

# The Riverside Group Limited

## Lorenzo House

### Inspection report

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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

### About the service

Lorenzo House is an extra care home providing personal care for up to 60 people. The service provides support to older people. At the time of our inspection there were 47 people using the service. People using the service lived in a number of ordinary flats in one location.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff enabled people to access specialist health and social care support in the community. We have made a recommendation about risk plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 23 March 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lorenzo House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

# Lorenzo House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the new provider took over as the registered provider. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 10 relatives. We spoke with the general manager, the regional practice manager, 1 care coordinator and 2 care workers. We reviewed a number of records including care plans, risk management plans, medicine records, staff files and management records such as audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and those important to them, including advocates, were involved in planning their care. The provider assessed and monitored some risks to people's health and well-being. However, some risk plans were not detailed enough for staff to fully mitigate identified risks to a manageable level.
- We spoke to the general manager about this, and these plans were updated immediately following our inspection. We reviewed the updated plans and found they now contained enough information to support people safely.

We recommend the provider follow best practice guidance when creating risk management plans.

- Staff we spoke with understood people's needs well. Staff were able to explain how to manage risks of harm to people.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a clear system in place for safeguarding people from harm.
- People and relatives told us the service was safe, one person said, "Yes I am safe living here, I have my pendant, and staff if I need them." A relative said, "[My relative] is safe and the care worker goes in constantly. [They have] not had any falls or accidents to the best of my knowledge."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "Safeguarding means to talk to the person, ask if anything is going on, tell the manager, call the ambulance or police if needed, share what we noticed, record it into the incident book, log."

### Staffing and recruitment

- The provider had enough staff to meet people's needs. Staff were recruited safely.
- Relatives told us staff were always available to meet people needs, comments included, "[They have] twice a day minimum, but they pop in randomly as well." and "They seem to be reliable and turn up on time."
- The general manager told us they completed care needs assessments before offering the service to people and staffing levels were based on people's needs. We checked care plans, care notes and shift planning and found this was the case. This meant people did not have to wait for care and support and had care and support offered in a flexible person-centred way.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.
- The provider carried out background checks, including obtaining staff job histories, previous employer

references and criminal checks. This meant people could be assured staff had been recruited safely.

#### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, and when assessing risks of people taking medicines themselves.
- People's medicine records were up to date and accurate. No gaps were found. Staff undertook training to ensure medicines could be administered safely.
- A relative told us, "They do [person's] medication for [them], and it is kept in a cupboard and given to [them] at prescribed times."
- Protocols were in place for as and when needed medicine, also known as PRN. Staff had the guidance needed to safely administer medicine.
- The provider carried out staff competency checks to ensure they had the skills to accurately administer medicines.

#### Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- Relatives told us the service was clean and well maintained. One relative said, "The set up is first class the hygiene and the care."
- The provider had clear protocols in place for preventing the spread of infections. Staff had training in the control and prevention of infection. This meant people were protected from the risk of the spread of infection.

#### Learning lessons when things go wrong

- The provider had a process in place to learn lessons when things went wrong.
- The general manager told us that in team meetings staff would discuss issues or concerns. This included some role play and reflective practice. We saw evidence of this in team meeting minutes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- The provider assessed people's needs prior to providing a service. This meant people could be confident their needs could be met.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support, medical, psychological, preferences, skills and sensory needs.
- We asked people and relatives if they were involved in their care plans. One person told us, "I was allowed to make some choices and they are current." A relative said, "They discussed the care plan at first and now review it annually."
- We reviewed care plans and various assessments and found they reflected current needs and were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff were trained in a range of subjects to support them in their role. Staff had an induction into the service and received regular supervision.
- Staff told us they received good support, one staff member said, "We have a good manager. If anything goes wrong, [they] will jump on it." Another staff member said, "Managers are good helpful, help a lot, like a family. We work as a team."
- The service checked staff competencies to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal, and recognition of good practice.
- Staff could describe how their training and personal development related to the people they supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff told us there were different arrangements in place for meals. Staff supported some people with light meals such as a sandwich or soup only and did not cook food for people.
- Care records reviewed showed people's meals were recorded. Support plans detailed the level of support needed for meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when required. Staff worked closely with medical professionals, such as the GP and district nurses.
- Relatives told us, "They would meet any health requirements for [person] and support [them], and a member of staff will go with [them] to appointments. They went with [them] for a [scan] and the dentist."

