

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
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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:
Mary Bentley	2 2 0 6 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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Internet address	www.cqc.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	0	2	0	2	2	0	1	0
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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

Brief description of the care home

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.

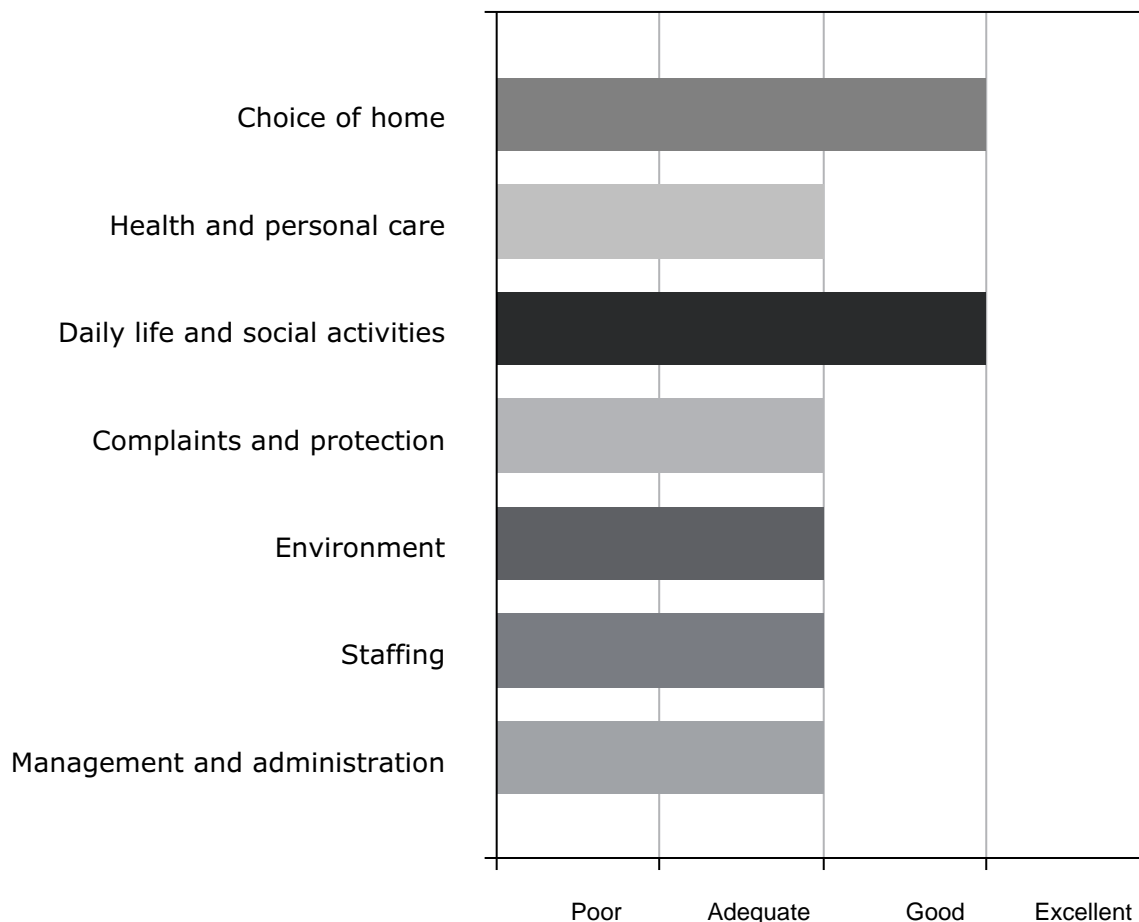
Summary

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 of this service was carried out on 2 February 2010. At that time we identified a number of shortfalls in the service which meant that there was a risk of people's needs not being met. We told the home what action they had to take to address these shortfalls. Since then we have made one additional visit to the home to check that they were taking action to improve the service.

The purpose of this visit was to check if the home had taken the required actions and to assess the impact of the changes on the quality of life experienced by people living in the home.

Two inspectors carried out an unannounced visit and spent approximately 7 hours in the home. During that time we observed staff as they carried out their duties, talked to people living in the home and looked at some records including care records. We looked around some parts of the home and spoke to staff and management.

