

Random 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
The rating was made on:	02/02/2010

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 review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Mary Bentley	0	5	0	5	2	0	1	0

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

Conditions of registration:									
Date of last inspection	0	2	0	2	2	0	1	0	
Brief description of the care home									
<p>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.</p> <p>The home provides nursing care for up to 61 older people with dementia.</p>									

Brief description of the care home

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.

In February 2010 the weekly fees were GBP 425.00. The fees are all inclusive and no additional charges are made.

What we found:

We carried out a full inspection of this service on 2 February 2010. At that time we found that there were shortfalls in a number of areas and we told the home what action they had to take to improve the service. The purpose of this visit was to check if those improvements had been made and to look at how people's needs are being met.

During the inspection in February we found that the care plans and risk assessments were not up to date and accurate and therefore there was a risk that people's needs might not be identified and met.

During this visit we found similar concerns and we were particularly concerned about how people's nutritional needs were being identified and met.

In one person's records we saw that concerns about weight loss had been identified at a review meeting on 23 February 2010. At that time the person's weight was 33 kg. The records showed that the GP was not contacted until just over 7 weeks later. There was no explanation for the delay. The GP record stated they had been asked to prescribe dietary supplements. However, when we looked at the person's medication chart this did not show that dietary supplements had been prescribed. The person's weight records showed that they had been steadily losing weight since October 2009. However, there was nothing in the care records to indicate this had been identified or any action taken. The care plan relating to nutrition was dated November 2007, it was reviewed on 10 April 2010 but not updated to reflect the changes in the person's condition. We saw the person having their breakfast, of a bowl of porridge, at approximately 10.30am on the day we visited. It was not possible to see when the person had last eaten because there are no food charts in place. The person's nutritional risk assessment was reviewed on 9 April 2010 and identified a high risk of malnutrition. The nutritional risk assessment tool in use clearly states the actions that should be taken if someone is identified as being at high risk of malnutrition, for example it states their weight should be recorded weekly. This was not being done.

Another person's records showed that they have been steadily losing weight for the past 12 months and have lost 14 kg in that time. A nutritional risk assessment had been completed which showed the person was at high risk of malnutrition. The instructions on the risk assessment tool about the actions that should be taken in response to this were not being followed, for example the person's weight is not being monitored weekly. The care plan relating to nutrition states the person has "no problems diet and fluids" and there are no instructions for staff about helping this person with their dietary intake. An entry in the care records on 22/02/10 states the person "continues to lose weight, within normal BMI" and goes on to say the person needs much encouragement to sit down and eat. However, there is no care plan telling staff what action they should take to address this.

During the visit we saw that some other people looked thin. Staff told us that they record some people's fluid intake but do not record anyone's food intake. The acting manager confirmed that food charts are not used to monitor people's dietary intake and therefore it is not possible to know exactly what people are eating and when.

In another person's records we saw that they had been refusing to take their medication at night but there was no plan in place to show how this would be addressed.

When we visited in February we told the home that staff must receive training on privacy and dignity. During this visit we found that some training had taken place. However, we found that staff still need more support to put this training into practice. For example, we saw that one person's trousers were soiled and staff didn't notice for nearly 3 hours, other people did not look like their hair had been combed. On one occasion we observed one of the staff staff say "are you alright" as they walked past a group of people, this comment was not directed at anyone in particular and they didn't wait for a response.

During the visit we observed the meal service at lunch time. This had improved slightly since our last visit and for the most part staff stayed in the dining rooms to supervise and help people. However, more improvements are needed, for example people were being given their plates of food before they had any cutlery, people sitting at the same table were given their food at different times and some of the plated meals were on the servery for 20 minutes before they were served making it likely that would be cool before they reached people.

When we visited in February we were concerned that the home was not keeping us informed about incidents and accidents. It is important that the home tells us about these events so that we can check they are taking the right action. Since then there has been an improvement in this area.

Following the visit in February the home provided us with an improvement plan telling us how they would make the required improvements. However, during this visit we saw that very little improvement has been made. This was discussed with the owner and acting manager. We discussed our concerns about the management of the home. The acting manager is working most of her hours as a member of the nursing team and therefore has little or no time to focus on the management of the home.

Five of the six requirements made at the inspection in February have been carried forward with new timescales. We will be following this up to make sure the required improvements are made. If improvements are not made within the set timescales we will be looking at taking enforcement action.

What the care home does well:

When we visited in February this year visitors told us the staff are friendly and make them feel welcome.

There are activities on offer to help keep people stimulated.

The home is clean and tidy.

People told us the food is good.

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 up to date and 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 help to make sure people are kept safe.

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

More must be done to make sure people are treated in a respectful way and staff must be given the support they need to put the training they have received into practice. This will make sure they are able to engage the people they work with in conversation or appropriate activity.

There should be suitable management arrangements in place to make sure the home is run in the best interests of the people living there.

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 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

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
1	8	12	<p>Appropriate action must be taken to identify and meet people's nutritional needs.</p> <p>You must inform the Commission in writing within 48 hours of the action you have taken to meet this requirement.</p> <p>To make sure people's nutritional needs are identified and met.</p>	07/05/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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 how their assessed needs in relation to health, personal and social care are to be met.</p> <p>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>	18/06/2010
2	8	13	<p>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</p>	18/06/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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
			reduce or eliminate the identified risk. This will make sure that people are kept safe.	
3	15	12	Meal times must be properly organised and staff must be available to assist and supervise. This will make sure that people receive the support they need and mealtimes are a social occasion.	18/06/2010
4	18	13	Staff must make sure that they follow adult protection procedures and report incidents of abuse. This will make sure taht the home are taking the right action to keep people safe.	18/06/2010
5	30	18	Staff must receive training in relation to respect and dignity. This will make sure staff work in respectful way and are able to engage people they work with in conversation or appropriate activity.	18/06/2010

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

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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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