

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

## Riverside House

38 North Street, Goole, DN14 5RA

Tel: 01405764350

Date of Inspection: 13 January 2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr Donald Smith
Registered Manager	Miss Gillian Prior
Overview of the service	Riverside House is registered to provide accommodation and care for ten younger adults who have a learning disability or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*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 13 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People received care in a manner that respected their choices and decisions. Two people who used the service said they got on well with the staff and were happy with their care.

People were cared for in a clean and hygienic environment. Two people who spoke with us said they had their own rooms and were supported by the staff to complete domestic tasks such as laundry and room cleaning.

The home was designed to meet the needs of people who lived there and the provider ensured the environment was regularly maintained, safe and fit for purpose.

Robust employment and recruitment practices were in place which ensured that staff had the skills, experience and qualifications for the work to be performed.

The provider had an effective quality assurance system in place and people's views and opinions of the service were listened to and acted on where necessary.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

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

As part of our inspection we looked at care files and associated documents and records relating to people's care and wellbeing. We spoke with two people who used the service and also spoke with the manager about people's health and wellbeing.

One person who used the service did so for only 13 weeks of the year as they had moved on from the care home setting and were now attending university in the South of England. This individual only came back to the service during the university term breaks. They said "I love my course and have support workers at the university. However, I am really happy with the care I get at Riverside House when I come back here and there is always someone I can talk to if I have any problems." Discussion with the manager indicated that they had assisted this person during their adjustment to living in University accommodation and kept in contact whilst the person was away during term time.

Another person who we spoke with was fairly new into the service and was still settling into their accommodation. They told us that they did not go out much as they did not always feel up to meeting new people and needed time to get use to different places. We were told that they had seen their GP to discuss their medical conditions and had recently started treatment which they hoped would improve their mood and outlook on life. We found that records of appointments and meetings with health care professionals were kept in the care files we looked at. Details of the decisions reached, with input from each person, were also documented.

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.

Discussion with two people who used the service indicated that they both had capacity to make day to day decisions about their daily lives and had input to their care and treatment. From our conversation with both individuals it was clear that their choices and decisions were respected, wherever possible, by the staff and the manager.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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People were cared for in a clean and hygienic environment.

The service was not fully occupied at the time of our inspection which meant some bedrooms, bathrooms and toilet areas were not in use. However, all areas we looked at were clean, tidy and free from malodours. Discussion with the manager indicated that the water outlets in the un-used areas were run by the staff each week to reduce the risk of legionella.

The manager informed us that they were the lead person for infection control and responsible for ensuring that staff followed the provider's policies and procedures for infection prevention and control. We saw that staff completed daily cleaning schedules for the service and those we looked at for November and December 2013 and January 2014 indicated these were recorded appropriately and were up to date.

The manager said the majority of staff had completed infection control training. We saw that supplies of liquid soap and paper hand towels were available throughout the service. Observation of working practice indicated that staff had a good understanding of infection control and used appropriate techniques to ensure people were cared for in a safe way.

Checks of the infection prevention and control policies and procedures found these were detailed and gave staff specific instructions on how to clean all areas of the environment; including what cleaning products to use and whose responsibility it was to clean which areas of the service. The policies included information on hand hygiene, personal protective equipment for staff (gloves and aprons), outbreaks of notifiable infections and the forms staff had to complete plus the contact details of the health professionals these must be sent to. The documentation also covered blood spillages and safe disposal of 'sharps' such as needles.

We saw that the service had guidance for staff on what information should be shared with other providers of services, such as hospitals, clinics or other care services, about the infection status of people who used the service.

The laundry facilities were sited in a large room fitted with washable flooring and

impermeable walls for ease of cleaning. The size of the room meant there was sufficient space to have separate areas for clean and dirty laundry. Discussion with the manager indicated that a risk assessment was not in place for the prevention of cross infection within the laundry room, but we were assured that this would be done straight away.

Discussion with the manager indicated they were aware of the need to develop an annual statement with regard to infection prevention and control practices within the service. They also said that they were in the process of developing a detailed infection control audit and that as the service filled up this would be put into use.

