

London Borough of Hammersmith & Fulham

Rivercourt Project Short Breaks

Inspection report

17 Rivercourt Road
Hammersmith
London
W6 9LD

Tel: 02085638683
Website: www.lbhf.gov.uk

Date of inspection visit:
08 November 2018
13 November 2018
07 December 2018
12 December 2018
31 December 2018

Date of publication:
01 May 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 8 and 13 November 2018, and 7 and 12 December 2018. The inspection was unannounced on the first day and we advised the provider of our intention to return on the subsequent dates. The registered manager was not available on the first two visits as she was leading a group of people who used the service and their relatives on a visit to South Africa to undertake voluntary work. Therefore, we returned to the service on 7 December to meet with the registered manager and gather additional evidence in relation to the management of the service. As full recruitment records are administered by the provider's human resources department and are not ordinarily held at the premises, we visited on 12 December to check this information and provide inspection feedback. Inspection activity was completed on 31 December 2018 when we completed our telephone contact with people who used the service and/or their relatives.

Rivercourt Short Breaks Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. The service provides personal care for people with a learning disability and/or autistic spectrum disorder. 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. The service is registered to accommodate up to five people and approximately 40 people used the service for flexible periods each year.

The registered manager also managed Options, a nearby day services centre for people with a learning disability. This report also refers to Linking Hands, which is a social enterprise that the registered manager supported the relatives of people who used the respite service to set up. Some of the people who used Rivercourt Short Breaks Service also used Options. The 'Linking Hands Choir' consists of people who used the respite and/or day services centre and their relatives. Options and the Linking Hands social enterprise and choir are not within our scope of regulation.

At our previous inspection we rated the service Outstanding. We had rated safe, effective and responsive as Good, and caring and well-led as Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding in caring and well-led and we have also rated responsive as Outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service continued to deliver outstanding care and support to provide people with an enjoyable and safe respite experience, and offered opportunities to learn new skills, develop and maintain friendships and participate in fulfilling social activities within the service and in the community. The provider ensured that people's respite stays positively impacted on their daily wellbeing.

People were protected from harm or abuse by staff who understood how to protect people. Staff had

attended safeguarding training and local health and social care professionals commented very favourably about the service's ability to safely support people and provide stability during difficult periods in their lives. Risk assessments were thorough and provided relevant guidance for staff about how to mitigate identified risks. These assessments demonstrated a balanced approach to enabling people to live as independently as possible and take carefully considered risks. Medicines were safely managed. Sufficient staff were deployed to meet people's needs and wishes, and staff were recruited via robust procedures. People who used the service and relatives were encouraged to participate in the recruitment process. Systems were in place to record and analyse any accidents or incidents, to enable the provider to learn from events and minimise the risk of future occurrences. The premises were clean and staff understood how to prevent cross infection.

People were supported by staff who had regular training and supervision, and an annual appraisal. Staff received mandatory training which included fire safety, food hygiene and infection control. The training programme also offered specific training to enable staff to meet the needs of people who used the service, for example autism awareness and a dysphagia course. The training programme included sessions where staff had face to face discussions with health and social care professionals to enhance their learning. Staff informed us they felt well supported by the management team. People were competently supported to meet their nutritional needs and supported to prepare their own snacks and drinks, where possible. The care and support plans contained detailed information about people's preferences and how to meet any dietary or cultural needs. We observed that where necessary people were sensitively supported to eat and drink, in line with any guidance from health care professionals. Systems were in place to support people to meet their health care needs. The design of the care home appropriately met people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and knew how to protect people's rights. The management team understood the legal processes to follow if people who used the service were assessed to require a DoLS authorisation.

The registered manager and the staff team continued to be passionate about providing an outstanding standard of care and support that was compassionate, creative and personalised. People were supported in a respectful manner that promoted their entitlement to dignity and privacy. We observed very positive interactions between people who used the service and staff. The care and support plans demonstrated that people's individual interests and aspirations were understood and met. Staff continued to demonstrate a thorough understanding of people's hobbies, likes and dislikes, and any practices related to their cultural and/or religious backgrounds. They understood about people's day-to-day lives including the college courses and day centre groups they attended, family relationships and important friendships. There was a strong emphasis on supporting people to integrate in the local community.

People's needs and wishes were met in an outstandingly responsive way. The care and support plans continued to demonstrate that people who used the service and their representatives were supported to contribute to the planning and reviewing of their individual plans. People were enabled to learn new skills and benefit from a diverse range of experiences during their respite stays, through the service's active approach to encouraging people to participate in different activities. These included baking and food preparation, grocery shopping, arts and crafts, gardening, pub lunches, bowling, trips to the park and outings to places of interest. The registered manager and staff team demonstrated that vibrant and innovative improvements had been implemented since the previous inspection, which included supporting people who used the service to creatively fundraise and participate in an amazing trip to South Africa to carry out voluntary work for a charity.

People and their relatives were supported to raise any concerns or complaints about the quality of the service. The registered manager and staff demonstrated that people were supported to meet their end of life care needs with compassion and dedication, in line with guidance and support from health care professionals.

The provider continued to demonstrate there was a very positive culture at the service, which was outstandingly well-led. The registered manager displayed a clear vision about the values and required quality of the service, which was shared by staff. The staff team benefitted from strong leadership and the registered manager consistently led by example. Systems were in place to continually improve the quality of the service. The registered manager continued to liaise with other professionals to enable the service to reflect on its practice and strive to achieve ongoing development and new improvements.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

The service has improved from Good to Outstanding.

People and their relatives were consulted about their needs and wishes.

There was an outstanding approach to supporting people to lead fulfilling lives through learning new skills, developing their confidence and engaging in meaningful activities at the service and in the wider community.

The complaints process promoted an open and professional approach.

End of life care was provided in an exceptionally thoughtful and responsive manner.

Is the service well-led?

Outstanding ☆

The service remains Outstanding.

