Key inspection report

Care homes for older people

Name:	Riverview
Address:	Stourton Road Ilkley West Yorkshire LS29 9BG

The quality rating for this care home is:	zero star poor service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Paula McCloy	0	2	0	2	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Riverview
Address:	Stourton Road Ilkley West Yorkshire LS29 9BG
Telephone number:	01943602352
Fax number:	01943816050
Email address:	riverviewnursing@btconnect.com
Provider web address:	

Name of registered provider(s):	Ilkley Healthcare Limited
Type of registration:	care home
Number of places registered:	61

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	61
mental disorder, excluding learning disability or dementia	0	6
physical disability	0	1
Additional conditions:		

Date of last inspection	0	4	0	2	2	0	0	9

Brief description of the care home

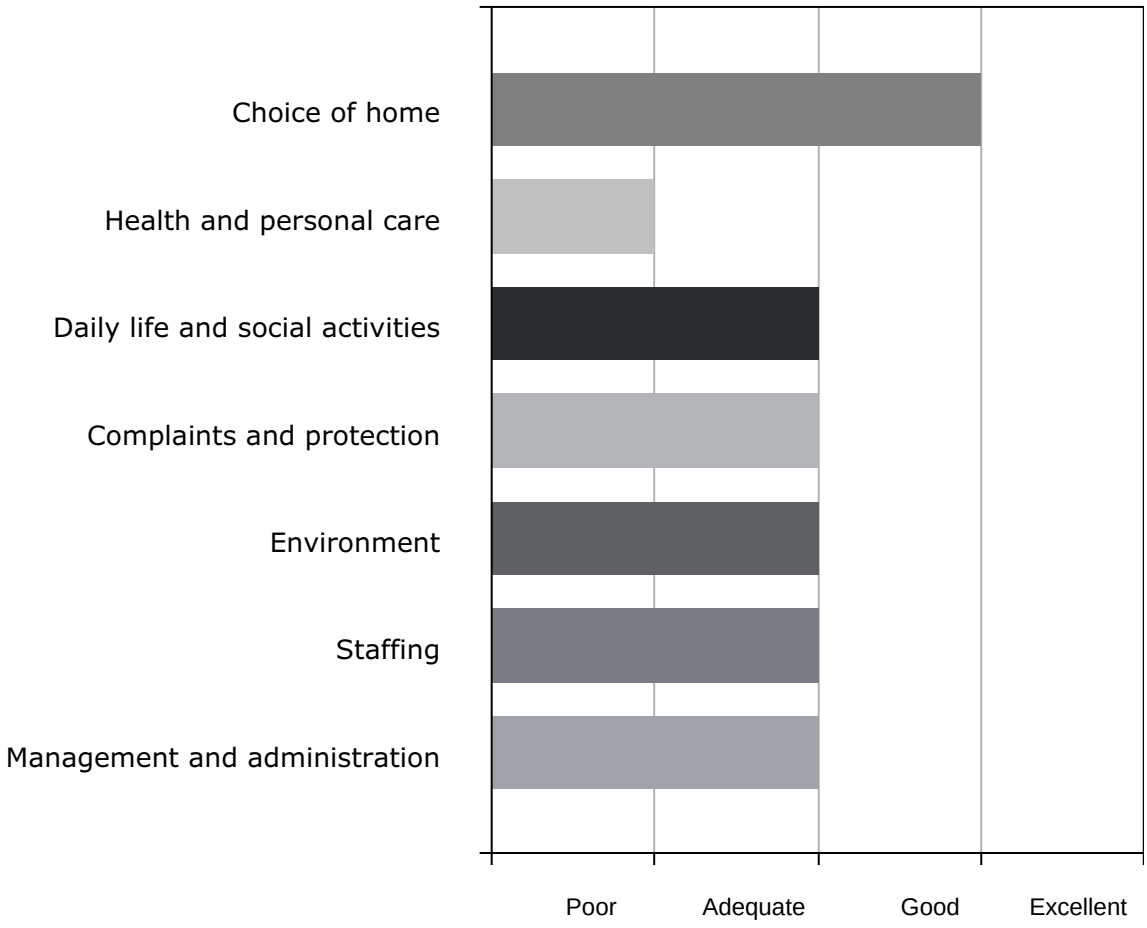
Riverview is a large, detached property situated a short distance from the town centre in Ilkley. There are good public transport links and car parking is available in the grounds. The home provides nursing care for up to 61 older people with dementia. The accommodation is on four floors with two lifts giving access to all areas. There are 20 shared and 21 single rooms; 17 rooms have en-suite facilities. There are six lounges, two of which are used as dining rooms and activity areas. There are extensive gardens including a small enclosed area that is accessible to people living in the home.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	zero star poor service

