Ilkley Health Care Limited

Riverview Nursing Home

Inspection report

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Date of inspection visit: 05 November 2014, 10 November 2014
Date of publication: 25/06/2015

Ratings

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

Overall summary

The inspection was unannounced. At the last inspection in November 2013 the home met all the national standards that we looked at.

The home provides personal and nursing care for up to 60 older people. It is a large converted property and is located close to the town centre of Ilkley. The accommodation is on four floors and consists of shared and single rooms of which 17 have en-suite facilities. There are two passenger lifts giving access to all areas.

Most of the communal areas are on the ground floor, there is one lounge on the first floor. There are gardens which are accessible to people. On the date of the inspection 58 people were living in the home.

A registered manager had not been in place since March 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We spoke with the manager running the

Summary of findings

service about the lack of registered manager in place. They told us they had tried to recruit but struggled so had decided to become the registered manager themselves. We saw confirmation that an application had been made by the manager to become registered with the CQC.

Feedback regarding the quality of the service was positive from people, their relatives, and care professionals. They all told us people had their needs met and were encouraged to do as much as they could for themselves. They also said the service was good at dealing with any risks which emerged.

We found sufficient food was available to people. People told us they enjoyed the food and could request a different option if they didn't like the food on the menu. We observed one dining area over lunch time. One member of staff supported four people with their meals. This meant some people had food in front of them but did not have support to eat it and some peoples food would have started to go cold.

Systems were in place to ensure medicines were safely managed. Medication was stored in line with guidance and nurses administered the medication.

We spoke with people and their relatives and they felt people were respected and treated in a dignified way.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how to ensure the rights of people who lacked mental capacity when making decisions was respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found care records were written in a person centred way for each individual. People's plans contained specific information staff needed to be aware of in order to work effectively with that person. Plans had people's likes and dislikes as well as their history. This helped staff get to know people using the service and build up a professional relationship with them.

Relatives and staff told us the manager was understanding and supportive and said they believed they would take concerns seriously. Systems were in place to continuously improve the quality of the service. This included a programme of audits and satisfaction questionnaires. We saw complaints had been recorded appropriately, managed and responded to. The manager had liaised with the appropriate authorities when dealing with complaints.

Summary of findings

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. The service had a safeguarding policy in place. Staff told us they were aware of the policy and knew how to act appropriately.

The manager told us and we confirmed by looking at the rota that each day nine care staff and two nurses were on duty. Staff told us there were sufficient staff to deal with issues or concerns and at busy times the manager and provider also helped. On the day of inspection we saw the provider was working as they are also a registered nurse.

We saw risks were identified and minimised through risk assessments and plans of care to guide staff on how to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective. We looked at the training matrix and saw six courses were booked in for people to attend between the day of inspection and 5 December. We saw less than half the staff team had completed parts of the mandatory training within the past three years.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected

We observed the lunch time meal and saw many people required one to one support to enjoy their meal, to ensure they were getting enough to eat and to enable others to eat without being disturbed. We saw one member of staff was left to support five people with eating. This meant some people could not eat the food in front of them and food was left to go cold.

Is the service caring?

Good

The service was caring. We were told only positive comments about the staff from residents and relatives. From our observations, relationships seemed comfortable with no signs of unease or concern from the people. Staff knew all the residents by name and crouched down to eye level when speaking to them.

We saw staff interacted with people in a positive manor and talking to them about things that were important to the people. For example, one person enjoyed dancing, so the staff danced with them in their chair as they were unable to stand for long periods.

Is the service responsive?

Good

The service was responsive. The manager told us reviews were carried out on an annual basis or more frequent if people's s needs changed. We looked at peoples care plans and fund they were up to date.

Summary of findings

We found there was sufficient activities. We saw the home had an activities board in a communal area so people could see what was available to do that day. On the day of inspection we saw a hair dresser on site, dancing in the lounge and a dog that visited people.

We saw people were offered choice where they could not make an independent decision. Staff told us they support people to make choices for themselves.

Is the service well-led?

