

Dentak Care and Services Limited

The Riverside Nursing Home

Inspection report

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Date of inspection visit:
11 May 2023
12 May 2023

Date of publication:
29 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Riverside Nursing Home is a care home providing personal and nursing care to up to 28 people. The service provides support to people aged 65 and over and to people living with dementia. At the time of our inspection there were 24 people using the service.

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

Medicine recording systems were not robust and the recording of prescribed creams was unclear.

Communal areas were not always supervised by staff. Some people and their relatives told us there was a lack of staff. We have made a recommendation about the provider reviewing their staffing levels across the service.

People and their relatives told us there was a lack of activities and stimulation for people accessing the service. We have made a recommendation about the provider reviewing their provisions to keep people accessing the service stimulated.

Auditing systems were not robust and governance systems required improvement.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in safeguarding people.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and monitored. We were assured that the provider was preventing visitors from catching and spreading infections.

Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. Staff had regular training and opportunities for supervision.

Good practice was observed during the lunchtime meal. People told us meals were of a very good standard and they enjoyed the food. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff worked with other agencies and professionals to ensure people received the appropriate care.

Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. The service worked in partnership with other health and

social care organisations to achieve better outcomes for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published 28 August 2019).

Why we inspected

We received concerns in relation to the food provisions people received, the level of care and the provider's recruitment processes. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found areas that needed improvement in relation to record keeping and auditing functions.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified a breach in relation to maintaining accurate records and operating robust auditing systems. We have made recommendations about the provider reviewing their provisions to keep people accessing the service stimulated and about the provider reviewing their staffing levels across the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Riverside Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Riverside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Riverside Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the nurse, the cook and care staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicine recording systems were not robust. There was no recording process in place for the administration of people's prescribed fluid thickeners [used to prevent the risk of choking].
- The recording of prescribed creams was unclear. Care staff administered the creams, however, this was not clear on the medication administration record (MAR); nursing staff ticked the MAR to document the administration. Body maps to help direct staff where creams were required to be applied were not completed.
- Medicine auditing systems required improvement. The medicine audit tool used did not pick up on the issues we found.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate complete and contemporaneous records were maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

The provider took action during the inspection and had implemented a new process to document the administration of prescribed creams which also included body maps. The provider was also in the process of updating the electronic care planning system to accommodate the recording of prescribed fluid thickeners. This was yet to be embedded into practise.

- People received their medicines. We observed the nurse administering people's medicines and reviewed medicine records which showed people received their medicines as prescribed.
- Staff were trained in the administration of medicines and had their competency assessed.

Staffing and recruitment

- Communal areas were not always supervised by staff. During the inspection the communal areas were observed without staff on a number of occasions. During lunch we observed a lack of staff supervising the dining room, although people who required 1:1 support with their meals in their bedrooms had the necessary staffing provisions.
- Some people and their relatives told us there was a lack of staff. Comments included; "The staff tend to be slow at responding, perhaps because there aren't enough of them" and, "They [service] have been short staffed, but recently it's been a little better."

Although the provider was working within their staffing level assessments during the time of the inspection,

we recommend the provider reviews their staffing levels across the service.

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns. One staff member told us, "I would report [concerns] to the nurse and manager. In some instances to the CQC and/or the Council."
- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe here" and, "I do like living here. The staff are very helpful and pleasant." Relatives added, "I feel that it's safe care" and "The staff seem caring and supportive."

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were recorded and monitored. Staff managed accidents and incidents safely; first aid support was provided where needed, medical support and advice was sought, and management were kept updated. Systems were in place for recording and analysing any trends.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had systems in place to support people to have visits from family and friends that aligned with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One relative told us, "The staff must have sufficient skills to support people, because [person] is still here. [Person] was at death's door, quite literally, when he came to live here at first."
- Staff had regular training and opportunities for supervision. A staff member commented, "The managers and the nurse are always available. Every 2 to 3 months staff are asked about how we are doing, and if we need any support, training, and asked about our wellbeing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. One relative told us, "The staff listen to any of my suggestions, for example, about prompting and encouraging [person] to do things."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and their likes and dislikes.
- People were given choices in their daily life. For example, we saw a person was asked when they would like to have a shower and what time they would like their meal. One person told us, "The staff respect me and my personal choices here."