Rivercourt Project Short Breaks

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 provider was 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 visited the service on 8 and 13 November 2018, and 7 and 12 December 2018. The inspection was unannounced on the first day and we advised the provider we were returning on the subsequent days. The inspection was carried out by one adult social care inspector and concluded on 31 December 2018 when we completed our discussions with people who used the service and/or their chosen representatives.

Before the inspection we reviewed the information we held about the service, which included the previous inspection report for May 2016 and notifications we had received from the provider. Notifications are changes, events or incidents the provider is required by law to tell us about so that we can monitor the service.

During the inspection we interacted with people who used the service and chatted with four people about their experiences of receiving respite care. We spoke with four support workers, the deputy manager and the registered manager. We looked at a range of documents including five care and support plans, four medicine administration records, the complaints log and compliments file, records for staff recruitment, training, supervision and appraisal, quality assurance audits, health and safety audits, and policies and procedures. During our visits to the service we met with the relatives of six people who used the service and contacted one relative after the inspection, to discuss their experiences of using the service for their family member. We received comments from five professionals with knowledge about the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and happy. One person commented, "I do like coming here. I do writing, puzzles and drawing. Yes, it is safe here. I know all my carers." Relatives told us how much they valued the service because they knew their family member was in a safe environment with caring staff. One relative stated, "This is an outstanding service, really fantastic. We worried about [our family member] transitioning to adult services and were apprehensive about what you see in the media about some care homes. But this place has kept us going as a family. I know [our family member] is completely safe and for [registered manager] and the staff it is a passion." Another relative told us they had originally felt worried at the prospect of allowing their family member to stay away from home. The relative held a key role of responsibility at a local educational setting for young people with a learning disability and was familiar with safeguarding procedures. They told us, "I expect the very best for [my family member]. I trust [the service] with [my family member]. They were so welcoming and knew I was so nervous the first time [he/she] stayed overnight. I know [he/she] is safe and happy here. Sometimes I walk past the front windows if I have appointments in the area and it is always tranquil and peaceful."

The registered manager told us that one of the major strengths of the service was the way that families networked and shared ideas, information about resources and any concerns with each other. Our discussions with relatives confirmed that supportive relationships had been formed. At the previous inspection we had met a group of parents who had gathered for one of the regular meetings with lunch, hosted by the registered manager and members of the staff team. During this inspection some of the relatives we met also carried out other roles to support the service, for example we met the treasurer and company secretary for the social enterprise Linking Hands. We observed that throughout our visits relatives popped in to speak with the registered manager and/or dropped off clothes and medicines in advance of their family member's arrival for a respite stay. This was conducted in a way that was not intrusive for other people present at the service. The registered manager stated her belief that relatives would raise concerns if they observed that any person at the premises was not being supported in a safe and kind manner.

A health and social care professional told us that the service could constantly be depended on to capably support and protect people who were at risk of abuse or neglect in the wider community. They remarked "I have always found [registered manager] to be very responsive and resilient to the demands we place on her and the service, especially in emergency situations. She has always ensured the welfare of our clients where possible and this is appreciated by all those involved."

There were robust systems in place to ensure people who used the service were protected from the risk of abuse and harm. Staff had received safeguarding training, which was periodically refreshed. The staff we spoke with explained how they would identify different types of abuse and stated they had complete confidence in the management team to take their concerns seriously. We noted that staff were provided with written guidance about how to whistle blow to their employer and externally. A whistle blower is an employee who reports any kind of information or activity that is deemed illegal, unethical or not correct within an organisation.

The individual risk management plans for people who used the service addressed a range of risks to

people's safety and wellbeing. For example, we saw risk assessments and guidance for staff to manage these risks in relation to people's mobility, health care conditions, nutritional needs and behaviours that challenged the service. At the previous inspection we had noted that the registered manager had acquired a qualification to train staff in PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention). This is a research based approach for supporting people with behaviours that challenges the service, which offers staff with training to provide behavioural support strategies based upon people's individual needs, characteristics and preferences. This training programme, which has been accredited by the British Institute for Learning Disabilities (BILD) was scheduled to be delivered to staff a few weeks after the previous inspection.

At this inspection we found that the PROACT-SCIPr-UK training programme had been delivered and the registered manager confirmed that refresher training was scheduled to take place. This demonstrated the provider sought to improve the quality of people's lives and promote their safety through supporting staff to learn about why people might challenge. The training assisted staff to assess the impact of the environment, recognise behavioural cues, provide positive behaviour support and communicate with people using calming techniques.

We noted that the registered manager had carried out detailed risk assessments for external activities including day excursions and holidays to Ireland and Barcelona. There was a thorough policy in place to guide staff about how to arrange outings and vacations, which had been revised in August 2018. Some of the risk assessments for the recent trip to South Africa had been written in consultation with the founder of the charity that people who used the service volunteered for, as they had local knowledge of facilities and the environment. The risk assessments covered a diverse range of topics that included the safety of the local water supply, protection from mosquitoes and the suitability of hired vehicles and other equipment for a person who used a wheelchair. The quality of these assessments was carefully checked by the health and safety advisor for the local authority and senior social services managers, before being signed off by the Director of Social Services. Risk assessments for vaccines and individual health care needs were reviewed by people's GPs, as required. People and their relatives were provided with comprehensive written guidance about how to promote their safety, for example there was advice about useful clothing and toiletries to take to protect their skin from risks associated with the heat and insects. This showed the provider's clear commitment to enabling people who used the service to take specific positive risks in line with their own wishes to increase their independence and participate in exciting new experiences.

The founder of the charity told us he was impressed with the meticulous standard of the risks assessments produced by the provider, which were sent to him for his comments as part of the provider's exhaustive planning for the trip. For example, the registered manager had arranged for people and their relatives along with the accompanying staff members to stay in accommodation that was adjacent to a health care clinic and therefore people who used the service and their supporters were personal guests of a practising medical doctor. This enabled people to promptly access health care support if required and necessary equipment was readily available, for example hoists.

