

Nazareth Lodge Limited

# Riverside Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Riverside Nursing Home is a residential care home providing personal and nursing care for people aged 65 and over, including people living with dementia. The service is registered to support up to 39 people. At the time of the inspection there were 25 people living at the service, one of these was staying for a period of respite.

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

At the comprehensive inspection in May 2021 we found the service had not been consistently led and the governance systems in place had not been fully effective in identifying shortfalls in the quality of the service and then improving the quality of the service. At this inspection we found the provider had made improvements, but systems were still not effectively and consistently operated to assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.

The providers quality monitoring systems did not identify concerns and ensure the safe running of the service. Most of the provider's audits had not been completed and therefore had not identified risks and areas of concern found at the inspection. Where audits and checks had been completed, they had not always identified risks.

Oversight of staff recruitment needed to improve to ensure staff were recruited safely. The provider needed to ensure their recruitment process was robust and that relevant records were available and reviewed to ensure prospective staff were suitable to work at the service.

We were not assured by all of the providers infection prevention and control measures. Staff did not always use PPE effectively and safely and in accordance with current government guidelines.

The provider had not ensured staff had been supported through regular supervisions. They had not had the opportunity to discuss their work, receive feedback, and identify further training and development needs. The new manager planned to complete ten-minute supervisions with all staff in January 2022.

Staff had not completed a comprehensive induction and staff new to care had not completed the Care Certificate or an equivalent induction programme. This would ensure they had the relevant knowledge and skills to care for people safely, when they started working at Riverside Nursing Home.

The provider was keen to continuously improve the service and accepted our feedback. They began to make improvements after the inspection and provided CQC with updates on progress made.

Following a recommendation at the May 2021 inspection the provider had been working to improve the dining experience for people and ensure people received their required diets. Improvements were still ongoing with new menu's being developed.

The service had not had a registered manager in post since January 2021. After our last inspection a manager had worked at the home but had not registered with CQC and had since left the service. The providers registered manager from their other service, along with a care consultant, had been supporting the provider in the absence of a manager.

A new manager had been recruited to formally take up the position in January 2022. They had undertaken eight days to familiarise themselves with the service. They had developed a three-month plan of actions they had identified they needed to undertake. Staff expressed confidence in the new manager.

There were improvements in staff training. The provider and management team had been working with staff to complete the required mandatory training through online courses and in-house training. Additional training specific to people's needs was also scheduled.

People said they felt safe. Staff had received safeguarding training and recognised signs of abuse. There were enough staff to meet people's needs. There was a pleasant atmosphere at the home, staff were not seen to be rushing and were observed interacting positively with people and taking their time to chat with them.

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 in practice; the policies and systems in the service supported this practice.

The provider had continued to make improvements to the environment. This included the outdoor space which offered a nice, secure place for people to use. A new summer house which offered people and their relatives an alternative space to meet and socialise in.

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

The last rating for this service was Requires Improvement (published 22 June 2021) and there was a breach 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 enough improvement had not been made and the provider was still in breach of regulation.

#### Why we inspected

We received concerns from the local authority Quality Improvement team in relation to, fire safety at the service, staff levels, staff training, people's nursing care needs and care planning. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverside Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Riverside 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.

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 adult social care inspectors undertook the inspection.

#### Service and service type

Riverside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have 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. A new manager had been appointed to formally start at the beginning of January 2022. They had already undertaken a few days at the home to familiarise themselves with the role.

#### Notice of inspection

The first day of the inspection was unannounced. We arranged to visit for a second day so we could meet with the new manager and the care consultant the provider was using.

#### What we did before the inspection

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.

Following the last inspection, the provider sent us an action plan describing actions being taken regarding the requirement of Regulation 17 found at the last inspection. We reviewed this and all the other information we had received about the service since the last inspection.

The local authority Quality Improvement team shared with us a report of their findings from a joint contract quality monitoring visit with NHS Dorset Clinical Commissioning Group on 22 November 2021. We used all of this information to plan our inspection.

During the inspection-

We met most of the people who lived at the home and spoke with four of them about their experience of the care provided. We also spoke with three relatives visiting the home to ask them about their view of the service.

We spoke with 17 members of staff including the provider, a registered manager (acting manager) from the provider's other home who was overseeing the service, the deputy manager, a registered nurse, a team leader, care workers, housekeeper, activity staff, the cook, the kitchen assistant, administrator and the maintenance person. We also spoke with the new manager who was formally starting their contract in January 2022 and a care consultant who was supporting the provider in the absence of a manager.

