We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Four Rivers Nursing Home

Bromfield Road, Ludlow, SY8 1DW
Tel: 01584813500

Date of Inspection: 05 September 2012
Date of Publication: September 2012

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th><strong>Registered Provider</strong></th>
<th>Shropshire Council</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Manager</strong></td>
<td>Mrs. Christine Thomas</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Four Rivers is a care home that provides nursing and personal care to a maximum of 40 older people. The home is located in Ludlow in Shropshire.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Care home service with nursing</td>
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</table>
| **Regulated activities** | Accommodation for persons who require nursing or personal care  
                          Diagnostic and screening procedures  
                          Treatment of disease, disorder or injury |
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the deputy manager.

What people told us and what we found

We spoke with five people in private and three relatives. This enabled us to gather people’s views and experiences of the service provided. When we were unable to speak with people we spent time observing their care and support. We also spoke with six staff members.

People told us that they were happy living at Four Rivers. One person told us, "It's really nice here. I don't need much help but when I do need anything they always help me". Staff told us that they aimed to promote people’s independence as far as possible and we saw people being encouraged to do things for themselves.

People told us that they were involved in making decisions about their care and support and relatives said that they had also been consulted in the care planning process.

Staff met people's care and support needs in ways that they preferred. People were treated with dignity and respect, however we saw that staff, on occasion, supported people without interaction or discussion. Everyone said that staff were kind and helpful.

We found that improvements were needed to ensure that activities met people's individual needs. The management team had recognised this and were looking at implementing changes.

People were protected because staff were confident to recognise and report abuse.

People were supported by a well trained and well supported staff team.
The home ensured that people's views were considered and listened to and they had systems in place to monitor care provided.

You can see our judgements on the front page of this report.

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More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People’s privacy, dignity and independence were respected.

People’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who were able to share their views and experiences with us said that their needs were met in ways that they preferred. People said that they made decisions about what time they went to bed and what time they got up. We saw that people were encouraged to be as independent as they were able. This meant that they were able to stay in control of their lives.

People told us that their privacy and dignity was respected by staff and staff gave examples of how they supported people to receive care and support in their own rooms. A relative told us that staff paid attention to detail to ensure that people looked well groomed.

We saw staff offer alternative support to one person who had decided that they did not want their care delivered in the way that it had been planned.

On most occasions we saw that interactions between staff and people living at the home were positive. For example, we saw two staff talk through the process of moving one person from their chair to a wheelchair. Staff were heard to offer reassurance throughout. Staff were seen to cover people’s legs with a blanket to protect their modesty when appropriate.

In conversations staff gave us numerous examples of how they respected people’s privacy and dignity whilst supporting them. When staff interacted with people they were seen to be courteous, supportive and discreet. We saw staff support people to make decisions and then support them at their own pace.
Care and welfare of people who use services  

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that their care needs were met at the home and that they were very happy with the support that they received.

Staff told us that support plans reflected people’s actual needs and that they referred to them when delivering care. Plans were seen to have been reviewed and amended as people’s needs changed. This meant that staff had access to current information enabling them to provide the support that people needed to enjoy a good quality of life.

We observed a number of interactions that reflected a positive relationship between the people living at the home and the staff team. During our period of observation we found that the general mood of people in the lounge was calm and relaxed. We saw only minimal interactions with staff during this time. Staff were very task orientated and during discussions later told us that they had limited time to spend talking with people.

On the day of our visit we saw no activities taking place in the morning and some people did not receive any meaningful interactions with staff who were seen to be very busy. People we spoke with, relatives and staff all confirmed that activities where an area where improvement was needed. One person told us, “I’m bored”. Records showed that in a two week period one person had only been involved in an activity once. In discussions with the deputy manager we were told that management were aware of this issue and were looking at ways to address this. The provider may wish to note that, although plans were being developed to implement a formal activities programme, people did not have opportunities to engage in meaningful activities to enable them to enjoy their days.

We saw that the home was working with health care professionals to ensure people’s ongoing good health. People’s health records were detailed and liaisons with health and social care professionals were documented. One staff member showed us how effective record keeping in relation to people’s health needs enabled them to demonstrate that they were providing effective care.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Everyone we met on the day of our visit was relaxed in staff company and interacted positively with staff when they needed support. People told us that they were well looked after and relatives spoke highly of the service provided. Staff had received training to recognise and report abuse and the organisation had created a culture within the home where staff were confident to speak out about poor or abusive practice. Staff who spoke with us said that they knew what constituted abuse and said that they would be confident to recognise and report it.

The home had only limited involvement in looking after people's money. We saw a straightforward system of monitoring and recording transactions in place for when required. The provider should note that there was no evidence of any auditing of this process to offer greater protection to people's finances and also safeguard the person whose sole responsibility it is to manage the money.

Staff had received training in relation to the Mental Capacity Act and in relation to Deprivation of Liberty Safeguards. In conversations they demonstrated a good understanding of the implications of this legislation. This meant that staff were able to support people to understand their human and legal rights and responsibilities.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

On the day of our inspection we saw that interactions between staff and people living at the home were overall very positive. Although limited, people responded well to staff input and staff were knowledgeable about how to effectively support people.

Staff told us that they felt well trained. They said that they had received all required mandatory training and in addition had received training to meet the individual behavioural and medical needs of people living at the home. This enabled them to offer effective care and support.

Staff told us that there was always someone to contact in an emergency and that the nurses who provided their immediate line management were very supportive.

Staff were supported to do their jobs. They said that they had opportunities to meet as a team and also on an individual basis with their line manager to discuss their personal and professional development. We saw that staff shared information at the beginning and end of each shift to ensure that essential information as handed over. This enabled them to provide continuity of care.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Some people told us that they had been given, or sent, a questionnaire to complete to share their views about the service provided at the home. Everyone said that they would talk to the manager or to staff on duty if they had any comments or concerns.

The staff team told us that they worked closely with health and social care professionals and also with family members when appropriate. For example, protocols had been developed by health professionals and implemented by staff.

We saw that risks to people’s safety and wellbeing were assessed and measures had been put in place in order to reduce these. Staff told us how they identified and monitored risks in relation to providing support to people. Staff felt involved and listened to. Risk assessments were seen to be in place to manage and monitor people’s medical needs.

We saw how the deputy manager monitored accidents within the home and records requested actions taken be recorded by all parties. We were told that these forms were then sent to the organisation's health and safety department for additional monitoring. We saw that risk assessments were also being reviewed in light of the most recent accident within the home.

We were told how the organisation monitored and assessed the quality of the service provided. The deputy manager confirmed that surveys were used and also that regular audits of processes took place with actions identified when required. We saw, for example, that care plans and risk assessments were regularly reviewed and updated.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

| Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly. |
| Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly. |
| Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly. |

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assesing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
| Contact us |

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<tr>
<th>Phone:</th>
<th>03000 616161</th>
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<tbody>
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<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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