Our judgement for each outcome:



How we did our inspection:

The weekly charges at the home when we visited on 2 February 2010 range from £425 -£550. The fees are all inclusive and no additional charges are made.

This inspection was carried out to assess the quality of care provided to people living at the home.

The inspection process included looking at the information we have received about the home since the last key inspection as well as a visit to the home. Two inspectors conducted the visit over one day and spent approximately 7 hours in the home.

During the visit we spoke to 8 people living in the home, 3 members of staff and the manager. We also observed staff delivering care, looked at various records and looked around the home.

Surveys were sent to 10 people living in the home, 5 staff and 5 health care professionals; these cards provide an opportunity for people to share their views of the service with us. Information received in this way is shared with the home without identifying who has provided it.

Seven people using the service or their relatives on their behalf, one GP and one health and social care professional wrote to us with their comments. Their comments have been used in this report.

What the care home does well:

Visitors told us the staff are friendly and they are made to feel welcome when they call.

In the surveys people told us they were receiving the care and support they need.

All parts of the home were clean and tidy.

In the surveys people said the food was good.

There are activities on offer to keep people stimulated.

What has improved since the last inspection?

The owner told us that the problem with the heating system has been sorted out and the home can be maintained at a comfortable temperature.

What they could do better:

The care plans must be improved to make sure they provide clear information about what people's needs are and the action that staff have to take to make sure these needs are met.

Risk assessments must be kept up to date and be accurate. They must show clearly what action is going to be taken in order to reduce or eliminate the identified risk to that person. This will make sure that people are kept safe.

Meal times must be organised properly and staff must be available to assist and supervise. This will make sure that people receive the support they needed and mealtimes are a social occasion.

Staff must make sure that they follow the adult protection procedures and report incidents of abuse. This will make sure that the home are taking the right action to keep people safe. Staff need to be deployed in a more effective way to make sure all of the communal areas are properly supervised.

Staff must receive training in relation to respect and dignity. This will make sure staff work in a respectful way and are able to engage people they work with in conversation or appropriate activity.

Staff must make sure that they tell us about certain incidents that happen in the home. This will make sure that we can check they are taking the right action.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can get some written information about the home and are assessed before they move in to make sure the home can meet their needs.

Evidence:

There is one copy of the Service User Guide in the office. When people come and look around the home staff will give them a brochure that gives some information about the facilities and services offered. It is important that people can have their own copy of the Service User Guide as it contails information that people should have, for example, a copy of the contract and complaints procedure.

In the surveys people told us they had been given information about the home before moving in.

We looked at records relating to two people who moved into the home recently. We saw copies of pre admission assessments in the care plans. Both contained some basic

Evidence:

information about people's needs. This assessment information is important because it indicates whether the care home is suitable and whether individual needs can be catered for.

The manager told us that anyone thinking of moving into Riverview can come and have a look around themselves to see if they think it is suitable. Although she also said that usually it is relatives that do this.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.
If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's care is not being planned for properly this means that people are at risk of not having their needs met.

Evidence:

We received seven surveys from people living in the home that they had completed themselves or with help. They told us that told us they receive the care and support they need.

We looked at four care plans because we wanted to see what individual needs had been identified and what action staff had to take to meet those needs.

We found that the care plans were not up to date, they lacked detail and contained information that was confusing. For example the information sheet in the front of one persons file stated that they were mobile with a walking stick. Further on in the care plan we read that this person was refusing to mobilise and needed two members of staff for any transfers. This person now needs a hoist for all transfers. This information needs to be in the care plan together with details of which hoist should be used and

Evidence:

what type of sling. This will make sure they are always moved in the safest way.

