

Mr Donald Smith

Riverside House

Inspection report

38 North Street
Goole
Humberside
DN14 5RA

Tel: 01405764350

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 29 August 2018 and was unannounced.

Riverside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Riverside House provides accommodation and support to a maximum of 10 younger adults who may have a learning disability or autistic spectrum disorder. At the time of this inspection there were three people using the service full time and two people who used the service for short periods of respite.

At our last inspection in October 2017, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations for Regulation 12: Safe care and treatment, Regulation 17: Good governance and Regulation 18: Staffing. We asked the provider to complete an action plan to show what they would do and by when. At this inspection we found the provider had implemented the actions and was no longer in breach of these regulations.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were assessed and supported to take their medicines safely as prescribed by staff who had been checked as competent and who followed national best practice.

The provider had systems and process in place to ensure staff were appropriately recruited into the service. Staff received appropriate induction, supervision, support and training to acquire and update their skills to meet people's individual needs and fulfil their roles.

We observed there were enough staff on duty to meet people's needs. People confirmed they received care and support from regular staff who they knew.

The provider completed a range of checks and audits to maintain and improve the service.

People told us they felt safe living at the home and staff understood how to recognise and report any signs

of abuse.

At the time of our inspection, everybody living at the home had been assessed as having capacity under the Mental Capacity Act 2005. Management and staff understood their responsibilities under the MCA and were actively promoting people's independence. People had consented to their care and support and this was recorded in their care plans.

People received information in a format they could understand and were supported to communicate their needs, and these were recorded to ensure they were met.

The provider included people or their representatives in discussions regarding their health and wellbeing. Any positive behaviour support plans were evaluated and included input by appropriate health professionals for effectiveness.

Care plans included information to ensure staff were informed and respectful of people's cultural and spiritual needs.

People were supported to maintain a healthy and balanced diet. Care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic, had any allergies or religious needs.

Staff had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. People were encouraged and supported to raise their concerns and processes were in place to ensure these were responded to.

People were supported to live fulfilling and meaningful lives. The provider supported people to obtain skills to take up opportunities of work and attend college.

People discussed the activities and interests they could follow. People who chose to remain at the home participated in daily events. The provider supported people to maintain meaningful relationships and they were protected from social isolation.

The registered manager understood their responsibilities as part of their registration with the CQC and had informed the CQC of significant events in a timely way.

There was a defined staffing structure and all staff understood their responsibilities and when to escalate any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support to take their medicines safely as prescribed.

Risks associated with people's care and support were managed safely without unnecessary restrictions.

Staff had received training to keep people safe from abuse.

Is the service effective?

Good ●

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge to carry out their role.

Peoples were supported to understand and make informed decisions. Where they were assessed as not having capacity to do this, the provider followed processes under the Mental Capacity Act.

People were supported to maintain and improve their health and wellbeing. Any dietary needs were assessed and supported.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who understood the importance of this.

People were involved in any decisions about their care and support.

Staff understood how to communicate with people in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

Care plans included information to ensure staff provided care and support that was individualised.

People were supported to live meaningful lives and enjoy activities of their choosing.

People were supported to raise any concerns or complaints and systems were in place to record and learn from any outcomes.

Is the service well-led?

The service was well-led.

Audits and checks were completed to maintain and improve the service.

The provider maintained good links with other health professionals to ensure best practice and support people with their individual needs.

The provider completed consultations and used feedback to help shape the service.

Good ●

Riverside House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 August 2018 and was unannounced.

The inspection team included one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of people with a learning disability and autism.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning team and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the registered manager, the area manager and two staff.

We spoke with two people in receipt of a service and three relatives by telephone to seek their views. We had a look around the home and looked in people's rooms with their permission. We observed staff administering people's medicine and completed observations of staff interactions with people throughout the day.

We reviewed a range of records. This included three people's care records containing care planning

documentation and daily records. We also viewed the records for three staff relating to their recruitment, supervision and appraisal. We reviewed the process used to manage staff training. We viewed records relating to the management of the service, including audit checks, surveys and quality assurance and the provider's policies and procedures.

Is the service safe?

Our findings

At our previous inspection completed in October 2017, we found the provider failed to ensure systems and processes were effective to ensure staff responsible for the management and administration of medication were suitably trained and competent and that this process was kept under review. People's medicines were not always managed and administered as prescribed following the providers policies and procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked and found the provider had improved practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the provider was not in breach of this regulation.