As most people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people and staff in the two lounges and dining areas during breakfast, morning, lunch and afternoon.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, maintenance records, cleaning schedules, staff rota's, monitoring charts, fire documents and external servicing records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix and information sent by the provider. This included, an action plan following the Quality improvement report, a reflective provider report, the new manager's observation and plan, photographs of external improvements, and information which was not available at the inspection.



# 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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the comprehensive inspection in May 2021 we found people were not protected from emerging and ongoing risks due to failures to identify and monitor relevant risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- However we found not all equipment was safe, which meant people were not always protected from the risk of avoidable harm. The arrangements for monitoring and reviewing risks relating to equipment were not robust. Staff recorded maintenance concerns on the providers tool to capture information about required maintenance and repairs. For example, some bed rails had recurring faults. The faults were regularly repaired but failed again. We checked bed rails and found two posed a risk to people. We asked the provider to take immediate action to ensure people were protected which they did. After the inspection an external company reviewed and repaired all of the bed rails and said they were for the 'short term safe'. We found no evidence that people had been harmed. Action had been taken to remove the risk by the maintenance person promptly repairing bedrails which had been reported as faulty.
- The Landlord's gas safety certificate was out of date. Although gas boilers had received some maintenance and servicing since the last inspection, the gas safety certificate was dated 27 June 2019. The provider said delays had been caused due to the pandemic and the availability of engineers. Arrangements had been made for an engineer to visit in January 2022 to ensure all gas systems were safe.
- Care plans contained explanations of the control measures for staff to follow to reduce people's risks and keep them safe. Staff understood where people required support to reduce the risk of avoidable harm. People's risk assessments provided information about how to manage and minimise risks related to falls, pressure ulcers and poor nutrition/dehydration.
- Several people required a modified diet to prevent difficulties with swallowing. Staff, including kitchen staff were aware of each person's requirements and preferences. This helped to ensure risks were reduced and people received the diet recommended for them.
- Risks relating to skin damage were well managed. The management team confirmed that no-one currently living at the service had significant pressure damage. Where people were at risk, the appropriate equipment was in place. For example, pressure relieving mattresses and cushions. Records showed staff



checked pressure mattresses daily to ensure they were set correctly and in working order.

- The provider had systems in place to check the safety of the premises. Fire safety measures were in place, including personal evacuation plans to make sure people could be safely evacuated in the case of an emergency. The provider was ensuring that recommendations from the recent Fire Service visit were being actioned. This included replacing some fire doors, including those we found to be defective on the first day of the inspection.
- Other potential environmental health and safety hazards had been addressed. For example, the risk of burns or scalds from radiators or hot water. Windows checked by us had been restricted to prevent falls. Regular checks were made by the maintenance person to ensure these risks were reduced and any action needed was taken promptly.

#### Staffing and recruitment

- The recruitment records we reviewed did not contain the required information to demonstrate the provider had followed safe recruitment practices to ensure prospective staff were suitable to work at the service. Satisfactory evidence of conduct in previous health and social employment was not on file for one member of staff. There were unexplained gaps in one staff member's employment record. The provider said these had been explored during the interview, but no record could be found. We discussed this with the provider and management team and documents which had not been in the recruitment files at the inspection were sent to CQC after the inspection.
- Concerns had been raised with us prior to the inspection about staffing levels at the home. We found there were enough staff to meet people's needs. There was a pleasant atmosphere at the home, staff were not seen to be rushing and were observed interacting positively with people and taking their time to chat with them.
- The provider was trying to recruit additional staff to fill vacancies. They told us recruitment had been very difficult as there was a national shortage of adult social care staff.
- Staff said they felt there were enough staff to meet people's needs. They said there was occasional unexpected staff sickness which meant they might be short. Any gaps in the rota were covered by existing staff working extra shifts, so the service no longer needed agency staff. This provided better continuity of care for people.
- One person required one to one support, consistent staff from a local agency undertook these shifts.
- People and relatives said they did not have any concerns about staff levels. They said staff were always attentive and responded to call bells reasonably promptly.
- Call bell audits showed that the longest people had to wait for staff to respond was nine minutes. These response times had been reviewed and we were told the preferred response time was three minutes. The management team had taken action to address the response times. These included discussion with staff on the shift to explore what the issues were; reminding staff of the preferred response time and continuing to monitor and adjust staffing levels as and when needed.

#### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. The thermometer used to check staff and visitors' temperatures on arrival was not accurate for two consecutive days prior to our visit. Staff had not identified this concern and alerted the management team. Once we brought this to the attention of the management team this was rectified.
- We were not assured that the provider was using PPE effectively and safely. Staff did not always wear their masks correctly and had to be reminded on several occasions. Staff did not always follow guidance when dealing with dirty laundry.
- We were not assured that the provider's infection prevention and control policy was up to date. The management team confirmed this would be updated as soon as possible. An updated copy was sent to CQC

after the inspection.