Good

The service was well led. We saw the service had systems in place to manage and learn from complaint and shortfalls.

The manager told us if there were any chances that staff needed to know about, this was announced in supervisions or in the team meeting. We also saw a staff notice board with leaflets and letters attached.

Staff told us team meetings and supervisions were held every six months and any concerns raised would be listened to and actioned.

Riverview Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced.

We visited the home on 05 November 2014. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience specialised in residential care services and has been a primary carer for a family member accessing services for 20 years.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information along with other information we held about the provider. We contacted the local authority safeguarding team to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with two health care professionals who regularly visit the service.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who used the service, four relatives, four members of staff and the manager. We spent time observing care and support being delivered. We looked at six people's care records and other records which related to the management of the service such as training records and policies and procedures.

Good

Is the service safe?

Our findings

We spoke with eight people that used the service and all the people who were able to comment said the carers were competent and gentle when delivering personal care and never handled them roughly or hurt them. One person said, "They are always obliging and helpful, I've no worries when helping me get bathed." Another person said, "There's no one here who's deliberately unkind." They said they had never been handled inappropriately or hurt. Another said, "Oh yes I feel safe here, no one is going to come in here and knock me about." A relative said, "My relative is always clean and well groomed, there's never been any sign they had been treated roughly, I would know if they had been hurt or upset because I can tell." However, some people said their personal possessions did go missing and clothes got lost. We asked staff about this and staff told us people's bedroom doors were often locked to stop this from happening.

We spoke with the manager who showed us systems were in place to protect people. People were protected from bullying, harassment and avoidable harm. The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We spoke with five members of staff who demonstrated a good understanding of safeguarding, could tell us what abuse was and the warning signs to look out for. Staff also referred us to a poster and leaflet in the nurse's offices which provided further information they could consult if they had a concern. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We found robust recruitment procedures were in place to keep people safe. We looked at three staff files to see how people were recruited. In all the files we saw evidence of an application form, interview, ID checks, at least two references and a Disclosure and Barring Service (DBS) check. Staff then completed induction training during their probation period and this was reviewed at regular intervals.

Staffing levels were adequate to meet people's needs. We asked five staff members if they felt staffing levels were sufficient to keep people safe. Staff told us people were safe in the home and staff were always around if anything happened. We looked at the rota for the previous four weeks and saw during the day there was consistantly nine care staff, two nurses and two domestic staff. Managers and administrators were additional to these numbers but were also based on the premises. The manager told us if they had staff sickness, they usually covered with existing staff otherwise the manager or the owner would step in. For this reason, on the day of inspection we saw the owner working in the home. Relatives told us they thought there were enough staff and felt their relatives were safe. During the inspection we saw staff in communal areas of the home at all times. The manager told us staff had an emergency number to ring out of hours to speak with a senior manager for advice. This showed us appropriate procedures were in place to maintain staffing levels to keep people safe.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We looked at four care plans and saw risk assessments had been completed by the manager and nurses to identify and minimise areas of risk. The risk assessments we saw included oral care, transferring, trips out and emotional needs. These identified hazards that people might face and provided guidance to staff about what action was needed in order to reduce or remove the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. There were risk assessments in place matching plans of care which detailed what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place to manage risks.

Medicines were managed safely. We observed medication being administered to people and saw staff collected one person's medication at one time, checked it against the records and then supported the individual to have the medication, whilst explaining what it was and offering a drink when required. Staff were patient with people and gave them sufficient time to take their medication. We saw people received their medication at the right time as

Good

Is the service safe?

directed by the doctor. We looked at the Medication Administration Records (MAR's) and saw medicines were signed for, indicating that people were receiving their medication and any refusals or errors were documented. Nurses were responsible for administering the medication and they told us if anyone refused medication, they would try again later. If people still refused, this would be documented; the medication would be placed in a suitable destruction container and logged down. This showed us systems were in place to deal with errors and prevent mistakes from happening again.