People had been assessed to determine the level of support they required to ensure they received their medicines safely as prescribed. Staff who had been trained and deemed competent in this role had up to date guidance and followed best practice to meet people's needs. We observed the responsible staff checked the medication administration record (MAR), administered the medication and waited until the person had taken the medicine, assisting where necessary before completing the MAR. There was a system and process in place for the ordering, storage, handling and disposal of medicines and this was in line with best practice. Protocols for administering medicines that were prescribed, 'as and when required' for people were in place. Records were up to date and audits were completed to maintain safe practice.

People told us they felt safe living at the home and with the staff who supported them. One person told us, "It is a great home, isn't it? Everyone's great and, yes, I feel safe living here." Systems and processes ensured people were protected from avoidable harm and abuse. Staff had received safeguarding training and told us what they would do if they had concerns. A staff member said, "I would discuss any concerns with the manager and would speak with safeguarding if I needed to; keeping people safe is important."

Staff had access to a safeguarding policy and procedure that provided further guidance. The registered manager showed us a safeguarding file which included an updated monitoring sheet that logged any concerns and recorded any actions taken. The provider had an anti-bullying policy which provided staff with guidance to identify and deal with any discrimination that may be apparent. A staff member said, 'Bullying would never be tolerated. If we have any concerns we can speak with the manager who is very responsive.'

Our observations confirmed high levels of cleanliness and infection control around the home with no unpleasant odours.

The provider ensured staff were selected and recruited safely. Wherever possible people using the service were involved in the process to ensure compatibility. Checks were completed before staff began work. This included obtaining a minimum of two references, and the completion of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.

There were sufficient staff on duty to meet people's individual needs. The registered manager showed us a

rota which confirmed staff on duty on the day of the inspection and planned for staff in the following days to ensure people were supported. One person said, "There is usually someone around if I need anything." A staff member said "We have a good team and can rely on other services we have for staff support if we need to. For example, if someone can't come in because they aren't well."

The provider had completed risk assessments to ensure people received safe care and support and to uphold their human rights. Risk assessments were in place for everyday events. For example, accessing the community, behaviour, relationships and safe sex, use of kitchen equipment, smoking, and those risks associated with slips, trips and falls in and around the home. This information was reviewed regularly and discussed with the individual. This meant that people were supported to live fulfilling lives, safely and without undue restrictions in place.

Accidents and incidents were appropriately managed and recorded by the provider. At the time of this inspection there had not been any incidents but the system in place meant any records would be maintained to ensure accountability and evaluated to help reduce any similar events.

People had personal emergency evacuation plans in place so staff were aware of the level of support people required should they need to be evacuated in an emergency. Checks had been completed to ensure the home and equipment was safe for everybody to use. We found checks of gas, electric, central heating, and fire alarms and equipment had been completed by a competent person and certificates of compliance were available and up- to-date. Weekly water temperature checks had been completed and recorded. A legionella water test was completed and certified in February 2018. Legionella is water borne virus that can cause lung diseases like pneumonia.

Staff had access to relevant information to support people safely. Where necessary, care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Is the service effective?

Our findings

At our previous inspection completed in October 2017, we found the provider had failed to follow their policy and procedure to ensure any training, learning and development needs were identified, planned for and supported. Staff did not receive regular, appropriate supervision and appraisal of their performance in their role from an appropriately skilled and experienced person. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked and found the provider had improved practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 18. This meant the provider was not in breach of this regulation.

People we spoke with told us they received care and support from staff who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "I can discuss anything with [staff name]" and "[Staff name] comes with me so I can go shopping in town; but I can also do a lot on my own."

Staff told us they completed an induction to the service and their role before they commenced independent duties. This induction included information about the service and the people who lived there. The provider told us they had signed up to a new electronic training system which meant all staff could refresh their competencies to provide people with effective support according to their needs. New staff completed the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support, for staff to adhere to in their daily role. Staff had completed training in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care.

Systems and processes were in place to ensure staff received support and appraisal. This helped them to complete their role in line with the provider's policy and procedure. Staff told us they felt supported in their role and confirmed they received regular supervisions. One staff member said, "We have daily handovers where we can discuss daily events and people's requirements. We also have regular one-to-one supervisions where we reflect on our role, good practice and discuss any training or other support we might need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection, we checked and found the provider was working within the principles of the MCA. Records confirmed assessments were completed to ensure people could make informed decisions and choices. At the time of this inspection there was no one living at the home who had been assessed by the

provider as lacking the capacity to consent to specific decisions.

