

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: 05 October 2012

Date of Publication: October
2012

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Meeting nutritional needs | ✓ | Met this standard |
| Management of medicines | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Requirements relating to workers | ✓ | 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 | 5 |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 6 |
| Meeting nutritional needs | 8 |
| Management of medicines | 10 |
| Complaints | 12 |
| Requirements relating to workers | 14 |
| 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, reviewed information sent to us by other organisations, carried out a visit on 5 October 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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.

What people told us and what we found

Care was provided in either single room or shared accommodation, as agreed. None were en suite, but toilets and bathrooms were adjacent to rooms. The environment was clean and organised.

We found that care was implemented with the agreement of the person involved or with relatives or representatives. Appropriate consent had been obtained for the care plan, data protection, trips out and for the taking of photographs.

Assessments of risk had been undertaken and these included the general environment, mobility, communication, pressure care, fall's risks and nutrition. Assessments had been reviewed on a monthly basis or when changes had occurred. Care plans had been reviewed and audited.

We observed that when needed people were given assistance during their meal. This was done in a slow and dignified manner, giving the individual time between each portion and drinks were offered at regular intervals. We saw that staff were chatting throughout the meal with people who used the service and generally there was a sociable atmosphere in the dining room.

Rivington View had an appropriate complaints policy in place. This gave staff guidance on how to respond to complaints and about the timescales for responses and closure of complaints. Information for people who used the service and their relatives or representatives on how to make a complaint was displayed in the reception area. A comments and suggestion box was available in the reception area.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care was provided in single rooms, none were en suite, but toilets and bathrooms were adjacent to rooms. The environment was clean and organised. There was good signage for communal rooms and toilet and bathroom facilities.

During the inspection we sampled a total of 7 care files, 4 for people who were receiving nursing care and 3 for people who were receiving personal care only. The files we sampled were not consistently maintained in a chronological order and this made it difficult to ascertain if care actually had been delivered as planned. We discussed this at length with the registered manager. We were eventually able to verify that when care had been planned, this was delivered as agreed.

We found in the personal information sections of each file that there were some gaps in recording personal information. This meant that in some cases, care plans were not totally person centred. The provider may wish to note that by ensuring that as much information as possible about people who use the service is recorded; a more person centred care plan can be implemented.

We found that care was implemented with the agreement of the person involved or with relatives or representatives. Appropriate consent had been obtained to the care plan, data protection, trips out and for the taking of photographs.

Where applicable discussions had taken place in relation to advanced care planning and end of life wishes. When any individual was placed on an advanced care plan, this was reviewed at least every 4 months, with relatives, the person involved if possible and the GP. Rivington View had achieved the Gold Standard Framework for end of life. The gold standard framework is a training programme that enables care homes to provide quality care for all residents nearing the end of life.

Assessments of risk had been undertaken and these included the general environment, mobility, communication, pressure care, fall's risks and nutrition. Assessments had been reviewed on a monthly basis or when changes had occurred. Care plans had been

reviewed and audited. The audit records were basic and there was little detail documented, however when any recommendations had been made, these were completed, dated and signed.

Health professional visits had been documented and any instructions for care or treatment had been implemented. These included visits from GP's, dieticians, podiatrists and district nurses.

We observed that care was delivered in a calm and friendly environment. It was clear that nurses and care staff knew the people who lived at Rivington View well. We saw that people were transferred from arm chair to wheel chairs, using slings and appropriate techniques, to maintain safety and dignity.

We spoke with 4 people who used the service. We were told: "The staff here are marvellous, they do a fantastic job", "Nothing is too much trouble, we are looked after very well", "I have no complaints, I am looked after nicely", and "The staff do listen if you want anything, you don't have to wait ages when you call them".

We spoke with 2 relatives visiting at the time of the inspection. They said: "I cannot praise the staff here enough, when my X is poorly we are always contacted, they look after X very well", " I have never had any cause to complain about anything, the care here is great", "I really value the care that they give to my X, they are all wonderful" and "Everything is explained to you, the staff can't do enough, I have been involved with my X's care plan and feel that nothing is left to chance at all".

We did not observe any timetable for activities, as the display board in the dining room was blank. The manager explained that the home had tried various ways to plan activities and engage people who lived at Rivington View. We were told that one of the care staff had some dedicated hours to undertake activities on a one to one basis; however the staff member was not on duty during the inspection. In the afternoon we saw that some people were engaged in arm chair exercises and music was played and some people were encouraged to participate using various instruments.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During the inspection 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.

The SOFI was carried out over the lunch period. We found that most of the people who used the service were encouraged to go into the dining room for their meals; however people were given the choice. When meals were taken in individual rooms, we saw that trays were prepared and lids used to keep meals hot.

The dining room was light and airy and all tables had cloths, flowers and condiments available. Staff told us that people could sit anywhere but that they tended to sit in the same places, so they could chat with other people. A variety of drinks were available, either hot or cold.

We found that meals looked appetising and were nicely presented. Food was hot and served in a pleasant manner to each person. The chef was also involved in serving meals. As there was no menu displayed, we asked how people made choices for meals. The chef explained that each person was told what the meals of the day were going to be in the morning, but said that if anyone did not want the meal, an alternative would always be available.

The chef told us that when anyone had any special dietary needs, such as diabetic or gluten free, the nursing staff informed them and records were kept in the kitchen.

We observed that when needed people were given assistance during their meal. This was done in a slow and dignified manner, giving the individual time between each portion and drinks were offered at regular intervals. We saw that staff were chatting throughout the meal with people who used the service and generally there was a sociable atmosphere in the dining room.