We saw when people received 'as and when required' (PRN) medicines; the administration was correctly signed for but the reason for administration was not always recorded. For example, we saw one person receive paracetamol as they complained of a headache; however, the reasons for the administration was not noted for staff to be aware of. We saw one person did not have a protocol for one of their PRN medicines. This was mentioned to the nursing staff at the time and they told us it was a new drug and they would complete a protocol straight away. All other PRN medication did have protocols in place for staff to follow. We looked at a sample of 10 medicines and found them to be stored in a safe trolley attached to the wall; all were in date and quantity's matched the MAR sheet. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs.

We found the premises to be safely managed. We walked around the premises escorted by the manager. The home was undergoing a refurbishment. At the time of inspection the home had five communal areas. This gave people a chance to have their own space when required. We found the service was well maintained and free from clutter. Regular maintenance and checks of equipment were in place, such as nurse call buttons, fire alarm and gas and electric.

Requires Improvement

Is the service effective?

Our findings

The home provided effective care. We spoke with four relatives and they told us people received their care in an effective way from responsible and competent staff. For example one relative told us, “The staff are really good here” and, “Staff tell us what’s happening with our relatives care.” We spoke with a healthcare professional and they told us staff followed advice and had a good understanding of people living in the home. For example they told us, “People appear well looked after here.”

Staff had a programme of training, supervision and appraisal. We spoke with the manager who told us a programme of training was in place for all staff. The manager said they had a training matrix to monitor staff and what training had been completed and what still needed to be completed. These included safeguarding of vulnerable adults, Mental Capacity Act (MCA), moving and handling, dementia awareness and end of life care. We looked at the training matrix and saw most staff had completed moving and handling but 22 out of 52 staff had completed the safeguarding training and 23 out of 52 had completed MCA training. We saw several training courses booked in the calendar to address these shortfalls. The manager was a cognitive dementia trainer. This enabled the home to specialise in areas of training.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us there was regular training that was relevant to their role and they were supported to attend sessions. Staff also confirmed they received supervision where they could discuss any issues on a one to one basis. We looked at three staff records and saw evidence that each member of staff received supervision on a regular basis. We also saw staff had received an induction into the home and this was monitored by the manager and the nurses during their probation.

We looked at people’s nutritional needs and completed observations during lunch time. In the upstairs dining room there were six people; one person sat at the table and was able to support themselves with eating. Another person was not given any food at this time and the other four people sat at tables in their arm chairs and required assistance with eating. There was one care staff on duty over the lunchtime in this dining area and they were supporting one person to eat but kept having to break off to get up to see to the others. This meant the one person being supported to eat was being prevented from eating their food in a consistent setting. One person was putting food in their glass and trying to drink it, another was reluctant to have anything but eventually with encouragement started to eat. People did not have the opportunity to sit and eat their food undisturbed due to the support required by others. When people ate their food at a different time, they received full support to meet there needs with eating. The downstairs dining area was divided into a number of rooms where food was eaten. One person was eating a sausage in their hand then wouldn’t eat anything at all by there selves. This showed us when staff encouraged people to eat, they would likely eat more food.

The food looked nutritious and plentiful with meat, potatoes and two vegetables with a dessert afterwards. We looked at the meal choices for two weeks and saw they were balanced with different foods based around nutritional content. There was no choice of menu on offer but we did note that a staff member took the plate away from a person who would not eat and said they would try something else. We saw the staff member arrive back with an alternative dish. Everybody we spoke with said the food was good and plentiful and they enjoyed it. For example one person said, “The food is extremely good and I get plenty to eat.” Another person said, “The food is okay; I’m very particular but no problems.” A third person said, ”The food is good, we get plenty to eat, I have like a cooked breakfast one day and toast the next.” Another person commented, ”The food is excellent.”

We looked at four care plans and saw mental capacity assessments were in place detailing whether people had capacity to make decisions for themselves. Staff told us they understood the main requirements of the Mental Capacity Act 2005 (MCA) and how to protect people’s rights with limited mental capacity in helping them to make decisions. Staff told us that everyone was assumed to have capacity until proven otherwise and if people did not have capacity, a best interest meeting was held. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the recent DoLS Supreme Court judgement and had made recent applications for persons deemed at risk of harming themselves by leaving the service. We looked through one DoLS and staff told us they were aware of restrictions on the person and why these were in place.

