

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rivington View Nursing Home

Rivington View, Albert Street, Horwich, Bolton,
BL6 7AW

Tel: 01204694325

Date of Inspection: 20 August 2014

Date of Publication:
September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Rivington View Limited
Registered Manager	Mrs Alison McGlinn
Overview of the service	Rivington View is a two storey purpose built home that provides nursing and personal care for up to 33 people. The home is situated in the centre of Horwich, Bolton and is close to bus routes, shops and other local amenities. The home has various communal and quiet sitting rooms and provides accommodation in single rooms.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	8
Cleanliness and infection control	10
Supporting workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

Rivington View Nursing Home was safe, clean and hygienic. There were adequate numbers of staff available which helped ensure people who used the service had their needs met in accordance with their care plans.

Accidents and incidents were recorded and audited on a monthly basis. If any shortfalls were identified, further investigation took place and they were addressed appropriately.

Deprivation of Liberty Safeguards (DoLS) become important when a person is judged to lack the capacity to make an informed decision related to their care and treatment. The provider told us no applications for DoLS had been made but knew the procedure to be followed if an application needed to be made. On the day of our inspection, no person who used the service was subject to a DoLS.

Is the service effective?

We spent time in communal areas and saw people received care and support when they needed it. It was clear from our observations and from speaking to staff members they had

a good understanding of the care needs of people who used the service.

People's care needs had been discussed with them during a pre-admission assessment. This helped ensure the person's choices and preferences were recorded and care was provided in accordance with their care plans.

Is the service caring?

Some people had limited mobility and we saw staff supporting them in between rooms which kept them safe. One person who used the service needed hoisting between chairs and we saw staff providing the support in a sensitive and unhurried manner.

We spoke with two people who used the service and two family members who were visiting the care home. One person told us, "Everything here is absolutely superb. The staff are great." Another person told us, "I am more than happy here. I get a little bored at times but that's just me. Nothing to do with the staff."

Is the service responsive?

The provider had a complaints procedure displayed on the entrance wall and a copy was also provided to people who used the service when they were admitted to the care home. The last complaint we saw recorded was in October 2013 and it had been managed appropriately.

During our inspection, we saw people taking part in various activities. There was a dedicated activities room in the care home and we saw evidence of work, for example paintings, that had been completed by people who used the service.

Is the service well led?

The provider had a quality assurance procedure in place that helped ensure the quality of care provided to people continually improved. Care plans were audited every three months which helped ensure staff members had up to date information related to the care needs of people.

GP and professional visits and appointments were recorded in care plans which reflected a multi-disciplinary approach to providing care. The manager told us they had a good relationship with other agencies which helped ensure people had their care needs met as and when required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who used the service were given appropriate information and support regarding their care or treatment. People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection, we looked at five care plans for people who used the service. We saw evidence that people's choices and preferences had been recorded. This meant people had been involved in creating their care plans. Consent forms related to the taking of photographs and sharing of information were signed by the person. This helped ensure people understood and had agreed with their care plans. Advance care planning discussions had taken place and records had been signed by the person or a family member. This meant people were provided with the opportunity to express their views in relation to how their care was provided.

The manager told us a staff member had volunteered to be a dignity champion at the care home. This helped ensure people were treated with dignity and treated in a respectful manner. We saw a notice had been placed on people's doors which reminded staff members to knock on the door before entering the room. On several occasions during our inspection, we saw staff members knocking on people's doors. This meant people had their privacy and dignity respected. We looked at the training matrix and saw staff had undergone training in relation to the importance of respecting equality, diversity, dignity and privacy. This training provided staff with the skills and knowledge that helped ensure people were cared for in a respectful manner.

We spent time in communal areas and saw staff members treated people in a patient and caring manner. Some people had limited verbal communication and staff took their time to understand the expressed needs of the person. People's independence was promoted at all times but, when necessary, staff supported them appropriately. We spoke with two people who used the service and one told us, "I get well looked after. I had a choice for my breakfast and I will get a choice at lunchtime. Excellent." Another person told us, "The staff are polite and if you need anything you just need to ask." Some people decided to have their meals in their rooms and their choice was respected. This showed people expressed their views and preferences in relation to how their care and support was provided.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan which was intended to ensure people's safety and welfare.