Care plans about people's continence needs were vague. Although we could see that some people used pads there were no details about what type of pads or how frequently they needed to be changed. The reviews of these plans stated no change in individual needs. This is not helpful; the purpose of the review should be to look at the care plan and decide if it is working or not.

Again people's care plans in relation to their personal hygiene needs were vague. One persons plan stated 'needs 2 staff, hairdresser weekly and make sure dressed in their style of clothing.' There were no further details about this and as the person concerned would be unable to give staff any information, this means there is no guarantee that they will receive the support they require in a way that suits them. When we spoke to this person we did not think their personal hygiene needs were being maintained.

One persons plan clearly stated that they wore a hearing aid. The plan instructed staff to ensure the hearing aid was in situ with the batteries charged. When we spoke to this person we noticed they were not wearing the hearing aid and had difficulty hearing. We asked two members of staff about this. One said they did not know that this person wore a hearing aid, another said it must have been left in the bedroom and went off to look for it. We asked the manager about this at the end of the inspection because no progress had been made in locating the hearing aid and we were told that it had been sent away for repair. Care staff were not aware of this and had not been alerted to the fact that extra care was needed to make sure they communicated effectively with this person.

On one persons eating and drinking plan there was a little more detail and it stated 'offer fluids in a beaker with a spout.' During the morning we spoke to this person and their mouth looked dry. At lunchtime we saw staff give them their drink in a glass. As well as the care plans needing to be detailed staff must make sure they follow the plans.

Staff are completing risk assessments but these are not accurate. For example two people have lost weight which means their risk of becoming malnourished and developing pressure sores has also increased. Staff have not picked this up and therefore have not put any additional care plans in place to show what they are going to do to minimise these risks.

One person whose care plan we looked at has recently suffered a bereavement. There

Evidence:

was nothing in their care plan about this or about additional support they may require to help them deal with their loss.

People didn't look well cared for. People were wearing dirty spectacles, one person had a cardigan on that only had one button, men hadn't been shaved and people didn't look like their hair had been brushed or combed.

The last inspection of the home took place in February 2009. At that visit we found the care plans were not person centered and lacked detail. A requirement was made regarding this. Following this visit we do not feel that there has been any improvement in this area and this means that people are at risk of not having their needs met in a planned and consistent way.

We looked at the medication records and found that people were getting their medication regularly and at the right time. At the moment there are no medication care plans in place that give staff details of how people prefer to take their medication.

We spent time observing staff and their interactions with people living in the home. Whilst some staff worked well with people and engaged them in conversation and activities the approach from staff was not consistent . We observed some interactions that were not respectful and occasions when people were ignored. There were periods of time when staff were present in the lounges or dining rooms when they did not speak to anyone who was sitting in those areas. Some staff need additional training to make sure that they work in a way that is respectful and help them to engage with the people they care for. (See section on staffing)

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are activities on offer to keep people stimulated. Mealtimes need to be more organised to make sure they are a social occasion.

Evidence:

In the care plans we looked at there was very little or no information about people's past lives and experiences or about their personal preferences. It is very important that this information is recorded so that staff are able to use this in their everyday work with people.

In the plans for two people who moved in recently, we saw letters to relatives asking them to provide information about life histories. One relative had done this, the other person did not have any family to provide information. However, we found some valuable information in an assessment provided by a Social Worker from the Local Authority. As this had not been transferred to the plan there is a risk that information about people's lives could be lost.

The home is specifically registered for people with dementia therefore it is essential that staff are able to use this information to support people in their preferred way. Having information about people's lives also helps staff to engage them in

Evidence:

conversation or activities they may like.

There is an activities co-ordinator who works from 9am to 3pm during the week. There is a weekly programme of activities on display by the entrance. We discussed with the acting manager that it would be helpful if this information was also displayed in the lounge when a lot of people sit.

The activities co-ordinator spent time in each lounge encouraging people to join in a game of skittles. At one point during the morning we saw that three members of care staff were in the same lounge as the activities co-ordinator. This left other lounges completely unsupervised. Staff need to be deployed more efficiently so that they supervise the communal areas, talk to people and offer activities themselves.

We saw people visiting and staff made them feel welcome.

The menu was displayed in one of the lounges and there was a choice of meal available. We observed the lunchtime meal being served. There was a choice of Cumberland Pie or Chicken Curry, both of which looked appetising and well presented.