On this occasion we did not ask the home to complete a self assessment and we did not send surveys to people using the service.

This report is based on what we found when we visited the home and information from other organisations about how the home meets people's needs.

What the care home does well:

The home has a secure garden and when we visited it was nice to see people were able to go outside and enjoy the summer sunshine.

People told us the food is good.

There are opportunities for people to take part in a variety of activities both inside and outside the home.

The people who completed surveys for us earlier this year told us the staff are friendly and welcoming.

What has improved since the last inspection?

There were 6 requirements following the inspection in February 2010 and an additional requirement was made when we visited in May 2010. During this visit we found that the home has started to address these requirements, some have been dealt with and some have been carried forward as recommendations. Although some improvements have been made there is still a lot of work to do, for example on the care plans to make sure that people's needs are properly assessed and planned for.

During this visit we saw that staff are more organised in the way they go about their duties and we saw them spending time with people. Some of the staff we saw were very good at engaging with people while others were less confident and would benefit from more training.

The home has started to develop better links with outside agencies who can support them, for example they are now working with the Community Matron to make sure people's health care needs are properly met.

Some training has taken place and more is planned, for example many of the staff have attended training on Dignity and Respect. This will help to make sure staff have the skills and knowledge they need to understand and meet people's needs.

Some parts of the home have been redecorated. This helps to make sure people are living in a pleasant environment and should continue.

What they could do better:

The work that has started on updating people's care plans must be given priority so that the home can be sure they have up to date and accurate information about people's needs. This will help to make sure that people get the care and support they need in a way that takes account of their preferences and abilities.

More care should be taken with the way people's medicines are managed to reduce the risk of mistakes and to make sure people get their prescribed medicines.

More training on safeguarding is needed to make sure staff are aware of the correct procedures for reporting concerns about people's well being. This will help to make sure people are protected.

More care should be taken with people's personal clothing, in particular the laundering of whites to prevent them turning grey.

The call bells should be accessible to people in the lounges so that they can summon help if they need it. They should also be accessible to people in their bedrooms unless there is a risk assessment in place to show why this would not be appropriate and the alternative measures in place.

The home was generally clean but the numbers of cleaning staff on duty should be reviewed. This is to make sure there are enough to carry out deep cleaning, maintain standards and to make sure care staff are not having to spend time on cleaning duties as this takes away from the time they have to spend with people.

The acting manager should be supernumerary to make sure she has the time to focus on improving the service. She should apply for registration with the Commission so that people can be confident the home is managed by a suitable person.

The quality assurance monitor systems must be more robust so that the home can identify shortfalls in the service and take action to deal with them quickly. This will help to make sure that 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 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

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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 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:

When we inspected the home in February this year people told us they had been given information about the service before moving in. The home told us people are encouraged to look around before making a decision about moving in, they said it is usually people's relatives who do this.

The home has agreed to place a temporary stop on new admissions so that they can concentrate on making the required improvements to the service.

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.

The home has started to deal with the shortfalls in the way people's needs are assessed and planned for. More needs to be done to make sure people are getting the care and support they need in a way that takes account of their preferences and abilities.

Evidence:

At previous inspections we found that people's care plans and risk assessments were not up to date and accurate meaning that there was a risk that people's needs could be overlooked.

The acting manager told us that 5 people's care plans have been updated since we visited in May 2010. We looked at four people's care plans, two of which had been updated. In the care plans that had been updated we found that there was more information about people's needs and the actions staff should take to meet these needs. There was some information about people's preferences. However, the needs assessments had not been updated and this meant that there was still some conflicting information in the records. This could mean that people do not always get

Evidence:

the right care and support.

In some of the records we saw that people or their representatives had been consulted about the plan of care.

Another person's care plan was over 12 months out of date and had not been properly reviewed in that time. This means their care plan is not up to date and reflecting their current health and personal care needs.

The acting manager told us that they are in the process of organising staff training on care planning. We discussed the importance of making sure everyone has an up to date and accurate care plan as quickly as possible so that the home can be sure they are meeting people's needs.