Reasons for our judgement

The care plans we saw included relevant information related to the care needs of the person who used the service. People had made choices related to food and drink preferences, social activities and spiritual needs. This showed a person centred approach to providing care and support. The manager told us a regular church service was held at the care home for all denominations. On the day of our inspection, we saw a lay-person attended the care home and visited several people in the privacy of their own rooms. GP and professional visits and appointments were recorded in care plans which reflected a multi-disciplinary approach to providing care. The manager told us they had a good relationship with other agencies which helped ensure people had their care needs met as and when required.

Care plans included risk assessments related to mobility, risk of falls, nutritional requirements and moving and handling. We were told these assessments were reviewed on a monthly basis. However, two of the five care plans we checked were not up to date with the required risk assessments. This meant staff members did not have up to date information that reflected the person's current care needs. We informed the manager who assured us this oversight would be addressed without delay.

A daily progress record was seen and the information recorded was up to date. This was completed each time care or support was provided to a person who used the service. Staff handovers were held at the time of a change of shift. Staff members discussed any issues or concerns they felt important which helped ensure people received a continuity of care.

We spent time with people and observed how staff provided the care and support they needed. Our observations showed adequate numbers of staff were available. This helped ensure staff provided appropriate care that met people's needs. Some people had limited mobility and we saw staff supporting them in between rooms which kept them safe. One person who used the service needed hoisting between chairs and we saw staff providing the support in a sensitive and unhurried manner. We heard one person ask for a cold drink and staff responded without delay. There was good verbal interaction between staff and people which provided a calm and happy atmosphere around the home.

We spoke with two people who used the service and two family members who were visiting the care home. One person told us, "Everything here is absolutely superb. The staff are great." Another person told us, "I am more than happy here. I get a little bored at times but that`s just me. Nothing to do with the staff." A family member told us, "Each time I come in everything seems fine. I am always made welcome. The staff are really kind and attentive."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

During our inspection, we walked around the home. We saw it was clean and there were no unpleasant odours throughout the care home. Domestic staff members were cleaning and vacuuming carpets around the home. We saw staff undertaking good infection control procedures, which included wearing gloves and aprons when assisting people with personal care, working in the laundry and undertaking domestic duties. We saw staff members put aprons on before entering the kitchen area. There was a sign on the door instructing staff members to put on protective clothing before entering the kitchen. This helped ensure the risk of any cross infection was minimised. The risk of cross infection was further minimised by the provision of hand washing facilities in the laundry, kitchen, bathrooms and toilets which included hand wash liquid, disposable paper towels and hand sanitizer.

We spent time with one of the domestics who showed us the store room which was locked at all times. This helped ensure the safety of people who used the service. We saw an adequate stock of cleaning materials which included different coloured mops, buckets and cloths. These were used in different part of the care home to reduce the risk of any cross infection. We saw guidelines for the control of substances hazardous to health (COSHH) were displayed on the wall. We checked the training matrix and saw domestic staff members, and other staff, had completed training related to the COSHH. We spoke with two staff members and they both explained the procedure to be followed in the event of an infectious outbreak at the home. This meant people were cared for in line with policy requirements.

We looked at the laundry area and found it to be clean and well organised. Washed clothing and bedding was kept separate from unwashed items. This meant the risk of cross infection was minimised. Different coloured bags were used which identified any soiled items of clothing. A sluice area was available in the laundry. We also saw the washing machines in use had a sluicing programme which further ensured soiled items were cleaned appropriately. Hand washing instructions and infection control procedures were observed on the walls of the laundry.

