



Making Social Care
Better for People

Inspecting for better lives

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:

one star adequate service

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

Lead inspector:	Date:
Mary Bentley	0 4 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.csci.org.uk

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
Name of registered manager (if applicable)	
Vacant	
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

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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.

Brief description of the care home

In February 2009 the home told us the fees ranged from 500.00 to 550.00 per week. There are no extra charges.

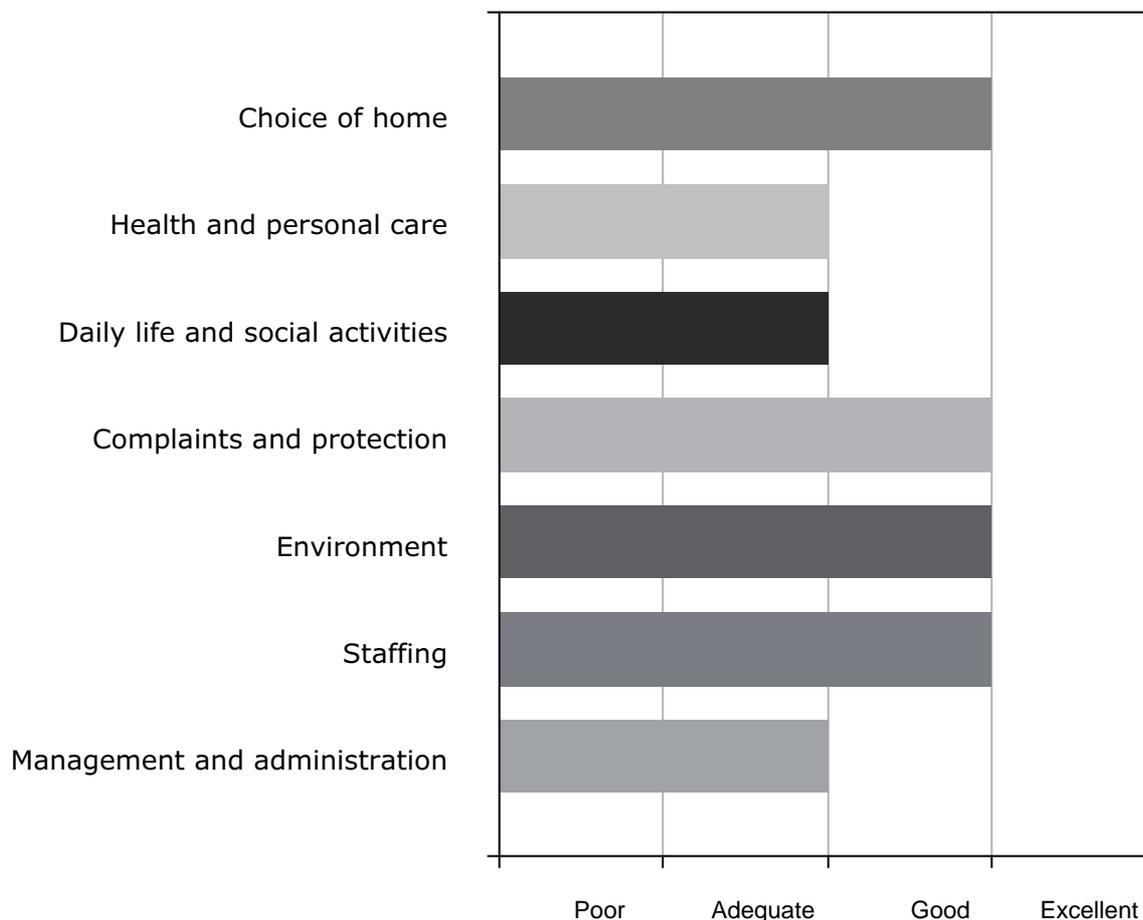
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The last inspection was carried out on 7 & 8 February 2007.

We have reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future if a requirement is repeated it is likely enforcement action will be taken.