When we visited in May we were concerned that people's nutritional needs were not being properly identified and met. The home has taken action to address this. They have updated people's nutritional risk assessments and training on nutrition and nutritional risk assessments has been organised. Food charts have been put in place to monitor the dietary intake of people who are nutritionally at risk. In one person's records we saw that the food charts were not always fully completed. The gaps were usually at supper time, around 9:00 pm. If people are not having anything to eat between the evening meal and breakfast there could be gaps of up to 17 hours between meals. This was discussed with the acting manager. We saw that the home has been seeking advice from external professionals regarding people's nutrition and some people had been prescribed food supplements. These were recorded on the medication charts.

We looked at how people's medicines are managed. Generally this was satisfactory, however some improvements are needed. For example, we found that one person who had been discharged from hospital had not received the full course of medication they had been prescribed. Staff also need to make sure they sign the medication records when they apply any prescribed creams or lotions. We saw that when additional medication for people is received it this is not always clearly recorded on the medication chart, in these circumstances the medication should be checked by two people who should both sign the chart to reduce the risk of mistakes. This was discussed. In the records of one person who is taking Warfarin we saw that the care plan on nutrition had information that they should not have Cranberry juice because it is not compatible with this medication. However, some of the care staff we spoke to were not aware of this. We also saw that the home had not received any written confirmation of the dose of Warfarin since 2008. The acting manager is going to follow

Evidence:

this up.

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

People are offered the opportunity to take part in a range of social activities. However, more needs to be done to develop a person centred approach to social care so that everyone gets the support they need to make the most of their abilities and follow their personal interests.

Mealtimes are better organised and are a more relaxed and social occasion for people.

Evidence:

The home has an activities organiser and information about planned activities is displayed. On the day before we visited 8 people had been out on a trip to Burnshall. The home hires a minibus and the activities organiser told us other trips are planned during the summer.

The home has a hairdresser who visits twice a week and during the visit we saw some people enjoying having their hair done.

In some of the care plans we saw information about people's past lives, experiences and interests. The home told us they are still working on developing people's life histories. We spoke to one person who told us a lot about their past life and

Evidence:

experiences. When we looked at their care plan we were disappointed to find that none of this information had been recorded. It is important that staff write down the things they find out about people then they can use this to engage them in conversation or to provide relevant activities.

We observed staff as they carried out their duties and saw them spending time with people. There were some staff who clearly found it easy to engage people in conversation and there was some very good humoured banter and exchanges between them. Some staff seemed to find it more difficult to engage people and would benefit from more training.

At previous inspections we have been concerned that meal times in the home were not well organised and were not a particularly pleasant or social occasion for people. The home told us they have made changes. For example they have changed the way breakfasts are organised and this has meant that most people now have their breakfast earlier. This is an improvement, in the past people were sometimes having their breakfast as late as 10.30 am which meant there was a long gap from supper time the previous evening and people were not ready to eat at lunchtime.

We observed the meal service at lunch time and saw that this has also improved. We saw this time that tables had been set with cloths, place mats, cutlery, serviettes, glasses and condiments. Each of the areas where people were eating was supervised by a member of staff. Staff were available to assist people as necessary. People were offered a choice of meal and the meal time felt a much more social and relaxed occasion. People said the food is usually good.

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.

There are systems in place to make sure complaints are taken seriously and acted on. More safeguarding training is needed to make sure people are protected.

Evidence:

In February 2010 the majority of people told us they know who to speak to if they are unhappy and know how to make a formal complaint if they need to. The home has a complaints procedure which is displayed. The home told us they have not had any complaints since February 2010 and none have been referred to us.

There has been one safeguarding referral since February 2010. This has been investigated by the local authority Adult Protection Unit and the home co-operated fully with the investigation. The home has policies and procedures in place to make sure people are protected. Staff told us training on safeguarding (abuse) was included in the training they did on Dignity and Respect. They were able to give us examples of how people could be abused by poor working practices. They were able to tell us how they would report concerns within the home but were not sure about what external agencies they could contact if their concerns were not dealt with by the home. The acting manager has attended safeguarding training but not all the nursing staff have. It is important that staff who are taking charge of the home are aware of the multi agency safeguarding procedures so that any allegations or suspicions of abuse can be dealt with properly.

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.