Supporting people to eat and drink enough to maintain a balanced diet

- Good practice was observed during the lunchtime meal. During the inspection we saw staff cover plates of food and take the meal options to people, so people could see the options available and choose accordingly.
- People told us meals were of a very good standard and they enjoyed the food. Comments included, "I like the food here. I think it's homemade. If I felt hungry, they [staff] bring me a snack. I can eat anything. If I wanted to go to my own room [to eat], they [staff] would help me. The staff here seem to know what they're doing" and, "The food is good. It's meeting my faith needs correctly." A relative added, "One thing that's nice is that the staff will always cook bacon and eggs for [person] if they didn't fancy the other choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with other agencies and professionals to ensure

people received the appropriate care. We saw information was shared with other agencies where needed. One relative told us, "[Person] is diabetic and the podiatrist visits every couple of months. They [staff] also call the GP if needed."

- Staff worked in collaboration with people and their relatives to meet people's care needs. A relative told us, "The staff will contact me if [person's] health changes. For example, [person] got COVID-19 recently and they [staff] informed me of all the actions taken to support them."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. Staff told us, "MCA is about people making their own decisions" and, "DoLS is used for the residents' own protection."
- We found the service was working within the principles of the MCA, appropriate legal authorisations were in place to deprive a person of their liberty and conditions related to DoLS authorisations were being met.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised. People could choose to decorate their bedrooms in a style and colour of their choice. We saw people's rooms were personalised with pictures and items that were important to them.
- There were some elements of the service that were 'dementia friendly'. For example, there was signage to identify communal rooms and display boards to identify the meals on offer.
- The provider was working to refurbish the building. The provider acknowledged the building is an old building and there is further room for refurbishment. The provider informed us they are continually updating areas in the service, they had recently painted some areas and bought new furniture.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- Auditing systems were not robust. There was a lack of auditing functions in place, such as audits of people's care plans and their daily records.
- Call bell audit systems were not in place. Some people told us they had to wait for support when they had pressed their call bell. We discussed this with the registered manager, however they were unable to provide us with the average response time when a call bell is pressed as no monitoring system was in place.
- Governance systems required improvement. Night checks were not being consistently documented by staff when completed. This was not picked up by the provider's governance and monitoring systems.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us since the introduction of their electronic care planning system, some audit functions had stopped and they would re-introduce these. The provider had also implemented a system for call bell audits and a process to ensure the consistent documentation of night checks. This was yet to be embedded into practise.

- Staff praised the registered manager within the service, they felt supported in their roles. Staff told us, "The [registered] manager is amazing" and, "Both [registered manager and provider] are fair. The [registered] manager will help out day to day duties if needed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us there was a lack of activities and stimulation for people accessing the service. We fed this back to the provider who told us they had tried various activities in the home, however, they were unsuccessful.

We recommend the provider reviews their provisions to keep people accessing the service stimulated.

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to

people, and they displayed person-centred values. A person told us, "The [registered] manager is very nice, and they would sort out any concerns for me." A relative added, "The [registered manager] is very friendly and is interested in what's going on. I have had no concerns during my visits."

- The culture was open and inclusive. Staff said they enjoyed their roles and liked the company they worked for. Staff comments included, "I love it here", "I like it [working for the service] very much" and, "Staff work very well together as a team."
- People's views had been sought through 1:1 contact and a comments box was available for people to access.
- Relatives' views were welcomed. A recent relatives survey went out and the provider was awaiting the responses for analysis. We reviewed the responses received to date and found them to be positive. Comments included, "All residents seem to be very well cared for", "All meals are well presented and balanced" and, "Staff are friendly and work very hard. Good interaction with residents. All telephone enquiries are very helpful."
- Staff feedback had been sought regularly through meetings, 1:1s and surveys. The provider had recently facilitated a staff survey. The results were analysed, an initial staff meeting was held to respond to the findings, and an action plan was yet to be implemented.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems had not been effectively established to ensure accurate and contemporaneous records were maintained. Regulation 17(2)(c) Systems were not always robust to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)