Requires Improvement

Is the service effective?

There were sections within each care plan, which showed specialists had been consulted over people's care and welfare which included health professional's records and hospital appointments. People had documents that listed all communication with health care professionals.

Good

Is the service caring?

Our findings

Some people had complex needs and were unable to tell us about their experiences in the home. We spent time observing staff caring for and supporting people and found people responded in a positive way to staff in their body language and facial expressions. We saw staff approached people in a respectful manner and support was offered in a sensitive way. We saw people were relaxed and enjoying laughter with staff that supported them. We observed staff speaking clearly when communicating and people were given sufficient time to respond before being encouraged to complete a task. For example one person was asked discretely if they wanted the toilet and then supported to go. This enabled staff to build positive relationships with the people they cared for.

People we spoke with said they were very happy with the care they received. Relatives also only gave us positive feedback about the staff. For example one person we spoke with said, “I’ve no complaints about the staff they pop into my room when they are going past” and, ”They are nice and helpful.” Another person said, ”It’s just like being at home here.” One relative we spoke with told us, “My relative has received nothing but love and tender care since they have been here. I rate this place highly, can’t think of anywhere better and in fact have recommended it to others for Alzheimer’s.” Another relative said, “Staff are good and kind and can’t do enough for you.”

We looked at care plans for six people that lived at the service. The manager told us all care plans were under review as the service was introducing a new format. The care plans we looked at were person centred and created with the person and their family’s where possible. We saw evidence that advocacy had been sourced previously, this showed us the service took steps to ensure people’s views were represented when decisions needed to be made. We saw the service had appropriate arrangements in place to manage end of life care. People’s plans clearly set out their preference’s in planning ahead .Records of family input was present and the persons that used the service was at the centre of this model. We observed staff supporting people in line with their care plans. Staff told us they kept up to date with peoples changing needs through handover and team meetings. We asked staff specific questions about peoples care and they were able to give answers in line with peoples care plans.

We spoke with four staff members and asked them about people living in the service. Staff were able to give us personalised information about individuals. Each person that used the service had a key worker and a named nurse. These staff members took a particular interest in this person, so they would have a more up to date and person centred knowledge. One staff member told us they always give people privacy and dignity. For example they told us they ensure people’s doors are shut and windows are closed and they referred to people by their preferred name.

The health professional we spoke with told us they thought the home and staff team looked after people in a caring way. The health professional told us they saw staff using people’s preferred names and crouching to eye level with people when conversing with them. They also said people’s dignity was upheld and they were respected.

Good

Is the service responsive?

Our findings

We saw people had a needs assessment completed before moving into the home to check the home could meet their needs. This document was then used to produce care plans. We checked six care plans and saw records confirmed people's preferences and interests. We saw evidence care plans were regularly reviewed to ensure people's changing needs were identified and met. The manager told us everyone's plan was under review as the home was in the process of creating new plans. People's care plans included information from family members including risks associated with any care or support being provided. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's likes and dislikes were listed in their care plans and this tied in with how to support people in an effective way. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary. Detailed daily records were in place, these confirmed people received daily care and support such as mobility and personal care.

People had regular visual checks throughout the day time and night time. Positional changes for pressure relief was recorded. People's weights were monitored. This meant staff could readily identify any areas of concern and take timely action. We saw one person's care plan identified a need for two hourly positional changes, but daily records indicated staff on three occasions completed the positional change at three hour intervals. We raised this issue with the manager who told us as the care plans were under review, they were not all up to date with the correct information. The manager told us staff were aware of the most up to date information.

We found the service was good at responding to people's changing needs. For example we saw regular reviews of care plans and risk assessments. We also saw after an accident or incident happened in the service, a review or update on the persons care plan was completed. We observed one person tell staff they were not feeling well. The staff member rang the GP for an appointment. Each day between shifts of staff, a handover of information was passed on. We saw the staff member inform the later shift to expect a call from the GP. This showed us a level of personalised care that was responsive to people's needs.