The staffing levels on each day we visited the service demonstrated that sufficient staff were deployed to safely meet the needs of people who used the service and provide them with a high standard of care and support. We looked at the staffing records which confirmed that the staffing levels were flexible and reflected how many people were booked to stay at the service, and their identified needs and wishes. Members of the staff team told us they enjoyed working at both Rivercourt Short Breaks Service and the 'sister service' Options Day Service, as it enabled them to provide a consistent and seamless service for people who chose to use both services. The registered manager explained that it also ensured that the staffing budget was managed in a cost-effective manner, which enabled her to maintain positive and

productive staffing levels at both establishments. One staff member told us, "Working at both places is great for our clients and us too. It means that we might be supporting a person to develop their skills at making their own breakfast at Rivercourt and then supporting them a few hours later with lunch preparation at Options."

People who used the service were protected by rigorous recruitment processes. The recruitment files we looked at demonstrated that appropriate documents were obtained and thoroughly checked before new staff were permitted to commence working at the service. The documents obtained included a minimum of two references, criminal record checks and proof of identity and eligibility to work in the UK. The registered manager told us that due to the flexible nature of the service it was necessary to employ some agency care staff. We saw that careful procedures were in place to properly vet their records to ensure they were suitable to work with people who used the service. Since the previous inspection long-standing agency staff were now permanently employed by the provider and newer agency staff had been given one-year contracts. This assisted people to get to know staff and feel comfortable with them, and it helped agency staff to develop meaningful relationships with the people they supported, and their relatives and colleagues. The registered manager informed us that people who used the service and their family members were taking part in staff recruitment in January 2019.

The systems for supporting people who used the service to safely receive their prescribed medicines were well-managed. The medicine administration record (MAR) charts we looked at were correctly completed. Staff carried out daily checks to ensure that people had received their medicines in line with the instructions on their MAR charts and the management team carried out medicine audits. We saw that medicines were stored securely at the correct temperature. At the previous inspection we had noted that one person was being supported to manage their own medicines. The deputy manager informed us that presently none of the people who used the service for overnight stays managed their own medicines; however, the service would work in partnership with people, their relatives and health care professionals to provide this type of support if required.

Systems were in place to provide people who used the service with a hygienic environment and protect them from the risk of cross infection. Staff had received infection control training and were provided with personal protective equipment (PPE) to use when supporting people with their personal care. The registered manager conducted audits to check that the premises were clean and free from any malodour, and that staff were correctly adhering to the provider's infection control policy.

We spoke with the registered manager and members of the staff team about how they learnt from negative occurrences and other events at the service. The provider's accidents and incidents records showed that these very rarely occurred. There was a robust system in place for recording, investigating and analysing accidents and incidents, to enable the provider to take appropriate actions to promote people's safety.

The registered manager told us that one of the issues that she had discussed with staff was how to better support people who were non-verbal to express whether they felt safe at the service and communicate their views about the quality of their care and support. At the time of the inspection people who used the service were provided with iPads where required to support them to communicate their wishes, in addition to other communication tools. A new app for the iPads had been sourced to enable people to convey their responses and opinions. This was introduced in early 2019.

Is the service effective?

Our findings

People told us they liked spending time at Rivercourt Short Breaks Service. One person said, "It's good. I have friends and we go to the park." Relatives told us that the service was excellent and it completely surpassed their expectations. Comments from relatives included, "It was good here from the start and has got better and better. There are trips to shopping centres, bowling, parks, there is always some sort of activity. [Registered manager] is amazing, the staff are so dedicated" and "[My family member] has been coming here for 14 years and [he/she] loves it. [He/she] is so happy and helps the staff in the kitchen, everyone (staff) are so supportive and encouraging here. It is like visiting a second family."

People's needs were assessed before they began using the service. The registered manager and the staff team worked closely with local health and social care professionals to ensure that the needs of prospective new people were properly identified and planned for. This enabled the provider to deliver an individual, flexible and stimulating service that considered people's interests and aspirations along with the respite requirements of their relatives.

We received complimentary comments from local health and social care professionals in relation to the quality of care and support provided by the staff team. One professional commented, "They (staff) are first of all caring and compassionate using a person-centred approach for all the individuals who access their service. They are flexible with their provision and will seek to ensure they can offer support to an increasing level of need for respite facilities in the local area. They are very proactive and will seek to ensure individuals have access to meaningful activities both in the house and in the community with appropriate support."

Staff confirmed that they continued to receive beneficial training and support to meet people's needs. A member of the staff team said, "I enjoy the training. I have done first aid, food hygiene, moving and handling, health and safety awareness, fire training and safeguarding adults, infection control and safe administration of medicines. I had induction training when I started. We had an away day this year where we were asked for our ideas about how to build and improve the service. Supervision is good and you can ask for an additional supervision if you are concerned about anything. I call it an emergency supervision." The registered manager told us the staff training programme contained a mixture of online and face to face training. For example, dysphagia awareness training had been arranged for staff to increase their knowledge and skills to support people with swallowing difficulties and was being delivered by local speech and language therapists. Other training had been booked for early 2019, which included 'breakaway' training. We were shown the training plan for the dysphagia course and noted that it was a full day. Other training had been booked for early 2019, which included 'breakaway' training, and training sessions to support people living with autism. The registered manager had undertaken a 'train the trainer' course to deliver the autism awareness training. Systems were in place for the registered manager and deputy manager to monitor that staff were up to date with their mandatory training needs.

At the previous inspection we had noted staff felt well supported by the registered manager, and received regular one to one formal supervision and an annual appraisal. At this inspection we looked at a sample of the supervision and appraisal records and saw that staff were supported to meet their roles and

responsibilities, discuss their performance, and identify objectives for their professional growth. The deputy manager supported the registered manager with induction training and acted as a supervisor for one to one supervisions. We noted that they had a relevant background and qualifications for supporting staff with their training and development needs.

