

Interact Care Limited

River View

Inspection report

4 Shotley Grove Road
Shotley Bridge
Consett
County Durham
DH8 8SF

Tel: 01207501666

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30 March 2016

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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

We inspected River View on 30 March 2016. This was an announced inspection which meant that the staff and registered provider knew that we would be visiting. We informed the registered provider at short notice that we would be visiting as the service is a home for people who were often out during the day.

River View provides care and accommodation for up to three people with learning disabilities. It is located in a quiet residential area, near the River Derwent, in Shotley Bridge, Consett.

The home had 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. The registered manager also managed another service close to River View. The registered manager worked Monday to Friday and shared their time between both services.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and the action they would take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were completed to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. We saw that care plans clearly highlighted risks associated with behaviours that challenged. Control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There were enough staff on duty to meet people's needs.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that where appropriate an assessment of a person's capacity had been completed, however this was not specific to decisions such as health, welfare and finance.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were caring, calming and encouraging with people.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed regularly; however nutritional screening was not taking place.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people's care plans were very person centred and written in a way to describe their care and support needs. These were regularly evaluated, reviewed and updated.

There was a plentiful supply of activities and outings for people. People were encouraged to pursue their hobbies and interests. People went on holidays.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture. Senior management visited the service on a regular basis; however did not complete a formal audit or keep a record of the visits as such we could not determine what checks had been made.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Safe systems were in place for the recruitment of staff. Appropriate numbers of staff were on duty to meet people's needs.

Appropriate measures were in place to make sure people received their medicines safely. Competency checks were undertaken on staff to make sure they followed safe practice when administering medicines.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific.

Staff were trained to care and support people who used the service both safely and to a good standard. Staff received supervisions and an annual appraisal.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

Is the service caring?

Good ●

The service was caring.

People and their families had positive relationships with the staff team.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities and had an annual holiday.

People and the relative we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff told us the registered manager was approachable and they felt supported in their role.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Senior management visited the service on a regular basis, however did not keep a record of this visit.

River View

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 checked whether the registered 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.

We inspected River View on 30 March 2016. This was an announced inspection which meant that the staff and registered provider knew that we would be visiting. We informed the registered provider at short notice that we would be visiting as the service is a home for people who were often out during the day, we needed to be sure that someone was in.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were three people who used the service. We spent time in the communal areas and observed how staff interacted with two people. We spoke with two people who used the service. After the inspection we spoke with a relative on the telephone to seek their views on the care and service received. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with four staff, this included the registered manager, the co-ordinator, a senior support worker and a support worker.

We reviewed a range of records. This included one person's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment, supervision, appraisal and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I like living here with the others."

We looked at the arrangements in place to protect people from bullying, harassment, avoidable harm and abuse. The registered manager was able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. This included who to contact to make referrals to or to obtain advice from at their local safeguarding authority. Staff told us safeguarding procedures were in place at the home, were regularly updated and that staff had access to them. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this.

Staff told us that they had received safeguarding training. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing {telling someone} if they had any worries.

We looked at the arrangements in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to one person who used the service. We saw that care plans clearly highlighted risks associated with behaviours that challenged. The registered manager and staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We looked at the risk assessment for one person who had behaviour that challenged. The risk assessment detailed clear triggers to the behaviour and de-escalation strategies. This meant that staff had the written guidance they needed to support people.

A relative we spoke with told us that the positive incentives to behaviours were good. Staff worked hard to teach people a more effective or acceptable behaviour to the one which was challenging.

We looked at the arrangements in place for managing accidents and preventing the risk of reoccurrence. Analysis was not needed as accidents were infrequent; however records were available in which to record an accident.

The registered manager told us the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records to confirm this.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, emergency lighting, gas safety and fire extinguishers. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

An emergency evacuation plan was in place for each person who used the service. This provided

information about how to ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills. We also saw that the service had a business contingency plan. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation. This meant that in the event of an emergency staff had useful information to hand.

We looked at the file of two staff members who had been recruited within the last 12 months. We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

We looked at the arrangements in place to ensure safe staffing. At the time of the inspection there were three people who used the service. During the day from 8am until 8pm, two people who used the service required one to one support from staff. The other person required two staff to support them. Overnight there were two support workers on duty. We looked at duty rotas and found that the required number of staff were on duty during the day and night. The registered manager also managed another service close to River View. The registered manager worked Monday to Friday and shared their time between both services.

Staff told us there were sufficient staff on duty to meet peoples care and support needs and for people to pursue their hobbies and interests.

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked peoples' Medication Administration Records (MARs) and these were fully completed, contained the required entries and were signed.

We checked records of medicines against the stocks held and found these balanced. The registered manager told us about the arrangements in place for the ordering and disposal of medicines. Medicines were delivered to the home by the pharmacy each month and were checked in by senior staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. The registered manager told us they checked these against the medicines received from the pharmacist. They said the medicine administration records were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis, however, at the time of our visit we found that 'as required' guidelines had not been written for these medicines. The registered manager sent us these guidelines the day after our inspection.

