

Riversdale (Northwest) Limited

Riversdale Nursing Home

Inspection report

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Date of inspection visit:

31 May 2023

03 August 2023

Date of publication:

31 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Riversdale Nursing Home is a residential care home providing personal care and accommodation for up to 40 people, over three floors in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection 22 people were using the service.

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

People and their family members told us they felt safe at the home. One person said, "I feel safe here. Staff are nice to me." One person's family member told us about their relative, "We are not worried about anything here, she is safe." People were safeguarded from the risk of abuse.

People praised the approach of staff at the home. There was a warm, friendly, and good-humoured atmosphere at the home. It was clear that people were relaxed and comfortable; and they had positive relationships with staff members.

The provider had been effective in managing risk at the home. A series of checks took place that helped ensure the building, environment and equipment used was safe and fit for purpose. The home was clean, and we were assured that the provider was supporting people living at the home to minimise the spread of any infections.

We have made a recommendation regarding fire doors at the home.

Any risks that were anticipated during people's stay at the home and arising from their care and support were assessed and plans were in place to reduce these risks. The risk assessments in place were person centred, thorough and gave clear information for staff on how to support people to reduce these risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they felt listened to and were consulted regarding choices at the home. One person told us, "[The manager] helps me; she sits down and explains things and works them out with me."

There were enough suitably qualified and experienced staff deployed at the home. People told us there was enough staff; they were provided with care when they needed it.

The provider had effective oversight of the safety and quality of the service being provided for people; and the provider and interim manager were responsive if anything went wrong at 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 11 October 2021). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; 'Is the Service Safe?' And 'Is the Service Well-led?' which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riversdale Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

This inspection was completed by one inspector.

Service and service type

Riversdale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Riversdale Nursing Home is a care home registered to provide nursing care; the home had previously provided nursing care and had applied to change their registration as they no longer provided nursing care for people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who were staying at the home, and we spoke with 3 people's relatives. We also spoke with 12 members of staff including an area manager, an interim manager, the newly appointed home manager, care staff and other support staff. We also reviewed 5 people's care records and medication records along with other records relating to the management of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor, and mitigate; the risks relating to the health, safety, and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 12.

- The provider had been effective in managing risk at the home.
- A number of fire doors had been refurbished. However, a few fire doors had significant gaps at the bottom of them. This had been previously highlighted in a fire risk assessment of the building.

We recommend the provider have the fire doors at the home assessed by competent persons to ensure they are safe.

- Any risks that were anticipated during people's stay at the home and arising from their care and support were assessed and plans were in place to reduce these risks. The risk assessments in place were person centred, thorough and gave clear information for staff on how to support people to reduce these risks. Risk assessments considered what people were able to do for themselves and enabled them to do so safely. This safely protected people's independence.
- The provider had oversight of safe food storage and preparation that was in line with people's needs and preferences.
- A series of checks took place that helped ensure the building, environment and equipment used was safe and fit for purpose. There were also plans and relevant equipment in place to help keep people safe in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

At our last inspection the provider had failed to safely manage medicines for people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 12.

- People's medicines were safely managed at the home.
- Each person had a person-centred medication care plan, these included people's medical history and protocols providing guidance for staff on the safe use of as and when required (PRN) medicines prescribed to people. These protocols were regularly reviewed, and person centred; they contained information on how people may request medicines for example for pain relief; along with any indications a person may be in pain.
- Controlled medicines were safely managed. There were daily stock checks of controlled drugs and appropriate records were kept up to date.
- The provider had oversight of the safe use of medicines at the home. There were regular checks of the medicines administration system including the reasons why people used PRN medicines. The competencies of staff administering medicines were regularly checked. This helped ensure medicines were used safely and effectively.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- The provider had a safeguarding policy in place; staff received training and were knowledgeable about safeguarding adults from abuse.
- People and their family members told us they felt safe at the home. One person said, "I feel safe here. Staff are nice to me." One person's family member told us about their relative, "We are not worried about anything here, she is safe."