People who used the service said they were pleased with the washing and bathing facilities within the home. At the time of our inspection they were able to have their own exclusive use of a bathroom due to the low numbers of people living in the service. This meant there was a reduced risk of cross infection between individuals.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

The service was located in a converted town house, which provided accommodation and communal facilities over four floors. People who used the service were able bodied and capable of climbing stairs. Therefore, they did not require the use of a lift between the floors. There were a few steps to negotiate at the front entrance of the building. However, people with mobility problems would be able to access the service through a side door which was fitted with a ramped access point.

Observation of the premises showed that people had a choice of communal spaces to sit in, including spacious lounges and a large dining room. Bedrooms were single rooms and all but one had an en-suite toilet and hand wash basin. We found there were sufficient bathing facilities within the service and people had a choice of baths or showers.

On the whole we found the service was well maintained, bright, spacious and provided people with a comfortable and warm environment in which to live.

Security to the building was maintained with a number of safe practices including a lock to the main entrance and all exit doors. Visitors used the doorbell to gain admission to the building.

We were informed that fire audits were carried out internally to ensure the service conformed to the provider's policies, and we observed that visitors to the premises signed in and out at the entrance for fire safety regulations. Our review of the maintenance documentation showed that service contract agreements were in place to ensure equipment that was fixed to the premises was tested and fit for purpose; this included systems such as fire, electrics, lighting, water and gas.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider ensured the equipment used in the service was serviced and maintained and service certificates were available for inspection.

The staff were completing regular checks of water temperatures, emergency lights and fire call points. Any electrical items provided by the service or brought in by people/relatives had to pass a portable appliance test (PAT). This test ensured that equipment was safe for people who used the service and did not put them in any danger. The local fire safety officer had visited the service in August 2013 and their report indicated they had found the service satisfactory.

People who used the service were able bodied and therefore we recognised that there was no need for hoists or other types of moving and handling equipment within the service. Health and safety risk assessments were in place with regard to fire, the general environment and daily activities of living.

Checks of the information we hold about the service and discussion with people who used the service and the manager indicated that there had been no accidents or injuries within the service in the last 12 months.

## 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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Appropriate checks were undertaken before staff began work.

The service had a recruitment policy and procedure that the manager understood and used when taking on new members of staff. We looked at two staff recruitment files. We saw these included an application form which recorded the person's previous employment, qualifications and skills.

We saw that potential staff provided references from previous employers which recorded information on their suitability for the role. Additionally people completed Disclosure and Barring Checks (DBS), previously known as CRB checks. These recorded whether a person held a criminal conviction which would have prevented them from working with vulnerable people.

The manager informed us that people who used the service were part of staff recruitment. During the interview people who used the service were introduced to the interviewee and got to spend some time with them. People's views and opinions of the prospective staff member was valued and used as part of the selection process.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service.

Riverside House was a service providing care to people who had complex needs. At the time of this inspection there were only two people who used the service. Therefore, it was recognised that quality monitoring and quality assurance systems would not be complex or extensive. We saw that the staff on duty carried out regular checks of care records, reviews of the documentation were held monthly and care plans were updated when anyone's needs changed. Medication stock levels were checked daily and the records were available for our inspection.

Risk assessments were in place for people's care and treatment and decisions were made in consultation with the person and their family. We saw that any changes to people's care were documented in their care file and audited by the manager.

We found that staff completed daily records of food and drinks consumed by people who used the service, checks of the food temperatures before meals were served were recorded daily and records of food rotation and waste were also kept.

Staff also carried out weekly checks of the fire system such as call points and recorded these in the appropriate log books. Staff completed monthly checks of the emergency lights and we also saw records of water temperatures which were documented regularly.

Discussion with two people who used the service indicated they felt safe and secure within the service. Both individuals told us that they were involved in any decisions about their care and took part in their care reviews. We were told by people who used the service that they felt supported by the manager and staff and were able to voice any concerns or worries they might have during one to one meetings with the manager. One person told us about a number of issues they had experienced since going to University and said "I have spoken to X (the manager) about this and they have helped me sort things out."

The manager told us that as they were such a small staff group they met regularly to discuss people's care, changes within the service and to talk about any issues or worries.

However, these meetings were informal and were not recorded. The provider may find it useful to note that without these meeting minutes they might find it difficult to evidence how staff opinions and views of the service were gathered and/or what information about changes/improvements to the service was passed onto the staff.

## 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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