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: 20 November 2013
Date of Publication: December 2013

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

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Staffing: Met this standard
- Supporting workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
### Details about this location

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<th>Shropshire Council</th>
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<td>Registered Manager</td>
<td>Mrs. Christine Thomas</td>
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<td>Overview of the service</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>
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<td>Type of service</td>
<td>Care home service with nursing</td>
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| Regulated activities | Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury |
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

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 20 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 and talked with staff.

What people told us and what we found

We talked with some of the people who lived in this home and they said that they were well looked after. They said the staff always asked them how they would like things to be done. They said staff were always mindful of their privacy and treated them with respect.

People told us that they felt able to raise any issues with the manager or staff should they have any concerns. Staff spoke of their awareness of how to keep people safe from harm. Staff told us about the training that the home had arranged for them to attend so that they would recognise abuse and how to report it.

People told us that staff were available when they needed help. They said that the staff were friendly and always acted professionally. One person said, "All the staff are very good, I can visit when I like, the staff are very good to me as well. They are keeping my Mum very comfortable".

The provider had developed a system whereby they can monitor how well the home was meeting the needs of the people who live there.

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

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.

Reasons for our judgement

We talked with some of the people who lived in the home. They told us that the staff had explained to them what care and treatment they would be receiving.

People told us that their needs were met in ways that they preferred. They said that they were given a choice of meals each day. We saw that people were encouraged to get around the home with as little assistance as possible in order to maintain their independence.

During our visit we talked with a number of the staff. They showed a good understanding of the issues involved in maintaining people's privacy and dignity. We heard and saw them behaving in a way that confirmed they put those principles into practice.

People told us their privacy and dignity was respected by staff and we saw how they were taken to their own rooms when they needed their personal care needs to be met. We also saw and heard staff knocking on bedroom and bathroom doors before entering.

We saw a number of other instances of care being delivered sensitively and discreetly. Some of the examples we saw were at meal times or when people were being helped around the building. People and their relatives told us that they felt reassured and confident with the support that was given.

We looked at the records of a number of the people who lived in the home. They reflected the views and preferences that people told us they had. This gave staff accurate information to refer to when arranging to meet people's needs.
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.

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

Reasons for our judgement

We talked with some people about the care they received. When we looked at the records the home maintained we saw they reflected what people had told us and what we had seen. They had all recently been reviewed and updated giving staff up to date information about how they should meet people's needs.

The records contained information about people's medical conditions and why and when medical professionals had been contacted. Actions taken as a result of those contacts were mostly recorded in a way that showed what progress had been made in meeting a particular medical need. The provider may wish to note that in some cases the way the information was recorded required us to ask for further clarification.

We saw specific assessments for each person such as falls assessments, skin care assessments and nutritional assessments. The records also described what action should be taken as a result of those assessments and there were usually records of the actions that had been taken. We looked at the records for a number of people who needed to be turned to avoid skin pressure problems. We saw that these had been completed at regular intervals indicating that people were receiving the care that had been agreed.

At the time of our visit none of the people who lived in the home needed their fluid intake monitored. We did find a fluid intake chart for one person that had been completed during September 2013. We saw that no target for daily consumption had been identified for this person. We discussed this with the Registered Manager. She told us that this was usual practice for the home. The provider may wish to note where an individual has been identified as being 'at risk' with regard to their hydration needs there should be a system in place to monitor and analyse fluid intake. There should also be a system which triggers the action staff should follow if a person's daily fluid intake target has not been reached.

We looked at the area of the home where the people who had been identified as having memory issues were living. We saw that the corridor outside their bedrooms was decorated in a plain and non-stimulating manner with little signage. The provider may wish to note that different decors could help people identify where they are in the building. Clear signage could help people to identify their own bedrooms or other rooms or areas of...
importance to them.

We saw that the home had an admissions process that identified people's social and medical needs. We were told that those assessments were developed as soon as possible after an admission had been agreed. We saw a number of records that had been completed around the time of people's admission.

People told us that staff looked after them well and that their care and support needs were met. People said such things as, "I find it very nice here".

We talked with the people who lived in the home about the activities that were arranged for them. They told us about activities such as films, bingo, visiting entertainers and exercise groups. We saw records that confirmed this.

As we observed the care that people were receiving we saw and heard a lot of positive interaction between them and the staff.