We checked the kitchen area and found it to be clean and hygienic. Two staff were

cleaning the kitchen when we arrived. Cooking utensils had been cleaned and stored away safely. Fridge temperatures were taken daily and recorded which helped ensure food was kept at the required temperature and safe to use. We saw a food hygiene rating of 4 had been awarded. We asked the staff member why a 5, the highest award, had not been achieved. The staff member told us, "When the kitchen was inspected, a seal on the fridge had gone, so we got marked down." We saw a new fridge had been installed which meant the shortfall had been addressed. We looked in the store room and found several food items were past their recommended use by dates. The staff member immediately apologised, disposed of the items and told us, "This is unusual for us. We normally keep a close eye on things. It will not happen again." The manager was informed and it was confirmed, "We will monitor food items more closely in the future."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at four staff files and saw evidence of regular one to one supervisions and annual appraisals in line with the provider`s policy. The staff members we spoke with told us these sessions were useful and afforded them the opportunity to raise any issues or concerns they had. The files we looked at included an induction workbook which had been completed by staff members when they started work at the care home. One staff member told us, "The induction was really good and prepared me for the work I had to do. I enjoyed it." The manager told us informal staff meetings were held every day at handovers and more formal meetings every three months. One staff member told us, "The meetings give us a chance to share ideas. We all have our say and it helps us do a better job."

The manager told us staff received regular e-learning and distance learning training. We spoke with two staff members and one told us, "It`s great. I can work at my own speed, save it and go back if I need to. It suits me." The training matrix showed staff members had completed training in areas related to health and safety and emergency and infection control procedures. This helped ensure the safety of people who used the service. New staff members were expected to hold, or work towards a National Vocational Qualification (NVQ) in Level 2. This is an accredited and recognised qualification in the health care sector. We saw several staff members had been supported by the provider to obtain an NVQ Level 3 qualification. One staff member told us, "I am at university now studying to become a nurse. The company have been great with me and really supported me well. I could not do it otherwise."

Staff had received training related to dementia awareness and the Mental Capacity Act (2005). This training provided staff with the skills and knowledge to provide appropriate and good quality care to people who used the service. This training also helped ensure people were supported, when possible, to make their own decisions related to their care needs. One staff member told us. "We get plenty of training here. If there is something we think would help us, we just need to ask and it gets arranged."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

Reasons for our judgement

The provider had a quality assurance procedure in place that helped ensure the quality of care provided to people continually improved. Care plans were audited every three months which helped ensure staff members had up to date information related to the care needs of people. On a monthly basis, checks were made related to hand hygiene, the care home environment and medication administration. This helped ensure the safety of people who used the service. In 2013, the provider received a Gold Standard Framework award in palliative care. This meant people who used the service, and their families, received appropriate care from qualified staff at a critical stage in their lives. We saw the local authority held annual meetings for providers which were aimed at monitoring the quality of service being provided to people. The pharmacist had completed a medication audit in October 2013 and shortfalls had been addressed.

Staff meetings were held every three months and we saw the last one was during March 2014. The manager told us, "We have tried so many times to have resident/family meetings but have found it so difficult. We have tried though." We saw regular resident, family and staff surveys had been completed. The ratings we saw were consistently recorded between good and excellent. One family comment we observed read, "I have nothing but praise and admiration for the staff." Cards and letters had been sent to the provider from families who expressed their gratitude for the service their relative had received.

Accidents and incidents had been recorded in a dedicated log book. The manager told us they were reviewed every month. We were told, "If we see anything in common, then we will look into it a bit more in case there is a problem somewhere in the home." The complaints procedure was displayed in the entrance hall and also present in people's rooms. This helped ensure people were aware of how to make a complaint. The last complaint we saw was recorded in October 2013 and it had been managed appropriately.

A whistleblowing policy was observed in the provider's policies and procedures manual. Staff members we spoke with were aware of it and one told us, "If I suspected something

wasn't right, I would be straight in to see the manager." The manager and deputy manager also confirmed, "Some of the staff have been here a long time but I know all the staff would use it if they had to."

We saw the required notifications had been sent to the Care Quality Commission (CQC). These included notifications in relation to any DoLS authorisations. The CQC are now responsible for monitoring the use of DoLS. Safeguarding notifications were also sent to the local authority.

Emergency fire procedures were in place at the care home and were displayed in prominent areas of the care home. Staff had completed a review of procedures during 2014 and we saw records that all fire equipment was audited on a monthly basis. We also saw each person who used the service had a hospital passport. This contained information related to the care needs of the person. Each person had a named GP and care co-ordinator who managed any emergency admission to hospital. This helped ensure people had their care needs met in accordance with their choices and preferences.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