Staffing and recruitment

- There were enough suitably qualified and experienced staff deployed at the home.
- People told us there was enough staff; they were provided with care when they needed it and were responded to in a reasonable time.
- Checks were in place to help ensure the safe recruitment of staff. Checks were made with the Disclosure and Barring Service (DBS). DBS checks provide information including details about applicants' convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Checks were in place for the deployment of workers provided by an employment agency. These helped ensure temporary workers were suitable for their roles. Both permanent and agency workers partook in an induction program.

Preventing and controlling infection

- The home was clean, with a schedule for daily and deep cleaning. We were assured that the provider was supporting people living at the home to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. PPE stations were located at convenient places around the home. We were assured the provider was responding effectively to risks and signs of infection.
- The provider had ensured that visiting to the home took place safely. People's family members told us they were happy with the visiting arrangements. One family member told us, "We are made to feel welcome. We come in and out; they are always really friendly."

Learning lessons when things go wrong

- The provider and interim manager were responsive if anything went wrong at the home.
- The provider ensured there was a record of any accidents and incidents that happened at the home. When something specific went wrong the provider ensured that an investigation took place which looked at the causes of the problem, with a focus on solving the problem and helping to ensure that it did not happen again.
- These investigations were detailed and thorough and focused on any possible contributing factors such as communication, actions taken by staff and management response to the incident.

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

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

At our last inspection the provider had failed to ensure that adequate systems were in place to assess and monitor the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- The provider had effective oversight of the safety and quality of the service being provided for people.
- A series of checks and audits had led to improvements at the home. These included audits completed by the interim manager of people's care plans and their effectiveness, audits of the home's environment, infection prevention and control along with audits of the safe management of people's medicines.
- Regular visits took place by a representative of the provider. These visits included a series of checks on the service. These led to a detailed report and action plan of any identified improvements that were required.
- There were systems in place to help check on people's wellbeing for example when needed monitoring people's food and fluid intake, checking people's weight at agreed intervals, and checking on their wellbeing at identified times throughout the day.
- Regular checks took place on the quality of people's accommodations, including room temperatures. There was a refurbishment program in place; a number of rooms had recently been refurbished.
- The home had been managed by an interim manager since our last inspection. There was a new manager in place who was having a hand over period with the interim manager. The new manager had submitted an application to be registered with the Care Quality Commission (CQC).

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

- There was a warm, friendly and good-humoured atmosphere at the home. It was clear that people were relaxed and comfortable; and they had positive relationships with staff members.
- People praised the approach of staff at the home. One person told us, "The staff are kind to me." Another person said, "I like it here." A third person said, "The carers can't do enough for me. They are dead happy and cheerful, like a ray of sunshine."
- Staff members told us there was a positive culture amongst the staff team. They told us that both the

interim manager and new manager were approachable and listened to them. One staff member told us, "[Interim manager] has helped me to develop my skills." Another staff member told us, "I feel looked after. [Interim manager] has been brilliant with us."

- People's relatives told us their family member has benefited from the positive culture at the home. One person's relative told us, "The home is lovely; it's really, really good." Another family member said, "When at home mum was lonely and withdrawn. But, much better since been here. From day one they were so kind... Their ethos is kindness... people have a laugh here; there is always something going on."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and interim manager had engaged and communicated effectively with all people.
- People were consulted regarding choices at the home. One person told us, "[The manager] helps me; she sits down and explains things and works them out with me." People were provided with information including a service user guide and information on safeguarding adults from abuse, including in an easier to read format.
- There were residents and relatives' meetings, during which the interim manager consulted with people and obtained their feedback. These meetings had recently been used to consult with people on the use of CCTV in parts of the home. The provider had a 'you said – we did' notice board to show where they had listened to people as a group and had taken action.
- People's family members told us they felt involved and listened to. One family member told us, "We were involved in mum's care planning; we can ask them anything. The staff are lovely." Another person's relative told us, "If I have a problem, I have absolute confidence going to the manager. She communicates naturally and I feel in touch with what happens at the home."

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 provider and senior management understood their responsibilities under the duty of candour. They had ensured that any safeguarding alerts were raised appropriately, people and their family members were appropriately communicated with and statutory notifications to the CQC had been submitted.

Working in partnership with others

- The provider and interim manager had promoted working in partnership with outside organisations to promote effective support and care for people. This included staff working in partnership with community health professionals and other organisations to help meet people's needs.