All the people that we talked with told us they thought the meals provided by the home were of good quality and served in good quantities. One person told us, "The food is very good".

At lunch time we saw the meals were presented in an appetising manner. We saw people were getting help from the staff to eat independently. Some people were given more direct help and others received prompts. This showed that people were being supported to remain as independent as possible. During our observations we saw that some meals were left in people's rooms uncovered before staff had time to assist them. Some people waited ten minutes which meant that their meal was no longer hot. We discussed this with the manager.

We talked to the staff about the choice of meals. They told us meals were provided to meet the needs of people with medical conditions such as diabetes. They also told us that should someone not like what was offered on the day then an alternative of their choice would be found.
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

We talked to a number of the people who lived in the home. They all told us that they felt able to raise issues with the staff should they need to. One person said "I would talk to the head one".

We watched and listened to the staff as they worked with the people who lived in the home. We saw that a number of people had difficulty in expressing themselves. When we talked with and watched the staff we saw that they noticed changes in people's behaviour that might indicate that they were unhappy and therefore possibly subject to abuse.

The staff also told us that they would report any suspicions that they might have about possible abuse. They confirmed that they had undertaken adult protection awareness courses. This was training that ensured that everyone was aware of the local policies and procedure for the protection of people in their care. Talking with them confirmed that they understood the principles involved and how they should put them into practice. They showed a good understanding of what constituted abuse.

Throughout the visit we saw and heard staff talking with the people in a pleasant, sensitive and professional manner. We saw and heard them responding to people's needs quickly and discreetly.

Staff told us that they had read the home's whistle blowing procedure. It was clear that they were aware of what it contained.

When we talked they showed a good knowledge of their and the home's duties under the Mental Capacity Act 2005.

We talked to the manager about the home's Deprivation of Liberty Standards (DoLS) obligations. The manager told us that the home had no such issues at the time of the inspection.
Staffing

Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

Reasons for our judgement

People told us that when they asked for assistance from staff they received it promptly. They told us that they felt confident that the care that they received from each member of staff would be professional and friendly.

During lunch time we saw staff were available to help those people who required assistance with their meal.

We saw staff regularly checking the people who were in their rooms.

We saw that call bells were answered promptly.

We talked with people in groups and individually. Mostly they told us they were able to regularly take part in the activities that they needed to or enjoyed.

We were also told by the manager and those working on the day of the visit that more staff were called in when the home was affected by staff absence or needed to provide escorts for people attending medical appointments.
Supporting workers

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

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

Throughout our visit the people who lived in the home were very positive about the staff and the way that they delivered their care. They made comments like, "The staff are very kind".

We watched and listened to the staff as they worked with the people who lived in the home. We saw staff helped people at mealtimes. We saw them talking and helping in a sensitive and professional manner.

We saw that staff asked questions clearly and watched and listened to each person's response.

Staff told us that they had been able to regularly talk with their line manager about their role or about the people they provide care, treatment and support to.

Staff told us that they had received a variety of training in such things as infection control, the protection of vulnerable adults and manual handling. We saw the training records which confirmed what they had told us.

We talked to a worker who had recently been through the home's induction process. They told us that they thought it had prepared them for their role in the care team.
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.

Reasons for our judgement

We talked with some of the people who lived in the home. They told us they felt able to approach the manager and the staff team to discuss any issues should they need to.

We saw that people's care records had been reviewed recently. Assessments of risks were reviewed to guard against the possibility of inappropriate or unsafe care and treatment as part of the same process. We were told that all these records were reviewed by the manager every six months. We discussed with the manager how the scheduling of reviews could be improved by doing some each month rather than all at once. We suggested that this would ensure that people's care was reviewed and also provide a regular insight into how staff were managing their records.

We were told the home had been visited regularly by one of the provider's senior managers. During those visits they checked that various elements of people's care were being delivered effectively and their safety was protected. We saw records which confirmed this.

Staff told us that team meetings were held regularly to discuss ways in which care could be improved.

We looked at our records of notifications made by the home to us. We saw that these were made appropriately enabling us to monitor issues that arose within the home.

We saw that there was a copy of the home's complaints procedure available to the people who live in the home and those who may represent them. This contained the information necessary if they wanted to raise an issue.
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.

<table>
<thead>
<tr>
<th>✔️ Met this standard</th>
<th>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.</th>
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<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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.</td>
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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.

**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)
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)

(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.