This visit was unannounced and was done in one day between the hours of 9:00 am and 5:30 pm. We were accompanied by an "expert by experience" from the organisation "Help the Aged". An "expert by experience" is a person who, because of

their shared experience of using care services, is able to help us get a better picture of what life is actually like for people using services.

During the visit we spoke to people living in the home, visitors, staff and management. We spent time looking at how people are cared for, looked at various records including care plans and looked around part of the building.

Before the visit we sent surveys to the home to distribute to the people who live there, visiting health care professionals and staff. In total 16 were returned, the nine surveys we received from people living in the home had been completed by relatives on their behalf.

We asked the home to complete a self-assessment (AQAA) which they did.

What the care home does well:

During the visit we saw that staff are friendly and spoke respectfully to people using their preferred names or titles. Visitors told us staff always made them welcome and described the staff as "kind", "helpful" and "caring". Health care professionals told us the home creates a warm and friendly atmosphere for people and is very supportive to people's relatives and friends.

The home has good systems in place to make sure that people are given as much information as possible before choosing the home either for themselves or on behalf of their relatives. A health care professional said one of the things the home does well is that it simplifies the "moving in" process for people.

People living in the home told us the food is good and the majority said they enjoyed it.

Most of the people who completed surveys for us said they are happy with the care and support provided by the home. One person said "I cannot speak highly enough about the care my mother gets at Riverview". Another person said "it is clear from my mother's interactions with staff that she is very settled and fond of the staff even though her dementia prevents her from saying so".

What has improved since the last inspection?

There was one requirement following the last inspection. This related to keeping care records up to date. During this visit we found that this requirement has not been dealt with. There are still shortfalls in the care records which could result in people's needs being overlooked.

The home has continued to make improvements to the environment to make sure it continues to provide a pleasant and suitably equipped place for people to live.

What they could do better:

The care records must be improved to make sure that they provide a clear picture of how people's needs are to be met and to make sure that people are given the right support to meet their needs and make the most of their abilities.

When we visited the management arrangements were not appropriate. The acting manager was working full time as a nurse and therefore did not have the time needed to manage the service. Since the visit the owner has confirmed that this arrangement will change, additional nursing hours will be provided to make sure the manager is given the time needed to manage the service. The acting manager should apply for registration with the Commission and should undertake training appropriate to her role so that people can be confident the home is managed by a suitably skilled and competent person.

When we visited we identified some problems with the laundry, particularly the way people's personal clothing is cared for. Since our visit the owner has confirmed that new arrangements have been put in place to deal with this.

Improvements are needed to the way people's social care needs are dealt with to make sure that each individual gets the support they need to follow their personal interests and make the most of their abilities.

We acknowledge the owner's speedy and positive response to the findings of our inspection. However, we are concerned that the home's own systems for monitoring the quality of the service had not identified these issues and taken action to deal with them before our visit.

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 set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

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 do not move in until their needs have been assessed. People or those close to them are given the information they need to help them decide if the home is suitable to meet their needs.

Evidence:

Seven of the nine people who completed surveys for us told us they had been given enough information about the home before moving in. They also said they have received contracts.

The home told us they encourage people or those close to them to visit before making a decision about moving in. People told us they had visited the home before choosing it for their relatives. One person said that when they visited they were made welcome and shown around. They said they were given as much time as they needed, their questions were answered and they were given written information about the service.

Evidence:

The home told us that they always carry out an assessment of people's needs before people move in and this was confirmed by the records.

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

Overall people's needs are met but the approach to care is not person centred and therefore care is not always given in a way that takes account of people's individual preferences and abilities. There is a risk of people's needs being overlooked because of shortfalls in the care records.

Evidence:

Six of the nine people who completed surveys for us said they always receive the care and support they need, the remaining 3 said they usually do. Health care professionals who visit the home told us people's health care needs are usually met and said people are always treated with respect and dignity. Some people said they would like to see more attention given to supporting people with personal care. For example, by making sure people are helped to brush their hair and clean their hands, faces and clothing after meals.