The registered manager told us staff responsible for the administration of medicines had their competency

to handle medicines checked regularly. We saw records to confirm this.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I love living here. I get to do lots of activities and the staff are really nice." A relative we spoke with said, "I think this is a really good service where [person] gets a really good rounded package of care." The same relative also said, "I think they are innovative in the way they work with people." We asked what they meant by this. The relative told us how staff were skilled in speaking with people and motivating them to take part in tasks and activities. The relative told us how if staff asked the person who used the service if they wanted to go out, the person would often say no, however, staff knew the person well and would rephrase questions whilst encouraging the person to go out.

Staff told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health, first aid and health and safety amongst others. One staff member said, "The training is very good and relevant to the job we do." They told us the training provided them with the skills and knowledge they needed to do their job well."

A relative we spoke with said staff had been on recent basic training to manage behaviour that challenged. This training was to equip staff with the knowledge and skills to use safe and effective physical intervention. They raised a concern that in a recent incident staff had confused old techniques from their previous training with new techniques learnt. However, they did tell us that they were pleased that the registered provider was to arrange for staff to attend the intermediate training to manage behaviour that challenged.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "Our supervision is very good. The tool we use is very effective to get good quality care. Staff get a lot out of supervision." The same staff member told us how time was set aside for each supervision and staff were given an agenda prior to supervision. They told us how this allowed them time to prepare.

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).

The registered manager told us that staff had attended training within the last 12 months on the MCA. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that

people and their families were involved in discussions about their care.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us documentation which confirmed that they had made three applications to the local authority to deprive people of their liberty. Of the three applications, one had been authorised with no conditions attached. The registered manager was awaiting confirmation of two applications.

In the care records we looked at we saw that an assessment had been carried out by a health professional to determine if the person had capacity and best interest decisions were recorded, however, MCA assessments were not decision specific. For example there was a general MCA assessment, however nothing specific for finance, health and welfare and medicines amongst others. We had a lengthy discussion with the registered manager who told us that they would commence these assessments.

We looked at the homes four week menu plan which had been put together by people who used the service. The menus were changed every season and provided a varied selection of meals. People who used the service were encouraged and supported by staff to be involved in meal preparation and cooking. On the day of the inspection one person prepared the tea time meal with staff.

At tea time staff and people sat at the table together to eat their meal. We saw that meal time was relaxed with people and staff chatting whilst enjoying their food.

People told us they liked the food, one person said, "I like to help with the cooking. I like to make pasta, cottage pie and lasagne."

The registered manager told us that all people who used the service were weighed on a regular basis; however they had not undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The registered manager told us they would commence nutritional screening as a matter of importance.

We saw records to confirm that people visited their doctor, dentist and optician. Staff told us how they supported and accompanied people to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

Is the service caring?

Our findings

People and a relative told us they were very happy and that the staff were caring. One person said, "I like the staff." A relative we spoke with said, "The relationship staff have with clients is very good."

During the inspection we spent time observing staff and people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about everyday life. Staff took an interest in what people had to say and listened. One staff member spoke to a person about the college course they were doing. We heard this staff member praise the person about the progress they were making and reminded them that staff were there to help them achieve their goals and ambitions. The person who used the service enjoyed the conversation and smiled at the staff member.

On another occasion a person who used the service and staff were in the kitchen making a cheesecake. The staff member took a step back and encouraged the person to be independent with making the cake. The staff member continually praised the person who used the service for the good job they were doing.

Staff took an interest in people who used the service. On the morning of the inspection one person who used the service came in to see the registered manager and showed them the photographs of their recent holiday. The registered manager took time to look at the photographs and talk to the person about their holiday.

On another occasion staff were playing Ludo with a person who used the service. We heard lots of banter and laughter. We observed staff speak with people in a friendly, caring and calming manner.

Staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff were aware of how best to support people. Staff talked to us about ensuring consistency and routine in the life of people who have autism. Staff were able to describe each individual person's care in detail and what was important to them. For example one person used visual prompts to enable them to move on from one task to another. Staff told us they used a traffic light system to help and support a person. When the traffic lights were on red the person knew they had 15 minutes left before they started the new task and when on amber five to ten minutes and eventually when on green it was time to stop whatever they were doing and move onto something new. This helped to support communication and ability to process information.

People told us that they could make decisions about what they wanted to do. One person who used the service told us that they planned their week with staff. They told us they chose the activities they wanted to do. Staff said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. One person told us that they could spend time in their room if they wanted and that staff respected their

privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people's privacy and dignity. For example, they described knocking on people's doors and asking if they could come in before entering, asking permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. During our visit we observed the interactions between staff and people who used the service and saw that people's privacy and dignity was maintained in the ways staff had described.

A relative we spoke with did raise one concern about the environment and how this could impact on people's privacy and dignity. They told us there was only one bathroom in the service which was used by both staff and people who used the service. They would like to see a separate bathroom for males and females.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of who to contact should an advocate be needed.

Is the service responsive?

Our findings

The registered manager and staff told us that all people who used the service led a busy life. One person who used the service has attended a full time course at college for the last two years. Another person did voluntary work at a local stable every morning and also helped out at another local farm on a weekly basis. At other times staff organised and supported people to take part in a plentiful supply of activities and outings. One person told us they liked Olly Murs and had been to see them in concert.

