

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

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2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	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

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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 11 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Staff had policy and procedure guidance for consent and they had a good understanding of why consent to care and treatment was necessary.

Care files contained detailed assessments of care or nursing needs. Preferences, likes and dislikes were documented. Risk assessments had also been reviewed when health or care needs had changed. Health professional visits had been recorded. These included visits from GP, dietician, optician and podiatrist.

We spoke with four people who used the service and all comments were very positive. They included: "I am very well looked after here", "The staff here are marvellous, they are like family", "I am very happy here" and "I have everything I need, the girls are lovely, they are so kind".

We noted staff were engaging with and chatting to people who used the service and it was clear they had a professional but very friendly relationship. Staff knew people well and were seen to anticipate people's needs well.

Care was provided in a clean and organised environment. Pictorial signage was noted throughout the building for toilets, bathrooms and pictorial themed corridors. This greatly assisted people who used the service, particularly those who had varying levels of dementia. When we spoke with a relative who was visiting on the day of inspection we were told: "I have always found my X's room clean and tidy, no matter what time of day I come.

Rivington View had effective systems in place to monitor the quality of the service.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found Rivington View had appropriate systems in place to ensure before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

Staff had policy and procedure guidance in place and when we spoke with staff, they had a good understanding of why consent to care and treatment was necessary.

We sampled six care files and saw consent had been obtained from either the people who used the service or a next of kin or representative, prior to any care plan being implemented. Consent was also obtained to administer medication, take any photographs of people who used the service and also for taking people out on trips.

We also noted consent was agreed for any advanced plans of care made in relation to end of life wishes or emergency treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We noted best interest meetings had been recorded as required.

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

During the inspection we sampled three care files and three nursing files of people who used the service. We found these to be maintained in a chronological order and the files fully demonstrated that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Each file contained detailed assessments of care or nursing needs. Files had a "This is me" information booklet from the Alzheimer's Society. This contained a photograph and documented personal and social histories of the individual. The registered manager explained this was completed for each person who lived at the home as it was seen to ensure the planning of care was more personalised. Preferences, likes and dislikes were documented.

Risk assessments had been completed and included assessments of personal needs, nutrition, mobility, falls and the environment within individual rooms and the general environment. Care plans had been reviewed each month along with risk assessments. We noted risk assessments had also been reviewed when health or care needs had changed. Health professional visits had been recorded. These included visits from GP, dietician, optician and podiatrist.

We spoke with four people who used the service and all comments were very positive. They included: "I am very well looked after here", "The staff here are marvellous, they are like family", "I am very happy here" and "I have everything I need, the girls are lovely, they are so kind".

Since the last visit an activity coordinator had been employed. This role was seen as a very positive addition. One staff member said: "It's great having X, we are able to spend more time with the people that need it, although we all join in the activities as well when we can".

An activities room had been created and provided a pleasant, welcoming environment for people to join in a range of activities, which were undertaken throughout the week. Paintings and other crafts people had made were on display. The coordinator was not on

duty during the inspection but activities were still on going. Care files also contained evaluations of activities that people had participated in. One person who lived at Rivington View told us: "I don't always join in but I do like to sit and watch, I think the room is great."

We noted staff were engaging with and chatting to people who used the service and it was clear they had a professional but very friendly relationship. Staff knew people well and were seen to anticipate people's needs well. We observed staff assisting people to move around the home in a calm and patient manner. We observed staff knocking on doors and saying who they were before entering. This helped to maintain privacy and dignity.

Nursing care was carried out as detailed in the nursing plan. We saw observations of blood pressure, pulse and respirations were documented on a monthly basis. Monthly weights were recorded and appropriate referrals had been made to a GP or dietician as required. Each person had a hospital passport completed. This ensured that all relevant medical information was available in the event of having to attend the local hospital in an emergency.

We observed people who used the service were well presented. Ladies wore jewellery and most had painted nails. We noted if glasses were worn, these were clean.

It was a hot day at the time of the inspection and we saw cold drinks were available throughout the day. We saw staff encouraging people to drink frequently.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

Care was provided in an environment which was clean, well maintained and organised.