Generally the home is clean and provides a comfortable place for people to live. Some improvements have been made and this should continue to make sure the home is suitably equipped to meet people's needs.

Evidence:

Since we visited in February some refurbishment has taken place, for example the lounges and dining room on the ground floor have been repainted, some new carpeting and laminate flooring has also been laid. This has made these rooms much brighter and more welcoming. Staff also told us that some new wardrobes have also been purchased for some of the bedrooms.

The home has a secure garden which is easily accessible to people. When we visited it was a warm sunny day and we saw that people were able to go outside and enjoy the weather.

When we visited in February we saw that many of the rooms did not have an extension leads on the call bells. This means that people would not be able to use the call bell system unless they could reach the panel on the wall. During this visit we saw that some rooms still did not have extension leads to the call bells. One person told us they could not reach the panel on the wall and had been told that if they needed help they should shout for staff. People in the lounge on the first floor told us that there are

Evidence:

no extension lead on the call bells and if staff are not present they have to shout or wait for staff to come to the lounge. This was discussed and the provider said they would deal with it.

We saw the laundry assistant ironing and putting clothing away. She she told us about the new system that is being introduced to make sure people's clothing is properly labelled. This will help to make sure people's clothes do not get mixed up. The wardrobes were tidy and clothing generally looked well cared for. However, the system for laundering white underwear needs to be reviewed as we found undergarments in drawers that were 'grey' rather than white.

The home has had a recent out break of diarrhoea. We saw that staff have access to protective clothing and hand sanitiser. We did, however, notice that some staff were wearing a lot of rings and other items of jewellery, that could potentially be a source of infection. We spoke to the manager about the homes policy on jewellery and she told us that staff should only be wearing a plain band type ring and stud earrings.

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 usually enough staff on duty to meet people's needs. There has been an improvement in the way staff are organised and more training has been provided. However, staff continue to need support to develop and put into practice the right skills and knowledge to meet people's needs.

Evidence:

When we visited there were 54 people living in the home. The duty rotas showed there are usually 10 staff on duty in the morning, this includes 2 nurses. During the afternoon and evening there are usually 9 staff on duty of which two are nurses. There are usually 5 care staff and one nurse on duty overnight. However, the duty rotas for the the last 3 weeks (31 May to 20 June) showed that on 6 of the 21 nights there only 4 care staff on duty.

At the previous inspection we were concerned about the way staff were deployed in the home. During this visit we saw that this has improved and staff seemed more organised in their work. We saw that staff spent more time with people, some staff were very good at engaging with people while others were obviously less confident and would benefit from more training.

The home employs separate staff for housekeeping, catering and maintenance. The rotas show that the home does not have cleaning staff at the weekends and there are

Evidence:

3 days in every two week period when there is only one cleaner on duty. In view of the size and layout of the home this should be reviewed.

When we visited in February we looked at the way new staff are recruited and found that all the required checks are done before new staff start work. This helps to make sure the home only employs staff who are suitable to work with older people.

Since the last inspection more training has been provided or organised. Some staff have attended training on Dignity and Respect and more is booked. Training on the Mental Capacity Act, Deprivation of Liberty and the Liverpool Care Pathway has also been organised. The acting manager and owner are booked to attend training on "personalisation" which will help them to support the staff in developing a more person centred approach to care.

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.

More needs to be done to make sure people experience good quality outcomes in all areas of the service. The quality assurance systems are not robust enough to make sure shortfalls in the service are identified and acted on quickly.

Evidence:

Following the key inspection in February this year the home appointed a new acting manager. She is a nurse who had been working at the home for approximately one year before being appointed acting manager. She has previous experience managing a care service. When we visited in May 2010 the acting manager was working full time as a nurse and therefore did not have little or no time to focus on the management of the home. Following that visit the provider assured us the acting manager would not be included in the staff numbers so that she could focus on her making the required improvements.

However, when we looked at the duty rotas for the past 3 weeks (31 May to 20 June) we found that this is not happening consistently. For example during the week starting

Evidence:

31 May the acting manager worked 32 hours and for 24 of these hours she was included in the staff numbers.

We saw that the provider carries out monthly visits to look at the quality of the service. However, the reports from these visits did not include any clear information to show that shortfalls in the service had been identified and action agreed to address these shortfalls. We are concerned that the home's quality monitoring systems are not robust enough and they are not aware of shortfalls until they are brought to their attention by the inspection process. This was discussed.

