

Review of compliance

Mr Donald Smith Riverside House	
Region:	Yorkshire & Humberside
Location address:	38 North Street Goole East riding of Yorkshire DN14 5RA
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Riverside House is registered to provide accommodation and care for people who have a learning disability or autistic spectrum condition.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Riverside House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke briefly on the telephone to people who used this service, as they were out at college whilst we were inspecting. We were unable to speak to relatives of the people who used the service, so we gathered evidence of people's experience of the service by reviewing their care records and other associated paperwork and talking to the manager.

People who used the service told us they had confidence in the staff and were, "Well looked after".

People told us they were enabled to take part in activities of their choosing and that their comments were listened to and acted upon.

What we found about the standards we reviewed and how well Riverside House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Where people did not have the capacity to

consent the provider acted in accordance with legal requirements.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. 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.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they were enabled to take part in activities of their choosing and that their comments about their care were listened to and acted upon.

Other evidence

People who used the service were given appropriate information and support regarding their care and treatment.

People coming into Riverside house had an assessment completed by the manager before a placement was offered to them. The assessment involved the person who wished to use the service, their family or representative and healthcare professionals who had input to their care and treatment. The manager informed us that the move into the service could take place over a number of days or weeks, depending on the confidence of the person.

We saw evidence that people who used the service had access to a wealth of information about the service, health and well being guidance and leaflets covering various conditions relating to learning disabilities and autism.

People who used the service met with the manager each week for formal meetings as

part of their ongoing care. Information in the care plans indicated they discussed a range of topics designed to help them break down social barriers and understand their feelings and those of others in the community.

People who used the service were encouraged to be as independent as possible and try new experiences. Discussion with the manager indicated people were attending the local leisure centre induction classes on their own and going into social settings such as the pub with discrete support. We saw that people had timetables in place for college, daily routines and activities. We heard the manager and people discussing changes to their timetables and these changes were recorded straight away so staff and people who used the service knew where they needed to be and at what time.

We saw minutes of meetings that indicated people who used the service met regularly with their social workers and members of the multi disciplinary team who had input to their care and treatment. Meetings also took place with the college to discuss future educational needs.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We talked with people who lived in the home, but their feedback did not relate to this outcome.

Other evidence

Care plans were created with input from the people who used the service, their relatives, friends and other involved professionals such as a social worker, community psychiatric nurse or GP. People were asked to tell the service about their wishes, which were always respected where possible.

The staff training files indicated that all staff had received training around the Mental Capacity Act and the manager told us she had attended training on DOLs and held responsibility for referring to the appropriate authorities. Staff had also attended training on non violent crisis intervention, to help them manage challenging behaviour from people who used the service.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. Information in the care plans showed the service had assessed people who used the service as to their capacity to make their own choices and decisions around care. People and their families were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions

were documented in the care plans and reviewed on a regular basis.

Where necessary, referrals were made by the manager to the managing authority regarding deprivation of liberty safeguards (DOLs). We saw appropriate paperwork and authorisation for DOLs in the care plans we reviewed. The various strategies and protocols with regard to their care were discussed and agreed with people who used the service. We found that they had signed their care plans in agreement with this.

The staff training files indicated that all staff had received training around the Mental Capacity Act. The manager told us she had attended training on DOLs and held responsibility for referring to the appropriate authorities.

Our judgement

The provider was meeting this standard. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us they had confidence in the staff and were, "Well looked after".

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People who used the service had their own detailed and descriptive care plan, which identified their individual needs and abilities, choices, decisions and likes and dislikes. In addition to this information there were risk assessments to cover daily activities of life and behaviour management plans where a risk to the person or others had been identified. Their care needs and wishes were discussed with the person, their family or carer (as applicable) on a regular basis. Any comments or different choices agreed were put into the plan.

Information in the care plans indicated that people regularly saw their dentist, optician and GP when they needed this. All interactions with health care professionals were recorded in the person's 'Health passport' which was taken to appointments and hospital with them. People attended health clinics for regular reviews about their medical conditions.

Our judgement

The provider was meeting this standard. People experienced care, treatment and

support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We talked with people who lived in the home, but their feedback did not relate to this outcome.

Other evidence

We checked the information we hold about the service and found that no safeguarding alerts/referrals had been made by or about the service since it registered with the Care Quality Commission in February 2012.

We saw the service had policies and procedures in place for adult protection and prevention of abuse, whistle blowing, physical intervention and restraint and management of people's money and financial affairs. These were easily accessible to staff and people who used the service.

There was a folder containing the East Riding of Yorkshires policies and procedures for safeguarding of vulnerable adults. The manager demonstrated to us that she had a good understanding of the safeguarding of adults procedure. She understood about reporting any concerns and knew what paperwork to complete in order to make a referral.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

The staff training files we looked at indicated that the majority of staff had received

training on protection of adults from abuse, most had attended Mental Capacity Act briefings and all had access to information on deprivation of liberty safeguards (DOLs). All staff had completed non violent crisis intervention training to help them understand and manage any episodes of challenging behaviour from people who used the service.

People who were subject to DOLs had been appropriately assessed by the managing authority and their assessments were regularly reviewed and updated.

Our judgement

The provider was meeting this standard. 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.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We talked with people who lived in the home, but their feedback did not relate to this outcome.

Other evidence

Staff received appropriate professional development. The staff training files indicated the staff were up to date with their mandatory safe working practice training. Staff also had access to a range of more specialised subjects that linked to the needs of people who used the service. Staff who spoke with us said that their training was good and that they felt they provided a high quality of care, which promoted people's rights to individuality, privacy and dignity.

The staff group within the home had not worked in this specific service until recently as it had only been occupied for about three weeks at the time of our visit. However they were an established team who had worked together at a different service run by the same provider. The staff had also looked after the people who now lived at Riverside House when they lived at the 'sister' service. Staff told us that feedback on their work performance was given to them by the manager during appraisals, supervisions and at staff meetings. We looked at staff files and found that regular supervisions sessions were held.

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.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We talked with people who lived in the home, but their feedback did not relate to this outcome.

Other evidence

Riverside House registered with the Care Quality Commission in February 2012, but had only been occupied since June 2012. This meant that there was little documented evidence of audits or other checks carried out as part of their quality assurance system. We will review this outcome again at our next inspection to give the service time to document and review their quality assurance programme.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Information we received from the manager indicated that there was an open door policy so staff were able to discuss any concerns. Policies and procedures were in place to give staff advice on a number of subjects including bullying, harassment and grievance, dignity at work and whistle blowing. The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access.

Key worker meetings took place each month which included the person who used the service, their family (if appropriate) and a member of staff. This was an opportunity for all parties to discuss the care being given and to express any problems or queries.

Records of these meetings were kept in the care plans and documented any changes or decisions made.

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 received.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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