Meals are served in the dining rooms, lounges and people's own rooms. We asked a member of staff where most people had there meals and we were told "most people eat in the dining room but we have some feeders as well". This is not a respectful way of referring to people who need assistance from staff with their meals.

There were lots of staff available but the process of delivering the meals was poor.

For example: In one dining room where people were seated the tables had only been set with tablecloths and serviettes. There was no cutlery or condiments on the tables. Prior to the meal being served one member of staff stood in the dining room for 10 minutes and did not talk to anyone.

People were given a drink of juice, which some people drank immediately. They were not offered another drink and staff did not notice that some individuals were picking up an empty glass and wanted another drink during their meal.

Staff were queuing at the serving hatch and taking one meal at a time to serve to people, this meant that the whole process took a long time. People were left unsupervised, during which time some individuals took food off the plates of people they were seated with. Also in the absence of staff there were incidents of people becoming agitated and upset because of people taking the wrong drinks and cutlery.

Evidence:

People were offered a choice of meal but some couldn't understand the options. It would be helpful if staff showed them the meals so that they can see the different types of food on offer. The meal times need to be better organised and made into a relaxed social occasion with staff being present throughout the meal to offer encouragement and support.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff need to use the safeguarding procedures to make sure people in their care are safe.

Evidence:

The homes complaints procedure is on display and in the surveys all seven people who responded said they knew who to talk to if they were unhappy. One person told us they did not know how to make a formal complaint.

The acting manager told us that the only complaint that they have received since the last inspection is one that we sent to them to investigate. They investigated this using their complaints procedure and responded directly to the complainant. There is no complaints log so we were unable to ascertain if the complainant was satisfied with the response they receive. We discussed this during feedback at the end of the inspection.

In July 2009 we became aware of two adult protection issues at the home that staff had not been reported. We wrote to them to remind them about their responsibilities to make sure any safeguarding issues are reported to ourselves and the safeguarding team in Social Services. When we looked at the incident reports we found an allegation made by one person living in the home about being kicked by another person who lives there. The home did not tell us about this incident and their records do not indicate that it was referred to Social Services. It is important that staff

Evidence:

understand and use the safeguarding procedures properly. This will make sure that people in their care are kept safe and protected.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is mostly clean and tidy.

Evidence:

Riverview is a large, detached property that is within walking distance of Ilkley town centre. There are good public transport links and there car parking within the grounds.

We looked around some of the building, which we generally found clean, tidy and odour free. However we did find the following that concerned us: One bathroom had dirt encrusted around the base of the hoist and a dirty strap on the hoist itself. One of the lounges had a distinct odour of stale urine. Black bin liners are being used underneath the lounge chair seat covers, to protect them. We also saw in one bedroom that a black bin liner was being used to protect the chair cushion and had no cover on top of it. These practices are not respectful to people using the service.

We looked at some of the bedrooms, many of which have been personalised with various ornaments and pictures. None of the rooms we looked at had extension leads in the nurse call system and the actual panel would not be in reach of the bed. We asked the acting manager about this. She told us that a lot of people are unable to use the emergency call bell system. We asked if there were any risk assessments in relation to this, that clearly show that people have been assessed and that there is a plan in place that informs staff how often they need to be checked when they are in

Evidence:

their bedroom. There are no formal assessments in place.

We found that there were paper towels available in people's bedrooms but some had no bins to dispose of used paper. Bins need to be available in every room so infection control procedures can be followed.

At the last environmental health inspection the kitchen was awarded 4* for hygiene, this means that hygiene standards are good.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are enough staff on duty to meet people's needs but they need to be deployed in a more organised way.

Evidence:

When we visited there were 54 people living in the home. In the morning there were two nurses and 10 care staff on duty together with the manager. In total there were 12 caring staff on duty this means that each member of staff less than 5 people each to care for. The staffing levels in this respect would appear to be adequate and we saw that staff did have time to spend with people but wasted opportunities to engage them in some meaningfull activity. There were problems with the way staff were deployed, for example staff tended to congregate in one lounge area, whilst other areas were totally unsupervised. At lunchtime staff were queuing at the serving hatch to collect meals again leaving people who were eating unsupervised.

