included, "It is spotlessly clean here, it is not for your benefit, it is always like this. You couldn't ask for anywhere nicer", "I think the home is clean and tidy, plus it feels homely, I have never experienced bad smells" and "They are in my room every day cleaning and they are good with the laundry."
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Hand gel was available throughout the home.
- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and we saw that these were used appropriately.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. They were reviewed regularly to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as contacting emergency services, or making referrals to other healthcare professionals for advice and guidance.

Is the service effective?

Our findings

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 as 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.

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 when this is in their best interests and legally authorised under the MCA. 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.

At the last inspection the provider was in breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as it was not clear whether appropriate applications had been made to deprive people of their liberty lawfully.

At this inspection, we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

- Each person had been assessed to establish whether they required an application to deprive them of their liberty. When needed, applications had been made and three authorisations had been granted.
- A log of all applications and authorisations had been developed and any conditions were being met. People's care files included a DoLS care plan, informing staff of the application and when it had been authorised.
- People's consent to their care and treatment had been sought and recorded appropriately. When people were unable to provide consent, decisions were made in their best interest.
- When people had a registered power of attorney, records regarding this were not always clear. The general manager agreed to update records to ensure they were clear and accurate.

- People told us staff asked for their consent before providing care and we saw this during the inspection. One person told us, "They always obtain my consent and always use aprons and gloves carrying out the care."

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

At the last inspection the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as records regarding the care and treatment people required were not always maintained.

At this inspection, we found that sufficient improvements had been made and the provider was no longer in breach of regulation regarding this.

- People's needs were assessed prior to people moving into the home, to ensure staff were aware of and could effectively meet these needs.
- Detailed plans of care had been developed based on these assessments, as well as assessments provided by other health and social care professionals.
- Champion roles, for instance dignity champions, had been developed and staff were undertaking training relevant to their champion role, so they had up to date information regarding best practice in that area.
- Individual transfer forms had been completed to ensure essential information could be effectively shared with other professionals when required, such as when admitted to hospital.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained and staff told us they had enough training to enable them to meet people's needs. One person told us, "Yes, I believe the staff have all the skills and experience to meet my care and health needs. They appear to work well together and know what they are doing."
- Staff felt well supported. They had received regular supervisions and appraisals and told us they felt able to raise any issues they had with the managers.
- Staff received an induction when they started in post and staff told us they shadowed senior staff until they knew how to support people safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care files. One person told us, "They all know what I like and dislike. They know I like milky coffee and I don't like mushrooms."
- People were happy with the meals available to them. One person told us, "The food is great, it's just like my mother used to make. It's good quality and lots of fresh vegetables. There's a good choice, the menu is on the dining table and today's choice is on the blackboard. It's varied, I've no complaints, its good wholesome food." Another person said, "They don't overfill you, but the portions are enough, I've never been hungry. You can have drinks anytime you want." A relative told us, "They're always coming around with drinks and snacks, and they offer tea and cakes to visitors."
- If there were any concerns regarding people's weight, referrals were made to the dietician for their specialist advice.
- We observed staff supporting people during lunch, checking they had everything they needed or if they required any help.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's care records showed that referrals were made to other health professionals in a timely way when their specialist advice was required. Advice provided by these professionals was incorporated within people's plans of care.
- Visiting health professionals told us staff knew people's needs well and made appropriate and timely referrals to their services.
- People told us staff supported them with their health needs and arranged for visits from relevant professionals when needed. One person told us, "You can get to see a doctor if needed and there's the practice nurse who is around, I've got my own dentist and optician and the chiropodist comes every six weeks." A relative said, "They are pretty prompt at getting doctors if needed and any medical appointments, they always accompany [relative]."

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

- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.
- A lift was available to help people reach all floors of the home. Bathrooms had been adapted to help ensure all people could access all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

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 good. 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

- Staff were motivated to provide care that was kind, caring and compassionate and it was clear this was promoted by all the management team. People's feedback told us people received high quality and person-centred care. Their comments included, "I'm very happy here and I would recommend it", "The staff are very good in here, very helpful. I can't speak highly enough of [name], they are smashing, and the girls are very nice" and "They are very kind and compassionate and they always treat me with respect. They know what you like and what you don't. You can talk to them and they pass the time of day with you."
- Relatives agreed that people received high quality care. One relative told us, "They treat people as people here, rather than patients, and there are lots of nice little touches about the place. This place was recommended to me and I would recommend to others. I know my [relative] is happy here and I can't praise it enough." Comments in a recent relative's satisfaction survey included, "Care is excellent, thank you" and "Really lovely care home, so glad my [relative] is in safe hands."
- Health professionals had also completed surveys recently and their feedback was also very positive. One professional wrote, "The care [name] is receiving is outstanding."
- It was clear that meaningful relationships had been developed between staff and the people they supported. Staff knew people well and had begun creating memory books and case studies for people. The case studies provided detailed, personalised information about the person, their family, significant life memories, previous jobs and holiday and how they now wanted to be supported. This enabled staff to provide person-centred care. The memory books contained photographs and descriptions of the events they had captured. For instance, one person's book included a photograph of them sat in the garden on a sunny day. The text stated that the person had told staff that moment was the happiest they had been in years and so they took a photograph to capture this for them and to share with their family members.
- We were told of many examples where staff had gone the extra mile for people. For instance, one staff member told us they regularly brought in a Chinese meal for one person as they knew they really enjoyed it. Another staff member told us how one person had smelt a perfume they liked, so staff had gone out and bought it for them. A wishing tree had been created for people to share their dreams or goals. Staff had begun supporting people to achieve some of these and one person's had recently been met.
- People's diverse needs were known and respected, including any characteristics from the Equality Act 2010. Staff supported all people with relationships that were important to them and were open to people of all faiths and beliefs. An equality and diversity policy was in place and staff had received training in this area.