We looked at four people's care plans. Overall we found that the care plans are not person centred and do not provide detailed information for staff on how people want to

Evidence:

be cared for and supported. For example, one person's plan said they needed "assistance of one staff" with personal care but it was not clear what this person could do for him/her self or what exactly staff should do.

In another set of records the daily notes made by staff showed clearly that this person had problems with communication and as a result often became frustrated. However, there was no care plan to tell staff how they should deal with this.

The care plans for personal care all referred to people having weekly baths but there was no information about their preferences, for example whether they preferred a bath in the morning or evening. Some people we spoke to said they felt it would be difficult if they wanted to have a bath more than once a week although they said they had not actually asked.

Risk assessments are done to show if people are at risk of falling or of developing pressure sores. However, these were not always up to date. In two care plans we saw that the risk of the person falling had not been reviewed after they had fallen. In another we saw that the person's condition had deteriorated but the risk of developing pressure sores had not been reviewed.

At the last inspection in 2007 we told the home that improvements were needed to the care records. This was to reduce the risk of people's needs being overlooked and to make sure the records provide an accurate and up to date picture of people's needs. This has not been dealt with.

Relatives told us they are kept informed about people's care needs and we saw evidence of this in the records. One person said "we are always able to speak to a member of staff if required".

Visits from health care professionals such as GPs are recorded. Opticians visit the home to carry out eye tests for people.

During our visit we saw one person having a dressing on her foot changed in the lounge. This is not good practice because it compromises people's privacy and dignity and may increase the risk of cross infection.

There are suitable systems in place to make sure that medicines are managed safely and people get their medicines as prescribed.

There was no information about people's wishes in relation to end of life care in the records we looked at.

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 some activities for people to take part in. However, the approach to social care is not person centred and this means that people do not always get the support they need to follow their personal interests and make the most of their abilities.

Evidence:

Two people told us they could get up and go to bed when they wanted. Another person told us she needs help to get washed and staff get her ready for bed at 6:00 pm but she said she could get up when she wanted.

Information about planned activities is displayed on a notice board near the entrance. The home has people who visit every month. One is a singer and the other does music for health which is designed to encourage people to move about. The acting manager said other activities include games, quizzes and knitting. However, outside of these planned events there does not always seem to be much going on to engage and stimulate people.

Some people told us there are enough activities. Other people said there are sometimes activities for people to take part in. One person said "activities are

Evidence:

arranged on a regular basis, every few weeks".

Other people said their relatives are not always able to take part in activities because of the nature of their illness. One person said their relative cannot take part but enjoys watching what other people are doing and can sing along to familiar songs.

On the morning we visited there were no organised activities. One person said "there is nothing going off", another person told us she just sits in her chair and does a bit of reading. One person said there was no discussion as to what he/she would like to do. Another person said there were no interesting conversations and no encouragement for people to use their intellect. This person told us they had mentioned this to staff but felt they were indifferent to his/her needs.

There was a church service in the afternoon which some people attended.

Some people said staff sat and talked to them, others said they did not. During our visit we saw staff sitting and talking to people but for a short time, we did not see them trying to engage people's interest for example by looking at papers, magazines or newspapers. One person brought their dog in while we were there and people seemed to enjoy this. However, it was a very short visit and more could have been made of the opportunity to engage people.

Some relatives said there was very little going on for the people who spent most of their time in the first floor lounge. The home told us the people in this lounge could go down to the dining room for meals. However, at lunch time we did not hear anyone being asked if they wanted to go downstairs.

In the care records we looked at there was very little information about people's social care needs. There was no information about their past lives, families or interests. There were some social care plans but these were very basic, for example one said the person liked to watch TV but didn't say what kind of programmes they are interested in.

Visitors told us they can visit at any time and are always made welcome. One person said they had been shown the conservatory where they could have more privacy when visiting.