At the previous inspection we had observed that people enjoyed the food, were provided with healthy and attractively presented choices and were encouraged to either gain or advance their skills in relation to food preparation and other kitchen chores. At this inspection we found that the provider had continued to meet people's nutritional needs and had introduced new initiatives to support people to become more independent. Some people had overnight stays at the service and had breakfast the following morning and other people arrived for breakfast before leaving for college, an employment placement or their day service activities. Alternatively, people might remain at the service to join an outing or programme of activities. This flexible approach was in place to support families to maintain their employment and other commitments, while offering people a creative and varied way to pursue their own interests, training and education, and social opportunities. The provider had started up a 'Breakfast Club' to meet people's nutritional and other support needs. The registered manager explained to us the emphasis was on staff supporting people to prepare as much of their own meal as they were able to, rather than sitting down in the kitchen dining area to be served their breakfast.

The registered manager developed positive relationships with young people and their families before they transitioned to using adult services, which was confirmed by relatives we spoke with and professionals. A health and social care professional commented, "I am pleased to say the working relationship between Rivercourt and the local team is very much a positive and unified one. Rivercourt continues to be able to meet the local demand of our existing users as well as assist with the key demand areas such as transition. The link up of Short Breaks, Q6 (the sixth form of a local school) and Options day service has worked extremely well. The pride and passion shown by staff is exemplary and has ensured good outcomes for those using services." We also saw positive comments written by health and social care professionals in children's services and education professionals about the registered manager's contribution to working across sectors to improve outcomes for young people transitioning from children's services to adult care services.

At the previous inspection we had observed that the registered manager had established helpful links with local schools for young people with a learning disability and at this inspection we noted how new developments within the borough had further reinforced these links. The registered manager attended the Hammersmith and Fulham 'Preparing for Adulthood' steering group, which was also attended by the relative of a person who currently used Rivercourt Short Breaks Service. Additionally, the sixth form of a local school formally used Options Day Centre for activities, crafts and other sessions.

The registered manager informed us that she was involved in the planning for a new group that would take place twice a week at the service. This joint planning was taking place with local health and social care professionals, for example speech and language therapists and psychologists. The group was intended to support people with a profound and multiple learning disability (PMLD), in line with evidence based research about how to meet the needs of people with a severe learning disability and other disabilities that significantly affect their ability to communicate and be independent. The group would be available for people who presently used the service for respite and people who used other community services.

People who used the service continued to receive good support to meet their health care needs. The care and support plans showed that comprehensive information about people's health care needs were documented and 'health passports' had been developed. Records showed that staff followed guidance

from health care professionals and monitored people's health during their stays at the service. We saw how one person was being supported to follow a medically advised diet and another person's care and support plan contained very specific instructions for staff to enable them to identify if the person was becoming physically unwell. A staff member told us, "We weigh people if this is required. Where parents are away we will take people to their medical appointments or make a GP appointment if we need to."

Health passports had been created to support people if they needed to be seen by health care practitioners during their stay at the service. The health passport is not a medical document. It is intended to provide professionals with information about the person with a learning disability, to enhance the care and support given while the person is in an unfamiliar environment.

The registered manager and a person who used the service attended a 'Patient's Story' meeting at a local NHS hospital, to discuss the person's experience of using hospital services. These meetings are held to enable health care professionals to reflect on practices at the hospital and explore how improvements could be achieved. The registered manager told us she was nominated for this role by a community nurse who had observed the positive way the provider supported people during hospital appointments and in-patient admissions. The agenda for the meeting showed that it was attended by senior clinicians and other health care staff at the hospital who wished to find out the views of the person and the registered manager in relation to how people with a learning disability were supported when using acute general hospitals. The registered manager informed us the person who used the service enjoyed taking part in the meeting, and it was also a useful opportunity for the registered manager to develop her own knowledge of how health care services functioned.

People were provided with a comfortable and well-maintained environment which was designed to meet their personal care, health care and social care needs. At the previous inspection we had noted that the provider had undertaken work to update the building and at this inspection we found that refurbishment and redecoration of the premises took place as required. The care home was welcoming and the design of the communal areas and bedrooms reflected people's needs. For example, some of the bedrooms had ceiling hoists and sensory equipment. Other bedrooms were decorated to create a low stimulation environment to meet the needs of people living with autism. The toilets and bathrooms had aids and adaptations to support people with mobility and dexterity problems. People who used the service were consulted about any proposed changes to the décor and had been asked to choose their favourite colour schemes when the bedrooms were decorated. They were accommodated in their favourite bedrooms during their stays. People benefitted from using a landscaped rear garden which was designed with raised soil beds for growing vegetables and flowers, and an area for summer barbecues.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS) and the Care Quality Commission monitors the operation of DoLS in care homes.

At the previous inspection we had found that the registered manager and the staff team had undertaken applicable training and demonstrated their understanding of their responsibilities in relation to the MCA. At this inspection we found the provider continued to work within the principles of the MCA. During the inspection we observed that staff asked people who used the service for their consent, for example people

were asked if they wished to speak with us and whether staff could provide support with personal care. The care and support plans we looked at explained people's capacity to make decisions and how staff were required to support people with decision making. The registered manager was aware of the need to ensure that any DoLS authorisations were within a valid timescale.

Is the service caring?

Our findings

At the previous inspection people and their relatives had told us the staff were incredibly kind and caring and we received equally enthusiastic responses about staff at this inspection. One relative commented, "The service is excellent. The staff are diligent and caring. [The registered manager] is very jolly and enthusiastic but most of all the place feels like home and I feel confident leaving a vulnerable person here." Another relative told us, "[My family member] gets happy when we start packing [his/her] suitcase and [he/she] knows [he/she] is coming here. I ask [him/her] if [he/she] is happy and [he/she] says 'yes'. [He/she] has been coming here for eight or nine years."