On the day of inspection we saw a number of different activities going on. For example we saw staff dancing with people, a hairdresser visited the home, animal therapy, and music based entertainment on the first day of inspection. The manager and staff monitored the well-being of people living in the home and were aware of the warning signs of people being isolated and opting out of activities. Staff told us the service was flexible and responsive to people's needs; for instance, if they did not want to continue with the activity they would change to something else. This was confirmed by our observations. We saw one staff member noticed one person did not want to take part in the activities and they were asked if they would like to do some sketching which the person agreed to.

The manager told us they encouraged people to make compliments or complaints so the service could learn and improve. The complaints book was left next to the signing in book so all visitors had easy access. The manager said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints book and saw no recent complaints. The manager had made the CQC aware of an on-going complaint. We had spoken with other professionals who were also aware of the complaint who said the home gave them regular updates when they visited the service. This told us the service had been acting appropriately with regards to the complaint and taken advice from other agencies. We saw a complaints policy was in place that was reviewed on a regular basis.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had no registered manager with the Care Quality Commission since March 2014. We spoke with the manager who told us they are in the process of registering themselves for the service. We saw evidence of the application for a new registered manager.

The manager told us they completed weekly and monthly checks which included bath hoists, profile bed checks, sling checks and nurse call system checks. We saw there was a system of audits that identified issues such as health and safety and infection control. If issues were identified an action plan would be produced and actions were monitored monthly. Action plans included the nature of action to be taken, when it was to be taken by and who was responsible. We saw care plans and risk assessments were reviewed and amended to reflect people's changing care needs.

We observed positive and effective interactions between the manager and staff which showed they worked well as a team. The manager knew everyone working and they told us they tried to get a mix of skills and experience on each shift.

The staff we spoke with told us of a strong commitment to provide a good quality service for people who lived at Riverview. They told us they loved their jobs and that relations were good with senior staff and the management. Staff said management were approachable and they thought would be receptive to dealing with concerns or ideas for change, although no staff had the need to raise any concerns to date. On the day of inspection the provider was also present. They were very visible and hands on in the communal areas helping to give out drinks and supporting people during lunch time. They were friendly and familiar with people, were on first name terms and knew details about their lives and history which they related to us. This showed us they had a good understanding of the home and how it operated.

Staff said that team meetings took place every six months and supervision sessions were once or twice a year. We looked at eight supervision records and saw all eight staff had recieved two supervisions since April 2014. Staff told us this was a two way process and was a chance for them to voice their opinions or ideas. Staff also said they were free to speak with the manager at any time. Updates and information was generally given at shift handovers or placed on the notice board. Staff told us of a new safeguarding leaflet that was on the notice board. This showed the process of communication down from the manager was effective.

The manager told us they listened to people's views and opinions of the home. One of the ways they did this by sending out an annual survey. We looked at the most recent survey, where people had raised minor concerns and suggested improvements. We saw action plans had been put into place to address these comments. This showed us the service had listened to people. For example, one person had said to improve the service they wanted more activities. As a result the home had begun the recruitment process to recruit an activities coordinator. This showed us the service was open to criticism and always looking to improve the service. The manager gave us a further example and told us the service had recently got some fencing for the garden in dementia friendly colours following comments made from residents and staff. People living with dementia had 'life stories' completed through family meetings. This enabled the service monitor people's achievements. The manager was a dementia mapper for the home. This allowed them to monitor the appropriateness of the support people received from staff.

Policies and procedures were in place which included any details of the service, the values of the organisation and the expectation of staff. These policies supported staff to maintain a consistency and served as a reminder of the values and ethics of the organisation. People and relatives praised the staff team and said there was positivity and openness.

The manager told us they ensured they worked to best practice through a range of mechanisms. This included consultation with other health professionals and working alongside them to pilot new schemes. For example working with a North Yorkshire pharmacist to promote the National Institute for Health and Care Excellence (NICE) guidance across the region. The manager also worked with Commissioning for Quality and Innovation (CQUIN) to reduce hospital admissions.