We saw that the acting manager has started to carry out staff supervisions. However, she has not had any training in coaching and supervision. The supervision records we looked at did not show any evidence of performance monitoring. For example when weaknesses were identified there was no agreed action on how this would be improved and no evidence that training needs were identified.

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

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

The acting manager told us that the home has a trained moving and handling coordinator and all staff have either attended or are booked on moving and handling training. During the visit we observed staff lifting a person without the aid of a handling belt or hoist which meant the person was dragged from the armchair to the wheelchair. When we looked the person did not have a moving and handling assessment in their care records. This was discussed.

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	<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 reduce or eliminate the identified risk.</p> <p>This will make sure that people are kept safe.</p>	18/06/2010
3	8	12	<p>Appropriate action must be taken to identify and meet people's nutritional needs. 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

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
4	15	12	<p>Meal times must be properly organised and staff must be available to assist and supervise.</p> <p>This will make sure that people receive the support they need and mealtimes are a social occasion.</p>	18/06/2010
5	18	13	<p>Staff must make sure that they follow adult protection procedures and report incidents of abuse.</p> <p>This will make sure taht the home are taking the right action to keep people safe.</p>	18/06/2010
6	30	18	<p>Staff must receive training in relation to respect and dignity.</p> <p>This will make sure staff work in respectful way and are able to engage people they work with in conversation or appropriate activity.</p>	18/06/2010

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	33	26	<p>The Commission must be provided with copies of the reports from the monthly provider visits and these must include information on the actions that are being taken to improve the service.</p> <p>So that we can continue to monitor the service and make sure quality outcomes for people using the service are improving.</p>	30/07/2010
2	33	24	<p>An effective quality assurance monitoring system must be established and maintained.</p> <p>So that the home can identify shortfalls in the service and take action to deal with them quickly. This will improve quality outcomes for people using the service.</p>	27/08/2010

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
3	38	13	<p>When people need help to move and/or transfer there must be clear instructions for staff on how to do this.</p> <p>To make sure people are helped safely and without unnecessary discomfort.</p>	30/07/2010

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	7	The work that has started on updating people's care plans and risk assessments should continue to make sure there is up to date and accurate information about people's needs and the actions that staff should take to meet these needs. This will reduce the risk of people's needs being overlooked.
2	8	Food charts should be monitored to make sure that people are getting adequate nutrition and to make sure people are not going for long periods without food.
3	9	There should be a medication care plan for each person that details their current medication and any additional notes about how people like to take that medication. Any medication that is received into the home, that has not been put into a blister pack by the pharmacist, should have two staff members booking it in and checking the medication, frequency to be given and the dosage. Both staff should sign the medication record.
4	12	More training is needed to make sure staff have the skills they need to engage with people.
5	18	All staff should receive safeguarding training to make sure they are aware of the multi agency procedures and know what action to take in the event of suspicions or allegations of abuse.

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
6	19	The home should make sure that people have access to the call bell system so that they can summon help when they need it. If people are not able to use the call bell system in their bedrooms risk assessments should be in place making which include clear information on how often safety checks are to be carried out.
7	26	The home should make sure that staff are adhering to infection control policies and procedures including the policy on wearing jewellery at work.
8	26	More care should be taken with people's laundry, in particular the way white clothing is washed to prevent whites becoming grey.
9	27	The cleaning staff hours should be reviewed to make sure standards of cleanliness are maintained and to make sure care staff are not taken away from their care duties to carry out cleaning tasks.
10	27	The number and skill mix of staff on duty should be kept under review and adjusted to take account of people's needs and they layout of the home.
11	31	The acting manager should not be included in the staff numbers so that she can concentrate on making the required improvements to the service. She should apply for registration with the Commission.
12	32	There should be better communication within the home to make sure that staff are kept up to date with information about people's needs.
13	36	The acting manager should attend training on coaching and supervision and establish a system of staff supervision to make sure staff get the support they need to develop their skills and knowledge.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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