The staff team continued to provide an outstanding level of gentle, thoughtful and compassionate care. One relative described to us the impact of the service on their life, "I am confident I can leave [him/her] here. I can have a break and do the things I need to do. [He/she] is happy and safe. [He/she] tells me where [he/she] has been. [Registered manager] will do anything to help. [My family member] was in hospital and staff went to the hospital so I could go home and rest. I would recommend [service] based on my experience. I was anxious in the beginning but they have given me such confidence by the way they treat [him/her]." The relative told us they had been able to take a holiday since their family member began using the service, which had provided the rest and relaxation they needed to resume their responsibilities as a carer for their family member.

A health and social care professional told us, "Families really appreciate their breaks and clients really enjoy their stays. Some families struggle emotionally and physically and are appreciative of their planned breaks, and have the reassurance of knowing the team are there supporting them but also caring and supporting their loved ones. There have been strong bonds developed and maintained in the work that [registered manager] and her team have done with these families."

People who used the service and staff interacted in a positive and cheerful way. Staff told us how much they liked working at the service and how fulfilled they felt carrying out their roles and responsibilities. One staff member said, "[Registered manager] is very passionate and amazing. This is not like any job. It is fun and you are helping people, even a walk or a bus ride with clients is fun. I love it here, it feels like home." Another staff member stated, "We have a good relationship with parents. We do care for our clients and tell parents to just call us and we will try to help." The staff member gave us examples of when they had changed a person's scheduled booking or arranged additional respite nights to support relatives to balance demands at work or attend to their own health care needs.

At the previous inspection we had noted that people who used the service enjoyed 'Around the World' sessions, which offered people opportunities to learn about different countries beyond the UK. These sessions included how to prepare and taste international cuisine, listen to music, look at the currency used and wear clothes associated with these countries. The registered manager had told us that people had subsequently expressed an interest in visiting other countries, which included Ireland and Spain. At this inspection we found these holidays had taken place as well as a trip to South Africa. The photographs from these trips and short breaks in the UK showed how much joy and amusement people had and staff told us

these trips had created distinct experiences, special memories and new friendships for people, and for the relatives who came along.

The provider continued to support people who used the service to access other resources in the community. The 'Stars Discos' were previously held on a Saturday evening every two to three months at Options day centre and hosted by the staff team. People who were staying at the service at the time of a disco could choose not to attend and staffing was adjusted to ensure sufficient staff remained at home to support them. The registered manager supported the discos as a volunteer and members of the staff team not rostered to work at the service also volunteered from time to time. At this inspection we noted the 'Stars Discos' were now held more frequently and family members volunteered. The original idea for the discos was to provide weekend entertainment that people who used the service and other local people with a learning disability could invite their siblings and friends to, as people had identified there was a shortage of weekend social events that appealed to them. Profits from the discos in the past year were used for the trip to South Africa.

The registered manager and the staff team continued to support people who used the service to feel they were valued members of their local community, as this was vital for people's confidence and self-esteem. At the previous inspection we had noted the provider was in the process of acquiring a nearby piece of land to be used as an allotment, because people had enjoyed taking part in a gardening project run by a conservation charity. At this inspection the registered manager told us that there had been lengthy problems with planning permission, which were recently resolved. The plan was back on track to grow vegetables for personal use and to donate to a local food bank, as people and their relatives wanted to contribute to their community. The registered manager and the staff team were looking forward to supporting people who used the service to participate in the local authority's stated vision to "strengthen the spirit of cohesion in our community." Therefore, the distribution of some of the service's produce would enable people to feel engaged with wider community initiatives. We saw this approach to support people to feel included and respected in their local community was working well. For example, some people who used the service and relatives were members of the Linking Hands choir, as was the registered manager and some staff members. The choir performed at the Mayor's Christmas party at the Town Hall and received an invitation from a guest to sing at the housing complex for older people they lived at and plant trees in the grounds of the accommodation. The Linking Hands choir had also performed in the main courtyard and foyer of a theatre and arts complex in the local town centre. The registered manager told us these performances were enjoyed by people who used the service, either in their roles as members of the choir or as spectators watching their friends and staff members. The photographs we saw demonstrated these events promoted people's self-regard and their sense of being respected in the local community through providing musical entertainment for a public audience.

The service continued to support people to get involved in fund-raising for charities. We had previously noted that people who used the service and their relatives had raised over £400.00 for the local branch of a charity for people diagnosed with cancer. At this inspection we found that people and their relatives had raised over £38,000 to fund the trip to South Africa and donate funds to projects in the district they visited, for example a charity that provided school children with breakfast. Relatives told us that this fund raising had brought together so many people who used the service and their families, and had generated discussions between relatives about the importance of caring and compassionate values.

At this inspection we found the registered manager and staff group had supported people who used the service to find new ways of engaging with the local community, for example through running a stall at the North End market in Fulham selling home-made crafts. Although this stall was originally set up with a primary aim of raising funds for the South Africa trip, the registered manager had secured a long-term position at the market. The aim was to support people who used the service to develop confidence, new

skills and work experience.

People were treated with dignity and respect. Staff maintained people's privacy when they supported people with personal care. For example, we saw that bedroom and bathroom doors were kept shut when people were being assisted to have a shower or get dressed. Confidential information was stored securely and staff ensured that any discussions about people's needs were undertaken where they could not be overheard by other people who used the service or visitors.

People who used the service and their relatives were provided with information about how to access independent advocacy. Information about advocacy services was given to people and their relatives in different formats, including a pictorial guide which advised people about their rights. This information assisted people and their chosen representatives to voice their concerns about the service, with independent support, if required.

Is the service responsive?

Our findings

At the previous inspection we found that people who used the service received a responsive care and support to meet their identified needs. At this inspection we found that the service was outstandingly responsive.