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

- People's feedback regarding the service was sought and people had been involved in the creation of their

care plans.

- People were supported to make decisions and staff sought support and advice from other professionals when necessary, to assist people with decision making. People were supported to access advocacy services when necessary and contact details for these services were readily available in the home.
- Service user guides were available in each bedroom. These contained details about the service and what could be expected, how to make a complaint and information regarding staff that would be supporting people. This helped people make decisions regarding their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be and equipment was in place to enable this. For instance, we observed one person using a plate guard at lunchtime, enabling them to eat independently. When needed due to risk of falls, people had sensor mats to alert staff when they were mobile, without limiting their independence.
- Care plans describe what people could do for themselves and what they required staff to support them with. Plans were written in ways that promoted independence.
- Confidential records regarding people's care were stored securely to protect people's privacy.
- There were enough staff available to enable time for them to provide person-centred and compassionate support to people.
- The provider had policies regarding privacy and dignity, to help guide staff in these areas. Staff were aware of the importance of maintaining people's dignity and could clearly describe examples of how they achieved this when providing care and support to people.

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 improved to good. This meant people's needs were met through good organisation and delivery.

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

- People told us they received care that met their personalised needs and preferences.
- Care plans were detailed and person-centred, reviewed regularly and most plans were reflective of people's current needs. We identified one plan that required updating due to a change in a person's need and this was completed during the inspection.
- People and their relatives were aware of the plans of care and had been involved in their creation. One relative told us, "Yes there is a care plan for [relative], we were involved in it, there were plenty of discussions."
- People's preferences in relation to their care and treatment were reflected throughout the care plans. This enabled staff to get to know people as individuals.
- When people had a specific medical condition, there was detailed information about the condition to help ensure staff understood the condition, side effects to look for, and how it impacted on the person.

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 care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.
- The provider told us they could provide information, such as the service user guide in other formats should it be required.

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's friends and family could visit the home at any time and were always made welcome and people were supported to visit friends and family in the community.
- People's preferred activities had been explored and they were supported to continue these. One person told us they liked to go to the local promenade for a walk, another person liked to go out shopping.
- A range of group and one to one activities were available in the home and people told us they enjoyed these. External entertainers also visited regularly to play music and sing.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was included within the service user guide and was advertised within the home.
- People told us they would not hesitate to speak to staff if they had any concerns. One person told us, "I know how to make a complaint and would feel comfortable in doing so." A relative said, "Yes, we've been asked for feedback, every Wednesday they have coffee and a chat with visitors. I would feel comfortable making a complaint or raising a concern, I think management would expect you to."
- Complaints received had been investigated and responded to appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection but had done previously. The registered manager told us they had worked closely with health professionals during these times to ensure people received a comfortable, dignified and pain-free death.
- Senior staff had undertaken training in end of life care and the service had worked with end of life specialist nurses to utilise current best practice protocols in end of life care.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the systems in place to monitor the quality and safety of the service were not effective.

At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

- The management team had developed systems to assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they were addressed in a timely way.
- Responsive action was taken to any issues raised during the inspection.
- The registered manager developed an action plan following the last inspection and most of the identified actions had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were proud of the service they worked for and told us people received good care. One staff member told us, "It is the best service I have ever worked in" and another said, "Staff go above and beyond and treat people like their own nan or granddad." All staff told us they would recommend the service.
- Staff told us they were well supported in their roles by the management team. They told us the provider and general manager supported them not just professionally, but through issues in their personal lives also; being flexible and understanding of people's different situations.
- Staff were able to raise any concerns they had and told us they were always listened to.
- During the inspection, the managers and all other staff spoke in ways that reflected their commitment to a high quality, inclusive and person-centred service. This had resulted in positive outcomes for people.
- Without exception, people's feedback regarding the quality of service they received was positive. A staff member told us, "I wouldn't stay here if people were not well looked after."

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

- Relatives were kept informed of any incidents involving their family member.
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors.

- Accidents, incidents and complaints were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider, general manager and registered manager were clear about their roles and the responsibilities this entailed.
- A range of policies and procedures were in place to help guide staff in their roles. Staff files contained job descriptions to help ensure accountability.
- The registered manager was aware of incidents that CQC should be made aware of and had submitted statutory notifications appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some systems were in place to engage with people and gather their feedback regarding the service. The management team were trying to build on this further and tried different approaches to get as many people and their families as possible to engage.
- Staff feedback was sought through satisfaction surveys and regular team meetings. Staff told us they could always share their views.
- The provider and registered managers worked with other professionals involved in people's care, to achieve good outcomes for them.
- The management team took part in local initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.