

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

## Riverview Nursing Home

Stourton Road, Ilkley, LS29 9BG

Tel: 01943602352

Date of Inspection: 08 November 2013

Date of Publication: February 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Ilkley Health Care Limited
Registered Manager	Mrs. Margaret Lock
Overview of the service	<p>The home provides personal and nursing care for up to 60 older people. It is a large converted property and is located close to the town centre of Ilkley. The accommodation is on four floors and consists of shared and single rooms of which 17 have en-suite facilities. There are two passenger lifts giving access to all areas. Most of the communal areas are on the ground floor, there is one lounge on the first floor. There are gardens which are accessible to people.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with four family members who were happy with the care being given at Riverview. One family member said, "The staff are amazing" and another one said, "They are well cared for". We saw people were wearing appropriate clothing and footwear and were supported by staff in a respectful manner.

We saw policies in place to safeguard people from abuse. We spoke to one person who uses the service who said "I have no complaints here".

We saw evidence that staff are recruited appropriately and receive training to complete their role.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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We spoke with three members of staff who told us they asked for people's consent before they provided any care or treatment and continued to talk to people while they delivered care so people understood what was happening. Throughout the visit we saw staff treated people with respect, addressed them by their preferred name and always asked people their preferences when they offered support or help with personal care.

Staff also told us when people were not able to give verbal consent they would observe their body language whilst they provided care. They said if people showed any signs of distress they would stop and try again later. We saw in the records we looked at that people's right to refuse care or treatment was respected. This was evidenced by one person who refused food on a lunch time and staff offered other alternatives. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The manager told us they were familiar with the requirements of the Mental Capacity Act 2005 and we saw information about the Mental Capacity Act 2005 was included in care plans. The manager explained decisions were made in people's best interest when necessary and the decision making process was recorded.

We looked at five peoples care plans which included consent forms and minutes from meetings which were signed by family members and senior staff. The manager also confirmed that independent advocacy services were available and this was evidenced in one person's care plan. We saw people's ability to make decisions about the care and support they needed had been recorded in the files we looked at.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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During the inspection we looked at how people's care was planned in order to ensure people's welfare. We observed care being given to people who use the service. We reviewed five sets of care records and spoke with three staff, four people who used the service and four relatives. We spoke with four people who used the service, one person told us, "If I have a question, the staff will answer". Another person told us, "Staff are kind" and another said that, "It's like being at home".

We reviewed five sets of care records and assessed the risk assessment and care planning process. On admission to the home, as part of the pre-admission assessment, people's risks were assessed, for example, risk of falls and/or behavioural risk. We found the care records easy to follow and key information could be found promptly. We found key documentation was completed and updated as necessary; this included personal hygiene charts and weight charts and falls assessments.

We spoke with three members of care staff and they described how they ensured people's care and welfare was met. They also told us how the documentation that supported the process was completed. Staff reinforced what the manager had described and remarked how the care and support provided was person-centred.

During our inspection we spoke with four people who used the service but some of the people who used the service had complex needs. This meant that they were not able to tell us their experiences so we observed how staff interacted with people who lived at Riverview Nursing Home. Staff were attentive to people's needs and it was clear staff understood people's specific risks, needs and how best to meet people's needs.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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We spoke with three staff who confirmed to us they had attended training on safeguarding and were aware of how to report any concerns they might have about people's welfare and safety. We asked staff what they would do in a certain scenario and they explained the procedure to ensure the safety of the people who used the service. This meant that staff knew how to respond appropriately to any allegations of abuse. Staff knew about the different types of abuse that could happen and how they should report any concerns. We also looked at the home's induction pack which contained a section on safeguarding for new staff to become aware of this. Staff said they would always report concerns of abuse to the most senior person on duty and were confident that they would be taken seriously and action would be taken to resolve the matter.

The manager and staff we spoke with were aware of their responsibilities to report safeguarding matters to the relevant safeguarding authorities and to the Care Quality Commission. We also viewed the statement of purpose which contained a section on safeguarding and an up to date safeguarding policy which was reviewed on an annual basis.

This showed to us that people who used 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.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The manager told us sufficient staff were employed for the needs of the people who used the service. We saw there was a staff recruitment and selection policy in place and all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process.

We spoke with three staff who told us two references were obtained and an enhanced Criminal Records Bureau (CRB) disclosure check before they started work at Riverview Nursing Home. One staff told us, "I was not allowed to start before my induction that involved training and shadowing a senior staff member". This demonstrated to us that appropriate checks were undertaken before they started and they were shadowed by a senior member of staff until they felt confident.

We looked through training records and saw evidence that training was being reviewed and staff were being kept up to date with the relevant training. We also saw training was on the agenda at supervisions to identify what course needed refreshing. One staff member said they were a member of the nursing and midwifery council (NMC).

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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During our inspection we saw the complaints procedure was on display in the home. We also saw evidence of one previous complaint being dealt with and feedback being given. When new staff started they were given an employee handbook which contained information on how complaints could be made. We also saw the statement of purpose included details on how to complain.

The family members we spoke to told us they were aware of the complaints procedure and how to make a complaint if they had to. People also said the manager and staff were very approachable and were sure any concerns they might have would be resolved quickly and without the need for a formal complaint to be made.

We asked the manager how they dealt with complaints or concerns raised by people who used the service or their relatives. The manager explained how they dealt with complaints and who people could contact if they were not satisfied with the outcome of their complaint. The manager told us the provider had a proactive approach in how they managed complaints and they were always available to talk with people and deal with any concerns as soon as they arose. This demonstrated to us that people were supported by the provider to raise any concerns of the service and facilities provided without fear of recrimination.

## 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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

Assessing 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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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