People and their relatives continued to be involved in the planning of their care and support. People told us they had fun at the service because staff supported them to make choices about their daily routine and which activities they wished to engage in. The registered manager showed us how a person who used Options day service had been supported to create a short video presentation of their review meeting. Following the inspection visit the registered manager confirmed that this technology was now in use at Rivercourt, which empowered people to take an evidently central role in planning and reviewing their care and support. Relatives confirmed they were asked to contribute to the care planning process and participate in the review meetings. One relative stated, "[My family member] has been using the service for over three years. It is excellent. [My family member] has a very good vocabulary and loves to talk and be with people. They (staff) involve both of us in developing and reviewing the care plan."

A health and social care professional commented on the responsive nature of the service, "I have seen from my clients' progress and development how important this service has been to them in their personal, emotional and social growth. I have also seen parents who have been very sceptical about services become very positive about what can be achieved by working together with [registered manager] and her team.

The care and support plans we looked at were very detailed and provided clear information about people's social, physical and health care needs. The person-centred care plans contained photographs and pictorial charts, so that people could be supported to participate in their care planning. Information was recorded about people's likes and dislikes, interests, hobbies and personal qualities. For example, one person's nutrition care and support plan explained that they liked to eat bread with a condiment, which should be served on the side. Another person's care and support plan explained that they were fearful of a specific animal, how they reacted when they encountered the animal and how to promote their safety and wellbeing in a reassuring manner in the event an encounter could not be avoided. People and their family members were asked about whether people wished to be supported to meet any cultural and/or religious needs. We read that one person was proud of their heritage and staff confirmed they spoke with the person about holidays they had taken to this country. The person did not wish to have different foods as the dietary customs of the country reflected the traditional cuisine of the British Isles.

Behaviour management plans were in place where required to support people with behaviour that challenged the service or others. These plans provided detailed advice for staff about how to recognise the triggers that could upset a person and the signs they presented to indicate they were becoming distressed, as well as the actions to implement to prevent any behaviours escalating and becoming unsafe.

The service continued to benefit from using an IT system for the service that supported the registered manager and the staff team to work in an efficient and responsive way with other statutory health and social

care services. As the provider of the service is part of the local social services, staff could promptly access relevant information to update the care and support plans. For example, the provider could check for the most recent information if they had referred a person for an assessment by a physiotherapist, psychologist or community learning disability nurse. The registered manager confirmed that referrals were made following discussions with people and their relatives. This IT system and the positive relationships with relatives and external professionals enabled the provider to respond in a prompt fashion to people's changing needs.

People continued to be offered a wide choice of activities during their respite stay, which took into account people's needs, interests and abilities. This included visits to bowling alleys and parks, canoeing, pub lunches, and swimming at a local leisure centre. Other activities included indoor arts and crafts, which were designed to provide fun, and develop people's skills and interests by using different types of materials and equipment.

The registered manager told us that the trip to South Africa in November 2018 had created numerous opportunities for people who used the service to acquire inspiring and interesting new skills and experiences. Eighteen people connected to the service went on the trip. However, relatives who did not participate on this occasion informed us that the planning and fundraising for the trip was undertaken as an exciting and collaborative venture that sought to include each person who used the service. The relative of a person who did not go on the trip told us, "I was involved in the setting up of our fundraising stall at North End Road market. We sold jewellery, gift boxes and crafts made by the clients." The registered manager told us that people who used the service also visited a fruit picking farm and made jams and pickles with the produce. People and their relatives took part in a major entertainment and fundraising day which was held at Options Day Centre. One of the relatives we met cooked West African food for their food stall and another relative we met sold South American food at the event. One relative explained to us how stimulating it was for their family member to assist them at home to prepare the food, knowing that their efforts would contribute to an important event that they were attending. The photographs we looked at evidenced that the local community showed their support as the event was attended by the Mayor, officers from the local police force, social workers, musical performers, and the Hammersmith and Fulham Pearly King and Queen amongst others. We noted from our discussions with people who used the service, their relatives and the staff team that these opportunities and other fundraising projects provided people with a range of new skills, knowledge and abilities in relation to food preparation, interacting with members of the public they might not have previously met, handling money and learning about the lives of people in other parts of the world.

A health care professional told us, "The service goes way beyond what a straightforward respite provision offer would look like. The short breaks include very personalised access into the wider community and beyond. The latter point of course being the successful trip to Africa last year."

We watched footage of aspects of the trip to South Africa and spoke with two relatives who had accompanied their family members. A person who no longer used the service who went on the trip as a member of the Linking Hands choir also spoke with us about their experiences, in addition to the registered manager and a staff member. Relatives described themselves as feeling amazed and still almost speechless about the remarkable experiences they had shared with their family members. One relative said, "I get emotional when I talk about it. I learnt a lot and so did my [family member]. [He/she] fed elephants and now [he/she] talks about the trip when [he/she] sees elephants on the television. We worked very hard building the houses. We are very grateful to [registered manager] for arranging this. Another relative said, "I still feel quite emotional as it was very humbling to see how lucky we are. [My family member] and I made food packs out of rice and tomatoes for the children. [My family member] has few words but expressed how

[he/she] felt. A staff member commented, "I can't believe the things we did in Africa. We sang in schools and churches for over 100 people and built two houses with our clients. It has given me new confidence and enthusiasm about what we can aim to achieve with all our clients in the future."

The founder of the charity that people who used the service supported through the trip to South Africa said, "I was so impressed with how these young people from London with disabilities reached out and made such a meaningful connection with the children at the orphanage. It was absolutely incredible to watch." We observed in the footage that people who used the service presented skills and abilities during the trip that their family members had not previously witnessed. For example, the registered manager brought out craft sets that people who used the service were familiar with. One person instinctively showed the children how to make things, providing mentorship and support to others. Another person who used the service offered expressions of reassurance and empathy to a young child with a disability.