Most people told us they enjoyed their meals and said the food is good. One person said "everyone has different tastes but the food is always first class". Another person said that while they enjoyed the food they thought the meals were "uninspiring".

Evidence:

Some people stayed in the lounge for their meals, others went to the dining room. There was a choice of two hot meals and a hot pudding and one person who did not want the meals on the menu was offered soup and sandwiches. We were told people could have a salad if they preferred and fresh fruit was available. In the dining room the meals were nicely presented but the service was a little disjointed with some people having almost finished their meals before others, at the same table, had started. Staff were available and helped people where necessary. Most of the time staff sat with people to help them with their food or drinks, however on one occasion we saw a member of staff standing over someone while helping them with a drink.

The daily menu for breakfast and lunch is displayed on a board in one of the lounges. There is a lot of information for people to take in. Consideration should be given to displaying information about one meal at a time and perhaps using pictures to help people with making choices.

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

There are suitable systems in place to make sure that complaints are dealt with appropriately and that people are protected.

Evidence:

Eight of the nine people who completed surveys for us said they know how to make a complaint if necessary. One person said they did not know how to make a complaint but added that they never had reason to. During the visit one person who lives in the home told us they did not know how to make a complaint and were not entirely confident they would be listened to, however they said they had no cause for complaint.

Health care professionals who completed surveys for us said the home always responds appropriately to any concerns.

Staff told us they know what to do if anyone has any concerns about the service.

The home told us they have not had any complaints or any adult protection referrals and none have been referred to us.

There are policies and procedures in place to make sure that people are protected. These include a whistle blowing policy and a step by step guide to reporting concerns

Evidence:

which are displayed in the staff room.

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

Overall the home provides a clean and safe place for people to live. However, in order to make sure people's dignity is respected more care needs to be taken with people's personal clothing.

Evidence:

Seven of the nine people who completed our surveys said the home is always clean and fresh, the remaining 2 people said it is usually clean. On the day we visited the home was generally clean, however there were some slight unpleasant odours in places, this was discussed with the manager.

The temperature in the ground floor rooms was cool on the day we visited. Some of the people living in the home commented on this and it was also commented on by visitors. There were two free standing heaters in one of the lounges but for people sitting for a long time the room felt cold. We did not see people being offered any additional clothing or blankets to help keep them warm. Other parts of the home were warm and comfortable. The owner told us the problem was due to new boilers, he said they needed to be adjusted and the plumber was dealing with this.

The home has an ongoing programme of refurbishment and on the day we visited there was a delivery of new bedroom furniture.

Evidence:

We saw that most people have some of their personal belongings, such as photographs and ornaments in their rooms.

Bathrooms and toilets have signs on the doors however we only saw one with a picture to identify the room. Pictures can make it easier for people with dementia to identify different rooms and this can help them to maintain their independence.

In their self-assessment the home told us that the problems they had experienced in the past with the laundry had been resolved. However, some people told us they had concerns about the way people's personal clothing is cared for. They said they sometimes found their relatives wearing clothes that did not belong to them and on occasions had seen other people wearing their relatives' clothes. When we looked around we found clothes in some people's bedrooms that did not belong to them. We saw that clothing was not always put away neatly which meant that when people put these items of clothing on they looked creased. We saw some people wearing clothing that was very creased and this was discussed with the manager.

There were some concerns about control of infection practice. For example we found some toiletries in shared rooms that were not named and creams that belonged to other people.

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

There are usually enough staff to meet people's needs and staff are supported in getting the skills and knowledge they need to meet people's needs.

Evidence:

The nine people who completed surveys for us said staff always listen to them and take notice of what they say. One person said "they always go out of their way to be helpful and sort out any problems".

We asked people if staff are available when they need them. Of the nine people who completed our surveys 4 said staff are always available when needed, the remaining 5 said usually. People we spoke to during our visit said they sometimes have to wait when they need help from staff. Other people said staff didn't seem to spend much time with people in the first floor lounge.