We looked at some of the records relating to recently recruited staff to see if staff are appropriately checked before they start work at the home. Recruitment procedures are generally good, references are always taken up and checks are always made with the Criminal Records Bureau and against the Protection of Vulnerable Adults register to ensure that new staff are suitable to work with older people.

There are twenty five care staff working in the home, eighteen have completed their

Evidence:

NVQ (National Vocational Training) level 2 or 3 in care. This means that staff are trained and have been assessed as competent to do their job.

There is a training matrix in place for each member of staff, which shows what training staff have received and what training they need to do. The acting manager needs to make sure staff complete Mental Capacity Act and Deprivation of Liberty training so that they fully understand this legislation.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is not being managed in the best interests of the people living there.

Evidence:

The manager of the home is a qualified mental health nurse. She has worked at the home for about three years and is just in the process of applying for registration with us. She also told us that she has started the 'Leadership and Management of Care Services Award.' Once completed this award means that people have been assessed as competent to manage a care home.

The owner is a regular visitor to the home and every month he writes a report about his findings. Copies of these reports are available in the office.

The home sends surveys to people using the service to ask for their views about the way it is being run. This year surveys were sent out in april and the results were collated and summarised in a brief report. The report indicates that suggestions made about improvements that could be made were taken on board and actioned.

Evidence:

The home manages money for one person. This is a long standing arrangement and they do not get involved with managing money for any new people. The person collects and signs for their money every week and there are records of all transactions.

The home's fees are all inclusive therefore people do not have any additional charges to pay.

We looked at the incident records and the summary of accidents. We found eight different things that the home should have told us about. These were for example, people going missing from the home and people being sent to A & E following an accident. It is important that the home tells us about these events so that we can check they are taking the right action.

We do not think the home is being managed properly for the following reasons:
There has been no progress on the requirement made in the last inspection report about care planning.
We have also highlighted concerns in this report about the way staff are deployed, the way some staff talk to people and issues about respect.

Are there any outstanding requirements from the last inspection?				
	Yes	☑	No	☐

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	Everyone living in the home must have a care plan which sets out in detail how their assessed needs in relation to health, personal and social care are to be met. This is to make sure that people get the care and support they need in a way that takes account of their wishes and helps them to make the most of their abilities.	26/05/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	13	Risk assessments must be kept up to date and be accurate. They must show clearly what action is going to be taken in order to reduce or eliminate the identified risk. This will make sure that people are kept safe.	12/03/2010
2	15	12	Meal times must be organised properly and staff must be available to assist and supervise. This will make sure that people receive the support they needed and mealtimes are a social occasion.	12/03/2010
3	18	13	Staff must make sure that they follow the adult protection procedures and report incidents of abuse. This will make sure that the home are taking the right action to keep people safe.	26/02/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	30	18	Staff must receive training in relation to respect and dignity. This will make sure staff work in a respectful way and are able to engage people they work with in conversation or appropriate activity.	30/04/2010
5	38	37	Staff must make sure that they tell us about certain incidents that happen in the home. This will make sure that we can check they are taking the right action.	26/02/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	There should be copies of the Service User Guide available to everyone living in the home and for anyone thinking of moving in. This will make sure people have detailed information about the home, the services it offers and various procedures.
2	9	Medication care plans should be put in place that give details of how people prefer to take their medication. This will make sure all staff know about people's preferences.
3	16	A complaints log should be maintained that gives details of any complaint that is made together with the action taken and outcome. This will make sure that staff check if people are satisfied with what they have done and also that any common themes would be identified.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
4	20	Lounge chairs should have purpose made protective covers. This will make sure people's dignity is maintained.
5	23	Risk assessments should be completed to assess people's ability to use the emergency call alarm system. This should link to the care plan to inform staff how often they need to have safety checks during the night.
6	26	Waste paper bins should be available in all of the bedrooms, so that paper towels can be disposed of properly.
7	27	Staff need to be deployed in a way that makes sure that they are providing supervision and support for people in all of the communal areas.
8	30	All staff should complete Mental Capacity Act and Deprivation of Liberty training. This will make sure that they fully understand the implications in their day to day work.
9	31	The manager needs to submit her application form for registration with us. This will make sure there is someone leaglly responsible for the day to day management of the home.

Helpline:

Telephone: 03000 616161
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