We found all areas were free from slip and trip hazards. Pictorial signage was noted throughout the building for toilets, bathrooms and pictorial themed corridors. This greatly assisted people who used the service, particularly those who had varying levels of dementia.

We noted fire extinguishers had been checked and all electrical equipment had been portable appliance tested. A range of service and maintenance contracts were in place. These included, the passenger lift, fire safety, gas, hoists, syringe drivers and clinical and domestic waste collection.

The laundry room was clean and uncluttered and we noted the finished laundry was neatly pressed on hangers, waiting to be returned to the people who used the service.

We saw weekly fire safety checks had been documented and a fire evacuation plan was in place. All fire exits were clearly signposted and free from obstruction.

The home had appropriate wheel chair access.

When we spoke with a relative who was visiting on the day of inspection we were told: "I have always found my X's room clean and tidy, no matter what time of day I come, the whole place is clean and it never has any unpleasant smells".

We noted all toilets and bathrooms had a well stocked supply of wall mounted soap dispensers and paper towels.

We spoke with four people who used the service and comments included: "My room is always clean, I have no complaints at all", "It's nice here", "The place is clean and tidy, it gets cleaned every day" and "I have no complaints about my room or anywhere else, it's a nice place to be".

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We sampled a number of duty rotas and found there were consistently sufficient numbers of staff on duty to meet people's needs. Individual rotas were maintained for nursing staff, care staff, laundry, cooks and domestic staff.

We saw there were consistent numbers of nursing and care staff on duty Monday to Friday, weekends and for night duty. We discussed with the registered manager the arrangements for covering sickness and absence. We were told no agency staff were used as staff employed, of all designations, were flexible and always willing to change or work extra shifts.

We sampled four staff files and found the staff held appropriate professional qualifications, were suitably trained or had experience to undertake their job roles.

We spoke with five members of staff, one nurse and four care staff. We were told: " I think we have sufficient staff on duty, I don't think it's a problem", "Staffing levels are fine, if we have people who's care needs change then the staffing is increased to make sure we are ok", " I think X always makes sure there are enough staff, sometimes people go off sick at short notice but we all work as a team" and "I think we could have more staff, sometimes it's hard work if people are poorly".

We found staff had been employed for a number of years and that the staffing establishment was stable. Feedback questionnaires from health professionals included the comments: "Staff know the service users well, characters and preferences are well known", "Staff here are dedicated and show a great deal of patience" and "Staff turnover here is low and that makes all the difference, their commitment is evident".

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 receive.

Reasons for our judgement

Rivington View had effective systems in place to monitor the quality of the service. A quality assurance file was maintained and included feedback and audits undertaken.

Satisfaction questionnaires were available for people who used the service and their relatives. We sampled 20 responses, which we found were all very positive. All responses were either "very good" or "excellent". The home also sought feedback from other health and social care professionals who visited the home. These included district nurses, social workers, dementia in reach team and the dietician. Comments documented were: "This is an excellent service", "Clear, concise information given everytime", "Staff go out of their way, they embrace anything you ask them to do", "Staff are prompt and efficient" and "Professional and reliable at all times".

Audits were carried out at regular intervals. These monitored medication administration, care plans, accidents and incidents, complaints, falls and the environment. We noted that one audit carried out by the external pharmacy had documented that a serious medication error had been avoided when a prescription had been incorrectly written. This was quickly identified and reported by staff.

The provider carried out regular audit visits. These reports have been regularly submitted to the Care Quality Commission, although this is no longer a requirement under the Health and Social Care Act 2008. These demonstrated the commitment to continual monitoring of the standard of care. The provider was visiting the home on the day of inspection. We noted he spoke with everyone in the communal sitting room and that he also spoke with people in their rooms. One relative told us: "X is here most days when I am here, it's really good that he takes the time to speak with people and make sure they are alright".

Accidents and incidents were reported and investigated as required. There was an appropriate system in place to acknowledge and investigate any complaints. We noted there had been no complaints since the last inspection.

Staff had annual appraisals and regular supervision. Staff told us: "I really enjoy working

here, we have regular meetings and our opinion matters", "We have supervision and we can discuss anything" and "I have no complaints about working here, I feel really supported and love what I do".

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.

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