The registered manager demonstrated that the trip had provided a long-term relationship for people who used the service and the charity, so that people could continue to gain new skills and greater independence. For example, staff planned to offer people an opportunity to learn how to put together menstrual care packs for women and girls who do not have access to sanitary products while on their period. The footage we saw showed people and their relatives learning from the charity workers about the various difficulties faced by young people living in poverty, which impacted on their school attendance. During the trip money from the fundraising was used to buy school uniforms, and the menstrual care pack project offered people who wished to participate an activity that was of significant value to others.

The registered manager and staff team understood their responsibilities in relation to the Accessible Information Standard (AIS). Since 1 August 2016 all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. The care and support plans we looked at showed that people's communication needs were fully assessed and we observed that staff used different communication methods to support people to express their needs and wishes. This included talking mats, pictorial equipment and the use of 'life stories' to support people to understand important events, for example a visit to hospital for a planned procedure. A member of the staff team told us, "We are a small team and we get to know our residents well. We know when people feel worried or sad by understanding their non-verbal communication, little signs we have become familiar with."

The service was designed to provide an exceptionally flexible style of respite care and support that responded well to the wishes of people who used the service and their families. During the inspection we met a person who sometimes stayed overnight, but on this day they were visiting for lunch and an afternoon stay. The registered manager informed us this level of flexibility enabled their relative to continue their employment. The relative of another person who used the service told us, "Being able to book this service for weekend stays but also a few afternoons after [my family member] finishes college means that I can spend quality time with [other relatives]. It helps us as a family that [my family member] comes home happy and relaxed after being here and we can then all enjoy the rest of the evening or weekend together."

The provider had given people information about how to make a complaint, which was available in written and easy read formats. Pictorial information about how to make a complaint was prominently displayed in the premises. One person told us they would tell their relatives or the registered manager if they had any concerns about using the service. The relatives we spoke with informed us they did not have any complaints and they felt confident that the registered manager would competently and sympathetically address any

concerns. We noted that the service had received many compliments and no complaints since the previous inspection. The registered manager had established systems to ensure that relatives were kept up to date with important information about their family member. Staff completed a short report after each visit which advised relatives if their family member had eaten well or might be showing initial symptoms of a cold, to enable relatives to continue to monitor specific issues. There was also a new system in place where people's key workers periodically wrote to relatives to check if there was any support they needed or any matters they wished to discuss.

The registered manager and the staff team demonstrated that they 'went the extra mile' to support people with end of life care needs. We were shown a beautiful DVD that staff created after a person who used the service passed away. The person had relatives in different continents and the DVD was made to provide them with a treasured keepsake to remember their family member. The DVD displayed numerous photographs that showed poignant and quite every day moments in the person's life. For example, the person received regular pastoral care and support from members of their church. On one occasion a small group of senior members of the congregation visited the person for a special lunch prepared by the service and the photographs showed how happy the person felt with their church friends. There were also photographs of outings with other people who used the service and trips to a festival and restaurants with staff that reflected the person's cultural needs and wishes. We saw documentation from a health and social care professional in relation to the high quality of care and support provided to the person in the final stage of their illness. Staff from the service had visited the person at their home to provide practical and emotional support at times when they were not booked in for respite. Although a clinical decision was made for the person to be admitted to hospital, the registered manager initially arranged for staff to visit every day, which was then increased to staying with the person continuously at the hospital during the final days. The service participated in the funeral, visited the grave with flowers and arranged other special keepsakes for the person's relatives. The registered manager told us the staff team and herself would in the future wish to provide care and support for people who chose to stay at the service in their final days, with the necessary input from the GP, palliative care nurses and district nurses.

Is the service well-led?

Our findings

There was a registered manager in post, who had managed the service for over 16 years. 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 informed us she was presently studying for a masters' degree in management and leadership.

The registered manager had worked for the provider for over 30 years and was well known to people who used the service and their relatives. At the previous inspection we had observed that people demonstrated a fondness and attachment towards the registered manager and this continued to be the case. At this inspection we saw people enter the premises smiling, having arrived from a community activity or their family home. The registered manager warmly welcomed people and ensured they were comfortable. Comments from relatives included, "[Registered manager] is a one-woman dynamo, she gets things done", "[Registered manager] is incredible, we can't believe we have found such a wonderful service" and "[My family member] loves coming here and loves to see [registered manager]. This place gives parents strength and peace of mind." A staff member said, "[Registered manager] is so dynamic, this is a completely unique place to work. I feel so supported to work to the best of my ability." One health and social care professional who managed a team of professionals commented, "The team and I continue to be very privileged to work with such a service...people who access the service, their parents and carers continue to experience and observe the excellent Short Breaks offer that resulted in the provision to achieve an Outstanding in their last inspection report. To maintain this rating requires leadership, dedication and commitment all of which continues to be very evident in all our dealings with the service."

The evidence collected during this inspection demonstrated that the service continued to be managed in an outstanding way. The registered manager displayed a strong commitment to providing a superb service that operated with clearly identifiable person-centred values. There continued to be an enthusiasm and passion to provide the highest possible standard of care and support, and constantly develop new beneficial prospects for people who used the service and their relatives.

During the inspection we watched a short film of people who used the service singing at a school during their trip to South Africa. People performed songs in Swahili, Bembe and Zulu as well as English, and one person sung a solo acapella pop song in English. The school children spontaneously went over to the choir members with a learning disability and hugged them after the concert to thank them for their remarkable efforts. The registered manager told us the choir had received tuition and guidance from musical therapists and a choir therapist. However, the registered manager's unique vision, imaginative approach and constant support had enabled people to demonstrate their abilities to accomplish extraordinary achievements. The registered manager told us she was planning to host a local screening of the full version of the film of the South Africa trip so that a wider group of people who used the service, their relatives and friends, local health and social care professionals and other invited guests could learn more about this venture. Following the inspection we received confirmation that this event was scheduled to take place at the Town Hall, and a

book about people's experiences had been produced to inform and inspire individuals and other services about how people could be supported to meet their aspirations.