- At the time of the inspection, the service did not have an infection prevention and control lead to ensure good standards were maintained. The person identified in the policy had left the service some time ago. The provider confirmed the new manager would be the lead for infection prevention and control in the future.
- The service was clean and free from unpleasant odours. However, records in relation to cleaning tasks were inconsistent, with several gaps. Records did not confirm that frequently touched points were regularly cleaned to prevent cross infection. Action was taken during the inspection to put in place regular touch point cleaning.
- The laundry areas required improvement as they were in a very poor state of repair. Plaster on the walls of the laundry was crumbling and flaking in areas. The floor coverings were breached in places exposing concrete, which meant it was difficult to clean or wash. The laundry floor and walls were dirty and dusty, and a considerable amount of dust and debris had accumulated behind the washing machines and driers. There was a large hole in the ceiling of the smaller laundry room. The provider explained this had been caused by a leak. They confirmed the fire service had viewed this during a recent visit and there were no safety concerns. The provider confirmed the ceiling would be repaired as soon as possible.
- Although infection control and prevention audits had been completed for October 2021 and November 2021, they failed to identify the issues within the laundry areas. The provider explained the refurbishment of the laundry areas was part of the overall improvement plan for the service. On the second day of the inspection some improvements were being made to the laundry to ensure the risk of cross infection was limited and staff worked safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with had received safeguarding training and were aware of what to report. They confirmed they would report any concerns immediately, but some were not sure who they should report concerns to. Most were aware of external agencies to contact should they have any concerns.
- People and their relatives said the service was safe. People said they received safe care from staff. One person who was assisted to move with a hoist said, "They (staff) are good with the hoist. I feel safe with them. They don't rush and are very careful". Another person said, "Yes I am fairly safe... nothing terrible happening here". A relative told us how kind and caring they found the staff towards their loved one. They said, "I've got to say the care is fantastic. There's never a cause for concern. Staff are kind and gentle and they really seem to love (the person). One or two of the younger care staff are especially kind and lovely."

Using medicines safely

- People received their prescribed medicines safely and on time from staff who had received training and had their competency assessed. Medicines were administered in an unhurried manner and people were given the support they needed.
- An electronic system was used to record all medicines administered. This enabled the management team to identify any errors immediately and take action.
- Medicines were stored safely, including medicines requiring extra security. There were suitable

arrangements for ordering, receiving, and disposal of medicines.

- A piece of medical equipment, although not in use, required servicing to ensure it was in good working order if and when needed.

#### Learning lessons when things go wrong

- There had been a joint contract quality monitoring visit from the local authority Quality Improvement team and NHS Dorset Clinical Commissioning Group on 22 November 2021. This visit had identified areas of concern. We found the provider and management team were taking action to resolve issues identified at this visit. They had completed an action plan setting out the actions they were undertaking. For example, they were updating people's care plans to ensure they contained the information required for staff to support them safely.
- Staff reported accidents and incidents. The acting manager had put in place a monthly audit to monitor themes or trends. They had completed the audit for November 2021 and had advised the new manager in a detailed handover document that this was required each month.

# 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 as requires improvement. At this inspection this key question has remained the same

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not adequately supported staff through supervisions or appraisals of their performance. We found at the last inspection in May 2021 that staff had not received opportunities to discuss their work, receive feedback, and identify further training and development needs through supervision. At this inspection staff had still not had any formal supervisions or appraisals. They therefore had not had the opportunity to discuss any required training, learning and development needs, support and to ensure their competence was maintained. The provider had told us in their action plan dated 30 September 2021, signed by the manager, 'Supervisions are being undertaken and there is now a tracker in place.' We found this had not taken place.
- The provider had not adequately supported new staff to complete a comprehensive induction to ensure they had the relevant knowledge and skills to care for people safely, when they started working at Riverside Nursing home.
- Records showed that new staff completed a 'one day induction form' when they started work. This included familiarising themselves with the 'facilities', emergency call bells, emergency contacts, policies and procedures and the employee's handbook. Staff said they completed a couple of shadow shifts, working alongside experienced care staff.
- The provider did not support staff new to care to undertake the Care Certificate or an equivalent induction programme to prepare them for their role. The acting manager said they used the Care Certificate at the home they managed and had been in discussion with the provider about introducing the Care Certificate at Riverside Nursing Home.