The home usually has 2 nurses on duty all day, from 8:00 am to 8:00 pm. They have 8 care staff in the morning (until 2:00 pm) and 7 in the afternoon/evening. Overnight the home has a total of 6 staff on duty, one of whom is a nurse. In addition the home employs separate staff for housekeeping, laundry, catering, administration and maintenance. There is an activities organiser who works approximately 20 hours a

Evidence:

week.

We looked at the files of 3 recently appointed staff. In 2 of the files there was no evidence that a PoVA (Protection of Vulnerable Adults) First check had been carried out before they started work. The home assured us these checks had been done and since our visit has provided us with written confirmation that they were done.

The files showed that other checks such as references and CRB (Criminal Records Bureau) had been done.

We saw that the home does checks against the NMC (Nursing and Midwifery Council) register to make sure that all the nurses employed are properly registered to work as nurses.

Staff told us that they had induction training when they started work and for the most part were satisfied that this covered what they needed to know. They told us they have training which is relevant to their work and helps them keep up to date with new ways of working. Health care professionals who visit the home told us they believe the staff have the right skills and knowledge to meet people's needs.

Information provided by the home showed that approximately 40% of care staff have achieved an NVQ (National Vocational Qualification) in care and more staff are working towards this qualification.

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 provides a safe place for people to live and work. However, more needs to be done to make sure that people using the service experience good quality outcomes in all areas.

Evidence:

The acting manager has been employed at the home for almost two years. She has not applied for registration with the Commission and has not completed the Registered Managers' Award. The acting manager does not have any supernumerary time. This means that when she is on duty she is working as a nurse and does not have any time set aside to deal with the management responsibilities. During our visit we identified some concerns which suggest that the lack of management time is having an adverse affect on the service. This was discussed with the owner following our visit and said he would make the manager's position supernumerary.

The owner visits the home every month and looks at various aspects of the service.

Evidence:

The records of these visits are available.

The home does not hold meetings for people who there. However, the Alzheimer society has a monthly meeting at the home for relatives and friends of the people who live there.

The home sends surveys to people using the service every year and this gives people the opportunity to share their views of the service. The surveys were last done in May 2008. There was no evidence that the surveys had been analysed and used to plan improvements to the service. People had not been given feedback on the results of the surveys. This was discussed with the manager.

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 and therefore there are no additional charges for people to pay.

The home told us that staff have regular supervision and there are staff meetings. Staff confirmed this.

We looked at a selection of maintenance records and most were satisfactory. A copy of the current gas safety certificate was not available. The home agreed to send us a copy of this as soon as it is available.

The accident records showed that staff are recording injuries even when accidents/incidents are not witnessed. However, there was no evidence that the cause of these injuries was fully investigated. There was no evidence that the home uses the information it has from accident records to identify trends and put measures in place to reduce the risk of similar incidents happening again. This was discussed with the manager.

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
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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
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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	7	15	<p>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.</p> <p>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.</p>	26/05/2009

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	12	A more individualised approach to social care should be developed so that people are given the right support to follow their personal interests and make the most of their abilities.
2	25	The home should be maintained at a comfortable temperature and staff should be more aware that people who are not able to move about may need help to maintain

		a comfortable body temperature.
3	26	More should be done to make sure control of infection procedures are properly implemented, for example by making sure that people have their own toiletries and these are clearly labelled.
4	26	More care should be taken with people's personal clothing and people should not have to wear clothes that do not belong to them.
5	31	The acting manager should apply for registration with the Commission and should undertake training appropriate to her role.
6	33	The results of quality assurance questionnaires should be analysed and used to plan improvements to the service. People using the service and staff should be given feedback on the results of these questionnaires so that they know the areas where the home is performing well and areas that need to improve.
7	38	Accidents/incidents should be fully investigated and every effort made to establish the cause of the injury. Accidents should be audited and this information should be used to look at possible trends and identify actions to reduce the risk of similar incidents happening again.

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