Another relative said, "They will call a doctor for [person] when needed."

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the Mental Capacity Act.
- At the time of the inspection no one using the service lacked the capacity to make decisions. Staff told us they would ask people for consent before providing care and support. We saw evidence of consent to support documents signed by people in their files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff members showed warmth and respect when interacting with people. People were treated with respect and kindness.
- People and relatives told us staff were respectful, kind, and caring. Comments included, "They treat [person] respectfully. They show genuine care from what I see. They recognise that individuals are different." "They are a social bunch and definitely kind and caring". and "Staff are friendly, caring nice."
- We observed interactions between staff and people, these were friendly and respectful.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care, and they had the opportunity to share their views through resident's meetings, reviews and surveys.
- One person told us they chaired resident's meetings; they informed us they had started raising funds for more outings as a lot of people liked to go out as a group. We saw evidence of resident's meetings and surveys which had been sent out to people to obtain their feedback.
- A relative told us, "Yes they have a resident's group, and they ask residents what they would like for the menu. I read the minutes. They discuss about things in the meetings."
- People were enabled to make choices for themselves, and staff ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff promoted people's independence.
- People and relatives told us staff respected their privacy and dignity. Comments included, "When entering the door is always open but they knock before they come in." "They respect [person's] privacy and dignity as far as I am aware." "They treat [person] respectfully." and "They, treat me with respect."
- Staff promoted people's independence, in one example technology was used to remind a person to have more drinks. This meant the person could maintain their independence for as long as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff met the needs of people using the service, including those with needs related to protected characteristics.
- People had choice and control and likes and preferences were recorded in their care files. Relatives told us staff understood people's needs, comments included, "They are used to [person's] needs." "They understand [person's] needs and talk to [them]" and "They understand [person] well." "[Person] is so settled it is life transforming for [them]."
- People could choose if they preferred either a male or female care worker. Staff understood people well and could describe their needs without referring to documentation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met by the provider.
- A relative told us, "They are very good at understanding [person] now as [they have] slurred speech. [Person] doesn't struggle to communicate with them."
- People's care plans included information on how to communicate with people. Different formats were available for people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they loved living there and everyone we spoke with said they would recommend it. Families told us they can visit the service whenever they wanted to.
- The provider organised a range of activities each week. We observed people in the lounge area taking part in exercises which was being streamed through the internet.
- A relative told us, "It has made a huge difference to [person's] life as [they were] isolated before and now, [they have] company, but [they] still makes [their] own choices."
- Care records showed people's hobbies and interests had been recorded. We saw that people had been out on day trips recently, for example to the seaside.

### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People, relatives, and staff told us they knew how to complain and who to go to. One person said, "If I had a complaint I would talk to the manager, they listen to issues and concerns, I feel safe living here." One relative said, "The staff keep me updated and if I needed to complain I would know who to go to."
- The general manager showed us evidence of some complaints they had received, these were logged, and we saw that some actions had been taken. However, in one case the person was not satisfied with the service response. We discussed this with the general manager, and they informed us that this was now going to be escalated to the next stage. This was in line with the provider's policy on managing complaints.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a person-centred open culture. People and relatives praised the managers for their dedication and openness.
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour, the general manager told us they would be transparent and apologise to people or relatives if the service fell below expected standards.
- We saw evidence of complaint letters sent to people to apologise for any shortfalls in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The general manager had the skills, knowledge and experience to perform their role, had a clear understanding of people's needs and an oversight of the services they managed.
- People, relatives, and staff told us they felt listened to by the management team. Comments included, "The general manager is exceptional very responsive", "The manager is lovely and if we miss each other, [they] ring me back, [they are] devoted to the job. The office is a good set up, good management and oversight. I would absolutely recommend it. [My relative] landed on [their] feet there." and "It is well run 'A' star."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider understood the need to send the local authority and CQC any notifications as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were engaged and involved in running the service.
- People and relatives told us they felt engaged in the service. One person said, "I chair the resident's meetings here, get involved, ask people for ideas and suggestions. We go out on outings to places of

interest."

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff told us they could make suggestions and felt listened to by the management team.

Continuous learning and improving care; Working in partnership with others

- The provider had a service improvement plan in place, this document incorporated all the service audits and actions taken to improve the service. The general manager took accountability for actions needed in the service.
- The provider works with key organisations such as the local authority and medical professionals.