The provider had not ensured staff had the appropriate support and supervision to enable them to carry out their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager told us they planned to have a ten-minute supervision with all staff when they formally started in January 2022. They confirmed they had carried out two staff supervisions where they had identified a need.
- At the last inspection we identified that some staff were out of date with their training. We saw improvements at this inspection, the training matrix showed staff had completed most of the providers mandatory training. The provider and management team had been working with staff to complete the

required mandatory training through online courses and in-house training.

- A training schedule had been developed for ongoing training and specialist training to meet people's needs. Planned training included, sepsis, diabetes, catheter care, dementia awareness, Parkinson's disease and dementia awareness.

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

- On the first day of the inspection people did not know what the options were for the main meal.

Comments included, "Haven't got a clue what we have for lunch" and "It's always a surprise!" There were no menus to remind people about the meals on offer. Orders were taken the day before, but people living with memory loss would benefit from additional prompts to ensure they are happy with their choice. Following the inspection the provider made us aware they had provided large written menu's to help people with memory loss and visual impairment be aware of the meal choices.

- The provider had told us in their action plan dated 30 September 2021, signed by the manager, 'Menu holders have been ordered to enable menus to be displayed on tables in the dining room'. These were not in place.
- At the May 2021 inspection we made a recommendation that the provider follows current guidance in regards mealtime experiences and nutrition support. At this inspection we found the provider and management team were working to improve the dining experience for people.
- Improvements had been put in place in relation to staff understanding of modified and specialist diets. The training matrix showed that staff had completed training in diet and nutrition and food hygiene. The information in the kitchen clearly identified people's specialist dietary needs. Notices had been placed on people's bedroom doors to remind/alert staff about the person requiring a specialist diet.
- The activity co-ordinator told us they had been creating a "memory menu" with people. This was to be introduced along with daily menus to remind people of daily choices.
- Most people said they enjoyed the food served. Comments included, "It is usually very nice" and "Can't grumble about the food here..." A relative told us, "The food is lovely. I've had lunch here several times myself..." One person did say they would like an alternative to mash potato, they said, "I get mash with everything...It's not really to my liking". The introduction of memory menus aimed to ensure people's preferences were fully reflected in the new menu.

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

- The provider had continued to make improvements to the environment. Refurbishments included; Upgrade to the call bell system, new carpets and flooring. The outdoor space had been redesigned and refurbished and offered a nice, secure place for people to use. A new cosy summer house had been built which offered people and their relatives an alternative space to meet and socialise in.
- The provider had an improvement plan setting out continuing improvements for 2022. This recorded, 'Continued upgrades to the internal and external décor of the home and the equipment and this includes the kitchen flooring, shower rooms, upstairs nurses' stations, and medical treatment room.'
- People could personalise their bedrooms and we saw they were supported to decorate their rooms with items of personal significance.
- There was a lift available to people to move between the floors safely and to access the communal areas and the recently levelled and redesigned external area.

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

- People's needs and choices were assessed and reviewed. Care plans had been reviewed by the care consultant and reflected people's needs. Staff said they were able to refer to care plans and any updates were discussed regularly at the daily handovers.
- The new manager had started a new system called 'resident of the day'. On the person's designated day,

their care records would be reviewed, the manager would speak with the person and their relatives, their bedroom would be deep cleaned, and cupboards tidied.

- Assessments showed the service took account of best practice guidance. For example, in relation to nutrition, prevention of falls and pressure ulcers.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals. Referrals had been made to external specialist professionals such as tissue viability nurses; speech and language therapists and mental health services to support where required.

- Information and advice from health professionals had been included in care records. For example, recommendations made by the speech and language therapy team. We observed people were provided with the recommended texture/consistency of food.

- A health professional had recommended some exercises for one person to help with their mobility and dexterity. There were clear instructions for staff to follow to support the person. Records showed staff carried out the exercise programme on most days. There were some gaps in the records. One staff member explained this could be where the person declined. However, this was not recorded.

- Relatives felt confident people were receiving the right care and support from staff and had access to other health care services and professionals. One said, "There's really good communication with the staff here. I can speak to them when I need to, and they are happy to answer any of my questions quickly. They ring me if there are any changes."

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.

- The care consultant brought in by the provider had recently reviewed people's DoLS applications and updated relevant documentation which was shared with the local authority.

- Mental capacity records were aligned with people's care plans and included information on people advocating on their behalf.

- People told us they were able to choose what they wanted on a day to day basis and information on how to enable them to do so was included in their care plans.

- Staff received training in MCA and DoLS and knew how to support people to make choices.