At the previous inspection we had noted that the registered manager had established a social enterprise with a group of parents of people who attended the service. The social enterprise was launched as a commercial business to offer people opportunities and improve the local community, through reinvesting their profits back into the business and/or the community. We had been informed by the registered manager that the setting up of a social enterprise was the result of listening to the views of people, and their relatives, who wanted to create their own empowering opportunities for leisure and recreation and improve the quality of their lives.

At this inspection we found the social enterprise known as 'Linking Hands' continued to achieve positive outcomes for people who used the service and other local people who used services for adults with a learning disability. During this inspection we met the treasurer and the secretary, who were both parents of people who presently used Rivercourt Short Breaks Service. They told us how money raised from running a café at Options day centre was being put towards the purchase of new equipment to enhance the quality of life for people who used the service. For example, Linking Hands was working towards raising sufficient funds to upgrade the existing minibus with a more comfortable and accessible version. This would be used to enhance the outdoor activities programme at the service. A health and social care professional commented, "[The registered manager] has also developed the service to have more links with the community for activities and this has promoted social enterprises with some of the parents/carers to take forward and nurture these to the benefit of others."

During our discussions with the registered manager and the relatives of people who used the service we learnt that the café met the varying needs of the local community. For example, the café provided opportunities for people with a learning disability to undertake therapeutic work experiences, and some relatives liked to pop in with their family member as the low stimulation environment offered a relaxing alternative to some commercial cafés that were not always suitable for people living with autism. The registered manager told us that some people who no longer used the service because their circumstances had changed called in to the café for lunch once a week to catch up with friends and members of staff. The on-going success of the café was a positive example of how the registered manager's vision and skills had supported people and their relatives to create and maintain a meaningful and valuable local amenity.

The service continued to foster positive and helpful relationships with their neighbours through its membership of Neighbourhood Watch. We had noted at the previous inspection that the registered manager had set up the local group as she wanted to improve the safety of the neighbourhood, particularly as people who used the service were at risk of being distressed if they witnessed any disturbances on the street. Neighbours were invited to open days at the service. The registered manager and the staff team led by example in relation to their plans to forge stronger links with other members of the local community. For example, the registered manager and members of the staff team had volunteered at the Town Hall for the Christmas Day lunch. The registered manager told us that as well as giving back to the community, this was an opportunity to meet older people living in the borough and learn about community groups that people who used the service could form links with. One relative informed us that they carried out voluntary work every week with their family member who used the service, at a luncheon club for older people. This was the type of voluntary work that the service wanted more people to engage in, in line with their own wishes and preferences.

Since the previous inspection the registered manager had been invited to attend meetings conducted by Skills for Care for services rated as Outstanding by the Care Quality Commission (CQC). The meetings

provided opportunities for registered managers to exchange information and listen to guest speakers. The agenda we looked at for a meeting in 2018 had included a presentation by a senior representative from CQC. As part of her participation in these meetings, the registered manager had volunteered to act as a mentor for the registered manager of a care home who was seeking to improve the rating of their service. The registered manager told us this had been a productive experience as it enabled her to reflect on her own management practice.

The service continued to ensure thorough systems were in place to monitor that staff consistently worked in accordance with the aims of the provider. The registered manager worked alongside staff, demonstrating by her own example that people should always be supported in a caring and professional manner. The provider's service manager conducted regular monitoring visits to check on the quality of care and support provided to people. The service manager produced a visit report, with recommendations for the registered manager and staff team to achieve. The registered manager's compliance with progressing and/or completing the recommendations was then checked at the next monitoring visit. The registered manager continued to find these visits beneficial as it offered a new look at how the service operated and enabled staff, including herself, to look at practices from another perspective. As a local authority managed respite care home, there were also visits from elected councillors and other professionals with an interest in maintaining high standards for people who used the service. The views of people who used the service and their representatives were sought through questionnaires, at people's review meetings and at the meetings for relatives. The provider demonstrated a commitment to supporting people to participate in the shaping of the services they used. For example, a person who formerly attended the short breaks service and now used other local services was a panel member of the Preparing for Adulthood steering group, to share their own experiences.

The registered manager continued to use a range of methods to effectively audit the quality of the service. This included spot checks to look at the cleanliness of the building and audits of care and support plans, risk assessments, activities schedules, health and safety records and medicine administration records. The provider actively sought the views of external professionals and other organisations, to develop and improve the service. The service continued to receive emails from local health and social care professionals, which we looked at during the inspection. Professionals had written to the registered manager to comment on how well the service had supported people, particularly in difficult circumstances that required highly skilled and sensitive interventions. The professionals we contacted as part of the inspection told us the service was excellent and extremely well managed.

At the previous inspection we had noted the registered manager was due to take on new responsibilities, which was the development of the local authority day centre opportunities for people with a learning disability. The registered manager had told us that she would spend some of the week at the day centre, designing and implementing new social experiences for people. The provider had informed us that they had recruited senior staff for both the respite service and the day centre and a programme of managerial training had been developed for these senior staff.

At this inspection we met the deputy manager who had joined the service after the previous inspection. The deputy manager had many years of experience of working with people with a learning disability in the London Borough of Hammersmith and Fulham, and was known to some people who used the service and their families from his prior employment in local services for children. We observed that a visiting relative felt at ease and reassured when speaking with the deputy manager as he had known their family member since their childhood. The deputy manager told us that he also spent time at the provider's day centre when the registered manager was based at the short breaks service.

The registered manager understood when notifications had to be submitted to the Care Quality Commission and we had received appropriate notifications from the service. We also received emails from the registered manager to let us know if people who used the service were taking part in any public events or performances in west London, in case we happened to be in the area to greet people and their relatives.