The 7 care files sampled demonstrated that when any concerns about nutrition were identified, appropriate referrals to the GP and/or dietician were made. People's weights were recorded each month or more frequently if required. Malnutrition universal screening tool (MUST) guidance was available in each file. 'MUST' is a screening tool to enable providers to identify adults who are malnourished, at risk of malnutrition or obese.

Within the files sampled it was unclear how the nutritional score had been reached for

each individual, as there was no record of the actual assessment. We discussed this with the manager who explained that staff used the assessment form within the guidance but only documented the total score, not the score for each category.

This did not make it clear if the nursing or care staff had made a correct or effective assessment. Before we had completed the inspection we noted that the manager had implemented a form for the MUST assessment and that staff on duty had been informed that they were in future, to document the actual assessment undertaken.

We found that food and fluid balance charts were appropriately maintained and that when supplements were to be encouraged, this was highlighted and these had been documented within the charts. We did not observe anyone who raised concern in relation to nutrition. We also noted that the menu for tea time was written on the board in the dining room before we left.

People who used the service told us: "The food is ok, we get sandwiches a lot at tea time, but if you ask they will get you something else, like egg on toast", "I have a good breakfast so I don't often like to eat a lot during the day", "You can't please everyone as far as food is concerned but if you ask they always get you something else", "I can never remember what the meals are going to be, I don't mind though, I am not a fussy eater, and we get some lovely puddings".

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that Rivington View had robust systems in place in relation to medicines management.

Medicines were stored in a medicines trolley, which was secured to the wall in the medicines room. The room had a coded door which meant entry to authorised staff only. Medicines were administered by the nursing staff, who were able to access appropriate medicines policies and procedure guidance. At the time of the inspection, no one was self administering their medication.

The ventilation in the room in which the medicines were stored had been faulty, but was being rectified. In the meantime a fan was in place to keep the room at the required temperature for the storage of medicines. The temperatures of the room and drug fridge were recorded on a daily basis, and staff had guidance to the actions to take, if the temperature deviated from the required range. The room was clean and organised, with medicines stored appropriately.

The home had appropriate systems in place to reorder medicines supplies and to receive medicines as required. The pharmacy carried out annual audits and the last was undertaken in June 2012. Minor recommendations had been actioned.

We sampled the medicine administration records and found that medicines were given at the correct time. Entries were dated and signed and the records were maintained in neat and organised manner. All records had photographs of the individual, with allergies or alerts recorded.

Controlled drugs were securely stored as required and records were well maintained. Daily checks on the stock levels were carried out twice a day. Any errors in the recording were correctly documented by the entry being crossed out and dated and signed.

We observed medicines being administered in a safe manner. We also noted that medications that had to be taken before or with food were administered before or during lunch.

We spoke with 3 people who used the service who explained that they received their medication on time. Comments included: "If I want a pain killer, they always get me one, I

never have to ask twice", "I always get my tablets on time, there is never a problem" and "I have never run out of my tablets, the girls here are good , I get mine on time".

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Rivington View had an appropriate complaints policy in place. This gave staff guidance on how to respond to complaints and about the timescales for responses and closure of complaints. Information for people who used the service and their relatives or representatives on how to make a complaint was displayed in the reception area. A comments and suggestion box was available in the reception area.

Complaints information was also available within the statement of purpose (SOP), which we found displayed in individual bed rooms. Each provider registered with the Care Quality Commission is required to have a SOP. This document should provide details about all aspects of service provided and give guidance on what to do if a complaint is to be made.

The SOP for Rivington View contained the required information about how to make a comment or complaint and included the address of the Care Quality Commission, in the event that people were dissatisfied with the response from the provider.

The manager explained that there had not been a formal complaint for a number of years. When we looked at the complaints record book, we found that the last complaint was dated 2006. We found that the book gave a record of what the complaint was and what the response was to the complainant.

We found that the provider had responded appropriately at that time. However, we did not see any record that demonstrated the timescales that the complaint took to resolve. The provider may wish to note that a more formal recording system should be implemented to demonstrate the timescales when any complaint is received, acknowledged, investigated and responded to.

The manager explained that the home endeavoured to act on any issues raised by either people who used the service or their relatives. By speaking to people quickly and acting on comments or issues raised, the manager said this avoided any escalation of issues.

When we spoke with relatives they confirmed that they were aware of how to complain but they had never had cause to make a complaint. "I have never needed to make any complaint, the staff here are great. I see the manager most times I am here and she is very approachable", "I have had no cause to make a complaint, I feel able to speak to staff or the manager at any time, and they are very good".

We spoke with 4 people who used the service and each said that they had never had a reason to make a complaint. We were told: "The staff here are great , if I have anything to say I tell them and its sorted", "I don't feel that I need to make a formal complaint, I speak with the staff or X and it's dealt with".

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We sampled 4 personal files of nursing and found that the records contained all the required information to demonstrate that staff were safely and effectively recruited and employed.

Application forms and interview notes were retained and 3 references were obtained prior to anyone commencing employment. Criminal records checks were also carried out. The provider may wish to note that copies of the disclosure should not be retained in personal files, only the disclosure number and date of disclosure.

Medical checks had been undertaken to ensure that prospective employees were fit to undertake the required duties. Files also contained copies of contracts and job descriptions.

For nursing staff, checks were undertaken with the Nursing and Midwifery Council (NMC) prior to commencing at Rivington View, to establish the individual was registered with the council to practice. Print outs from the NMC website were retained in files. There was also a system in place to alert the administrator when the annual registration with the council required to be renewed.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

✗ 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.