# 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 remained the same

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the comprehensive inspection in May 2021 we found the service had not been consistently led and the governance systems in place had not been fully effective in identifying shortfalls in the quality of the service and then improving the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- At this inspection we found the provider had made improvements, but systems were still not effectively and consistently operated to assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.
- The majority of the provider's audits had not been completed and therefore had not identified risks and areas of concern found at the inspection. Audits which had been completed by the management team did not always identify and escalate relevant risks and issues. For example, two infection control audits had not been meaningful and had not identified the infection control risks in the laundry. Another example we found was the daily kitchen monitoring document and the daily walk around sheet which included checking stock had not identified there were yogurts in the fridge that were two days out of date.
- We could not see that there was oversight by the provider to monitor the overall risk at the service. For example, staff had recorded several times that the same bedrails were faulty. Action had been taken by the maintenance person to mend them but this in some cases had only been a temporary fix. Staff completed a monthly bedrail check but had not identified the bedrails of concern we found. The provider told us they had not been aware of the reoccurring faulty bedrails. Therefore, there was not a system in place to monitor and mitigate risks.
- The provider had not ensured staff had received regular supervisions to identify further training and development needs, support required and gain feedback.
- The provider had not ensured there were always good infection control practices at the home.
- The provider had failed to ensure risks related to fire safety had been properly identified and managed. Following a visit from the Dorset Fire Service improvements were being made.



- Oversight of staff recruitment needed to improve to ensure staff were recruited safely. The provider needed to ensure their recruitment process was robust and that relevant records were available and reviewed to ensure prospective staff were suitable to work at the service.
- Records were not always accurate or readily available for us to view during the inspection.

We found no evidence that people had been harmed. However, the failure to have an effective system in place to monitor the safety of the home was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had not had a registered manager in post since January 2021 which meant the staff team lacked leadership and direction at times. The provider told us at the last inspection in May 2021 that they had recruited a new manager. The new manager had worked at the home and had submitted an application to CQC to be the registered manager. Unfortunately, before this application was processed by CQC they had left the service. The providers registered manager from their other service, along with a care consultant, had been supporting the provider in the absence of a manager.
- A new manager had been recruited to formally take up the position in January 2022. They had undertaken eight days to familiarise themselves with the service and met with us on the second day. They had developed a three-month plan of actions they had identified they needed to undertake. Staff expressed confidence in the new manager.
- The acting manager from the providers other service who had been overseeing Riverside Nursing Home had completed a comprehensive handover document setting out clearly where there were gaps and what needed to be undertaken. This included the need for the new manager to undertake supervisions and complete the provider audit program.
- We discussed with the provider the need to supervise and monitor the new manager in their role to ensure that previous failings did not reoccur.
- The provider was at the service most days, working with the management team to make the necessary improvements. They undertook night visits to ensure there was a consistency in care delivery and good security at all times.
- Staff completed a daily walk around to spot check areas of the home. This included, checking the cleanliness and tidiness of the laundry, kitchen, communal areas, that people had received personal care and medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 rating from the previous inspection was on display at the home as required. We discussed with the provider that some paperwork being used still reflected the previous rating and the provider's other service. The provider said they would take action and not use paper footed with the previous rating or from the other service.
- People said they were happy living at the Riverside Nursing home. There was a calm, warm welcoming and relaxed atmosphere.
- People's relatives commented about how they were kept informed about felt confident in the provider and staff.
- The new manager was very open and honest and understood their responsibility under the duty of candour to be open and honest when things went wrong.

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



- The provider had engaged with people and relatives in the running of the service. People had completed a survey which was mostly positive. We discussed with the provider sharing the findings of the survey, so people knew their views were listened to and acted upon. The provider said they would share the findings of the surveys.
- Staff received a handover at the beginning of each shift to inform them about people's changing needs.
- The new manager had started a daily ten-minute meeting with all departments to discuss what was happening in the home, any concerns or expected visitors. Staff meetings had been held. Staff completed a 24-Hour daily report, which included information about staff absence, accidents and incidents and skin integrity. This meant the manager had a clear oversight of the service.
- Staff had good links with other health and social care professionals. Visits from other professionals had continued to take place during COVID-19 restrictions to ensure people had access to the care and support they needed.

#### Continuous learning and improving care

- The provider was keen to continuously improve the service and they accepted our feedback. They began to make improvements after the inspection and provided CQC with updates on progress made. They recorded in a reflective report written on 20 December 2021 which they sent to CQC, 'My priority as a provider is the quality of care of my residents and my aim is to deliver excellent service all the time and to keep up with ongoing government and local guidelines and most importantly support our residents, relatives, and staff in what really has been unprecedented times'.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>17(1)(2)(a)(b)(d) Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>18(2) The provider had not ensured staff had received appropriate support, supervision and appraisal necessary for them to carry out their roles.  |