Previous and current health issues were recorded and healthcare professionals were contacted where further support was needed. We saw evidence recorded of involvement from other health professionals which included people's GP, community nurse, chiropodists and community mental health workers.

Care plans included information to help staff provide people with healthy eating options. Where assessments identified concerns regarding people's weight; monitoring tools were used and referrals made to the Speech and Language Therapist (SALT) for further assessment and support for the individual. At the time of the inspection, there was no one at the service with any specific dietary needs. However, people were supported with their nutritional and dietary requirements. A staff member said, "We encourage people to cook their own meals and choose their own food." They continued, "One person has just started to cook their own meals; it can be chaotic in the kitchen at times but it's great to have everybody involved." A staff member said, "If people had any food preferences because they were a diabetic or due to their religion this information would be recorded and catered for." People prepared their own drinks and drinks for fellow house members and guests throughout the day.

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions were in place to minimise the risk of slips, trips and falls. People could independently access areas of the home and enjoyed the outdoor area which included of large secure garden area with seating and patio tables. The home was easy to navigate with a large spacious hallway leading to a communal kitchen/dining room and a large living room. The communal areas were clean and tidy and appropriately furnished. People's own rooms were decorated to suit their own individual needs. There was nobody using the service who required any specialist equipment or facilities to be in place.

Is the service caring?

Our findings

People told us they received a service from caring staff. Our observations during our inspection confirmed staff treated people with kindness and were respectful of their wishes and preferences. One person said, "Staff always listen to me. We watch TV together and go out shopping."

Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and where they had any associated preferences there was provision in care plans to record this information. The provider had the use of a car that was used to transport people on days out and into the community. This meant people were supported to access the community, attend social events and live fulfilled lives.

Staff received training in, and understood the importance of maintaining people's dignity and privacy as part of completing the care certificate. Our observations confirmed staff ensured that wherever possible, they promoted people's independence. One staff member told us, "We encourage people to live fulfilling lives. People who live here have maximum freedom to live as they choose and our role is to support them with this and to keep them safe."

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only share information discussed if the person was at risk of harm, abuse or required medical attention. One staff member said, "People can come into this staff room for a chat whenever they need to; we can close the door to keep discussions private. If the door is closed, other people and staff know to knock before they come in."

It was clear from care records and from talking to people that they could express their views and be actively involved in making decisions. A relative confirmed, "My son has made real progress since living here with the support of the staff who always promote their independence." One person said, "There are no restrictions; I can please myself all the time."

Staff described how they understood some people may need reassurance and emotional support. Our observations confirmed staff had built good relations with people who were at ease discussing daily events and requests for assistance. One staff member said, "One person could be vulnerable in the community so they ask us to go with them when they want to go shopping. It is an opportunity for us to get out and about, meet new people and build their confidence."

We observed staff were effective in communicating with people. Where people required support to communicate and to understand information this was recorded with pictures and in large and coloured print. The registered manager said, "People only have a communication support plan if they need one; everybody who lives here can routinely express their thoughts and feelings but we would provide support if this was required."

Staff understood when people required assistance and how to support them. Care plans were in place and

were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. This approach meant staff provided responsive care to people who engaged with the service making decisions. Where people required further independent guidance and support to make informed decisions the provider engaged the use of advocates. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances and health.

Is the service responsive?

Our findings

Care plans for people's care and support were centred on the person and provided information to enable staff to provide holistic care tailored to people's individual needs. Records included a one-page profile with prompts should the person go missing and a pen picture which provided information on people's background.

People had been consulted and their feedback recorded. For example, information included 'What people like about me', 'what is important to me', and 'how to support me'. One care plan noted a person found education to be important in their lives. Guidance was recorded for staff to spend time studying with the person and outcomes were evidenced for evaluation. Discussions with staff confirmed this guidance was followed.

People were supported to maintain loving relationships and were supported to spend time with their partners. Care plans included guidance for staff to ensure they could provide people with relationship guidance and advice about safe sex. A member of staff said, "People living here are supported to develop relationships; we offer advice on appropriate relationships, seeking consent and can provide contraception if required; we are here to support people and make them aware of any risks so they can make an informed decision."

Care plans included information on people's routines and the type and amount of support the person required. A daily progress record included prompts for staff to document people's motivation, living skills, mobility and social interaction. This information was used to evaluate recorded care and support plans to ensure they were responsive and met people's current needs.

People understood and had contributed to their care plans. One person said, "[Staff name] discusses my support with me and it's written down. We go over this sometimes." A member of staff said, "We always involve people in discussions and reviews of their care and support, because it is about, and for them."