One person liked books and watching films and to accommodate this the registered manager had purchased another television so the person could watch what they wanted without impacting on other people who used the service.

People had recently returned from a holiday at Centre Parcs where they had enjoyed taking part in numerous activities. One person told us they had done basket weaving and made their own mug. They were proud of their basket and this was on display in the lounge area. People told us they had enjoyed this holiday, one person said, "We went to a burger bar it was lush." A relative we spoke with said, "[Person] gets to do so much more than they would do if living at home. They go on holiday, take part in activities and eat out once a week."

On the day of the inspection two people who used the service enjoyed a trip out to Scarborough whilst the other person played games with staff, went out shopping and baked. People were encouraged to pursue their hobbies and interests.

One person who used the service liked to sing and to encourage them to do this the registered manager started singing one of their favourite songs. The person who used the service soon joined in and sang the song to the end.

One person who used the service was doing the Duke of Edinburgh's award and as part of this award they picked up litter in the local area with other people in the community. This person was unhappy with the amount of litter and broken bottles and wanted to write a letter to Durham County Council telling them about how dangerous this was. Staff supported this person to write the letter.

During our visit we reviewed the care records of one person. They had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the needs of the person were delivered in the way they wanted them to be. People and a relative told us they had been involved in making decisions about the care and support.

Care plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. There was a detailed communication passport describing the person's non-verbal

communication, what this might mean and how staff should support the person. This meant that staff were provided with written guidance to help ensure people who used the service received the care and support needed.

One person who used the service told us about their life booklet and achievements. They told us they met with their key work each month to discuss their aims and plans of what they wanted to achieve for the month ahead. They showed us their life book that contained information and photographs of what they had achieved. They told us of their aims for the month ahead, which were to teach the registered manager to make lasagne and book afternoon tea by phone. They told us how they were proud of their achievements.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service and the relative told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

One person and relative told us that if they were unhappy they would complain to staff. We were told that staff were approachable and listened to them.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. There was also an easy read version of the complaints procedure which simplified what action people needed to take if they were unhappy. A relative said, "[Registered manager] is very approachable. I have a mobile number so can ring [registered manager] at any time."

Discussion with the registered manager during the inspection confirmed that any concerns or complaints would be taken seriously. There have not been any complaints in the last 12 months.

Is the service well-led?

Our findings

People who used the service and a relative spoke highly of the registered manager. They told us that they thought the home was well led. A relative said, "We have got a good relationship. [Registered manager] is very committed." The relative also praised the registered manager for only ringing and speaking with them when really needed. They confirmed that staff and the registered manager dealt with day to day challenges without worrying relatives unnecessarily. The relative said, "[Registered manager] doesn't worry me about anything unless it is anything major and that's very positive."

Staff told us they felt valued and supported by the registered manager. One staff member said, "I really like working with [registered manager], firm but fair is what I would say." Another staff member said, "[Registered manager] is the best manager I have had. [Registered manager] gives you lots of confidence and is very supportive. There is real teamwork; everyone is working really hard together."

The registered manager also managed another service close to River View. The registered manager worked Monday to Friday and shared their time between both services. They told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was confirmed by the people, staff and a relative we spoke with.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager completed a range of audits which looked at quality in areas such as infection control, housekeeping, medicines, the environment and health and safety.

The registered manager told us senior management visited the service on a regular basis to monitor the quality of the service provided, however they did not keep a record of this. The registered manager told us they would ensure that with immediate effect records were kept and action plans were completed.

We saw records to confirm that staff meetings had taken place. Staff told us that the meetings provided staff with an opportunity to share their views. Records showed that discussion had taken place about cleaning duties, the importance of labelling food and the young people who used the service.

We also saw records to confirm that registered managers of homes in the organisation met regularly to share information and support each other.

People who used the service met with their key worker each month and there were also house meetings. We looked at the records of house meetings and saw that discussions took place about the house, garden, food, current affairs and activities. We could see that people were listened to at these meetings. One person had requested to go to the Eddie Stobbart yard to look at the lorries and staff had arranged this.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us they used a satisfaction survey to gather feedback. We saw records of a survey completed in December 2015. We noted that one person said they didn't like their bedroom carpet. After the survey staff supported the person to choose different flooring. The registered manager told us they were to send a formal survey to relatives in which to seek their views on the care and service provided.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission. Since the last inspection the registered manager has made notifications to CQC and followed them up by informing the Commission of any subsequent actions. This meant the registered manager demonstrated accountability in their practices.

The registered manager told us how they were working to achieve accreditation through The National Autistic Society. This accreditation provides autism specific quality assurance by providing a unified standard of excellence and a systematic framework for continuous self-examination and development. We saw records to confirm the registered manager had commenced a self-audit of the service against the standards set by The National Autistic Society. They told us the aim of the accreditation was to set and encourage high standards of personalised care.

The registered manager told us they were continually striving to improve the quality of the care and service provided. They told us they had joined local networking and partnership groups including; Durham Improving Health Support Group, Skills for Care local registered manager's network and the Durham provider forum.