Staff had received training in equality and diversity and how to support people with any diverse needs. The provider told us refresher training was available and was supported by a policy and procedure that provided staff with further guidance. This ensured staff fully understood the nine characteristics protected under the Equality Act 2010. One staff member said, "We are here to support people whatever their needs and backgrounds and we are always respectful of any life choices people make."

People were supported to maintain family relationships and encouraged and supported to access education, community groups and go on trips. One person was away from the home completing an internship with a company in London. A staff member said, "We speak with them regularly on the phone, provide them with any support we can and make sure they are okay." Other people were supported to acquire life skills to help them secure work and participate in everyday life. One person had signed up to training at a local college. A staff member told us, "[Persons name] had chosen their own professor who was a point of contact and support at the college." They said, "They will be a familiar source of support; it has

worked out very well for them."

The Accessible Information Standard is a framework put in place by the National Health Service (NHS) from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people required support, care records included examples of pictorial communication methods to ensure people could understand, contribute and agree to their care and support.

People were supported to enjoy activities of their choosing. People were supported to go swimming and go karting. A member of staff said, "It is difficult to get everybody out together but we went to a local restaurant last week for a meal out and everybody had a great time." People were encouraged to use the home as their home. They were involved in meal preparation, laundry, cleaning and other daily activities. Everybody told us they were happy living at the home and nobody told us they had any unnecessary restrictions in place.

At the time of the inspection the provider told us there had been no complaints about the service and any concerns were dealt with at the time they were raised. The provider had a complaints policy and procedure and guidance was available to help people raise their concerns.

There was no one living at the home who required support with end of life care. The registered manager showed us a policy and procedure that included guidance to support people with death, dying and bereavement. The guidance ensured information was available to provide support that in such times that would consider and support people with any preferences. For example, religious or cultural. Where people had agreed, this information would be recorded in people's care plans.

Is the service well-led?

Our findings

At our previous inspection completed in October 2017, we found the provider had failed to establish and implement systems or processes to assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and implement systems or processes to seek and act on feedback from relevant persons, for the purposes of continually evaluating and improving the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we checked and found the provider had improved practices within the service. We found these improvements were sufficient to meet the requirements of Regulation 17. This meant the provider was not in breach of this regulation.

There was a manager on duty on the day of our inspection who was registered with the CQC. The registered manager was responsible for the day to day running of the home and received support from the area manager to drive improvements forward. Staff told us the registered manager was approachable and that they received good support when they required it.

It was clear the registered manager was caring and understood people's individual needs. During our inspection, we observed the registered manager was visible in and around the home and took time out to hold conversations, provide people with re-assurances and answer any questions or concerns.

People told us they were happy living at the home and with the staff who supported them. Comments included, "I like living here; it's great" and "Staff are great; no problems."

Staff we spoke with told us they felt supported in their roles and were happy to speak with the registered manager if they had any concerns. One staff member said, "This isn't a job which I dread every morning; I like waking up and coming to work. It is a home from home."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.

The provider had completed quality assurance checks to identify any areas for improvement. This included a 'Daily / weekly cleaning timetable' which recorded daily tasks completed to maintain standards of service including the premises and home environment. Because of these checks we found infection control practices were effective.

Monthly audits had been completed for example, for medication, accidents and incidents, infection control and health and safety. Information was collated and monitored by the registered manager to ensure any actions were implemented and signed off in a timely manner. Where trends became evident further

evaluation and preventative actions could be implemented. Monthly audit checks were completed to check staff were storing, documenting and administering people's medicines in line with guidance and as prescribed.

The provider had completed consultations with people living at the home, staff and their relatives. Information returned from a stakeholder survey completed in December 2017 had been evaluated and where suggestions had been made actions had been taken. The provider had responded to feedback and resulting records recorded, 'Information to be displayed to ensure everyone is aware of the new staffing structure' and 'Residents would like to try go-karting – to be arranged.' We saw these and other actions had been implemented for the benefit of everyone.

Staff told us they had been consulted with, and we saw minutes of monthly staff meetings and manager meetings. Topics included outcomes from previous audits, confidentiality, training and changes staff needed to know about regarding people's individual needs. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home and the service and to raise any ideas and feedback towards further improvement.

The provider encouraged people to maintain appropriate community links. We saw from information available to people so that they could access support from the National Autistic Society, MIND, advocacy services or local charities and organisations.

The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. This meant people were supported with continuity of care should they need to transfer between services. For example, in and out of hospital