

The Riverside Group Limited

Laurel Court

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?

Outstanding



Overall summary

The inspection of Laurel Court took place on 2 March 2015 and was announced. We told the provider that we would be coming because we needed to be certain there would be people in the service for us to talk to. This was Laurel Court's first inspection as it had only been registered with the Care Quality Commission since 21 February 2014.

Laurel Court is a supported living environment for adults under 65 years who have learning disabilities, physical

disabilities and sensory impairment. It has 26 flats which, on the day of the inspection, were occupied by 24 permanent residents and two were for emergency or respite use.

There was a registered manager who had been registered since 4 March 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

On the day of our inspection we found the service to be safe as it had measures in place to safeguard people from harm and potential abuse. We spoke with knowledgeable staff who told us how they would identify possible abuse and what action was required if they suspected this to be the case. The service had comprehensive and current risk assessments in place which evidenced discussions between the people using the service and the staff.

We found reliable staffing ratios which allowed for the service to run smoothly. People told us they were able to undertake all the activities they wished and had support with their medicines where required.

We found staff to have received an appropriate induction, supervision and training which allowed them to fulfil their roles to their maximum potential. This was reflected in the wider management of the service where it was evident the registered manager was keen to ensure the service was always seeking best practice and was supporting staff to achieve this.

The registered manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards make sure that people who lack capacity are not deprived of their liberty unlawfully and are protected.

People spoke highly of all the support staff and enjoyed living in Laurel Court. We saw lots of evidence that people were actively involved in arranging their support and staff facilitated this on a daily basis.

There was a comprehensive activity schedule running alongside the support offered to individual people. This was shaped by people using the service and reflected a service that was promoting empowerment.

We saw evidence of strong governance with robust systems in place to support any concerns and promote improvement. The service was led by an enthusiastic registered manager whose values were reflected in the quality of the support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and we saw evidence of robust procedures in place to manage risk. The service was clear on how to deal with allegations of abuse and reported such situations as required.

There were appropriate staffing levels to manage the service.

People were supported to manage their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's needs and demonstrated a practical understanding of seeking consent before any support was offered.

People had regular contact with their keyworkers who could initiate contact with health and social care professionals if needed.

Good



Is the service caring?

The service was caring.

People spoke positively of staff and found them to be supportive and encouraging.

We saw evidence of people being involved in the support they were receiving through written records and regular reviews.

People told us their privacy was always respected.

Good



Is the service responsive?

The service was responsive.

The service provided some excellent opportunities for people to become involved in a variety of different ways.

We saw evidence of how people's views were sought and then action taken following this.

Good



Is the service well-led?

The service was well led.

People and staff we spoke with were highly complimentary of the management of the service, telling us how much they were valued and supported.

The registered manager was pro-active in a number of areas both within and outside the service, which were all seeking to promote best practice.

Outstanding



Laurel Court

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 March 2015 and was announced. The provider was given 48 hours' notice because the location was a supported living provider for younger adults who are often out during the day and we needed to be sure that people would be in.

The inspection team comprised of one adult social care inspector and one bank inspector.

Prior to our inspection we reviewed information from notifications, the local authority commissioners and safeguarding. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with five service users and interviewed four members of staff including two support workers, the deputy manager and the registered manager. We also spent time observing interactions in the communal lounge.

We looked at four care records and three personnel files. We also reviewed accident and incident reports and weekly quality audits covering handover sheets, medication and finances amongst other areas.

Is the service safe?

Our findings

People told us “I feel safe here in my own flat. I like to be a bit more independent. I would go somewhere else if I didn’t feel safe”. Another said “I feel safe living here”. When asked what they would do if they did not feel safe they replied, they would ‘tell staff if they were not feeling safe’. Another said “I would tell my social worker if staff were not nice to me”. It was evident that people did feel secure in Laurel Court and told us they would feel able to raise concerns if they did not feel safe at any point.

We asked staff about their understanding of safeguarding and were told that ‘abuse can be physical or mental’, and they would ‘look out for any change of behaviour in that person’. One member of staff said “I would take it to the manager and reiterate what I’ve seen to see if it is abuse. If the manager doesn’t do anything, I would let the senior manager know and the social worker for that person”. A different member of staff was able to tell us about the signs for spotting abuse and was aware these may differ depending on what had happened. The same member of staff said “residents are safe because they would talk to us or ask another resident to talk to us who would then tell us”. This was evident in the staff interactions we witnessed during the day where people were open about what was affecting them that day.

A further member of staff was able to explain the safeguarding process; “they must report abuse to the local authority safeguarding team and to CQC. They must also speak with the alleged victim to let them know what they are doing”. They were also aware of the need to complete an incident report. We were confident the service had robust procedures in place for both identifying and following up any allegations of abuse or harm as staff demonstrated knowledge of the procedure in depth.

On our entry to the service our identity badges were scrutinised and appropriate security questions asked by the registered manager and one of the people using the service. There was a photo board in the main entrance area identifying who was working that day. This helped people to know who to approach.

We witnessed people signing in and out in accordance with the fire procedure. People told us why it was important to do so. There had been a fire alarm over the weekend prior to our visit and one person told us “staff did a good job

getting us out of the building”. People were able to explain why it was important for them to sign in and out ‘so the fire service knew who was in the building’. The fire evacuation plans were explained to us by people using the service, and arrangements had been made with a neighbouring care home for people to go there for shelter if necessary.

One person told us “I feel safe now and again. If one person kicks off, then I don’t feel safe”. However, they went on to say “staff do take notice and do something about it”. Staff told us “We do not use restraining techniques. We use positive behaviour reinforcement which stops negative action. We use praise or acknowledging good behaviour and this seems to be working well. We do not look at the negative act - instead we look at how this can be avoided in the future”. The use of this was reflected in the care records we saw.

One member of staff told us that residents were kept safe. “There is a vigorous risk assessment. It is important that staff are in the lounge to observe people, their mood and behaviour”. We saw completed risk assessments which reflected a person’s own choices and lifestyle. One person who was at risk due to their previous situation had a detailed risk assessment including specific guidance to ring in every hour, to be vigilant around the building for unknown people and a plan if they were approached by someone to re-enter the building as soon as possible. This was signed and agreed with the person. There was documentation to show all risk assessments were reviewed monthly and were revised if needed.

We were given a brief tour of the premises and shown the respite flat which had recently been redecorated in a specifically chosen calming paint colour, which was washable and equipped with some indestructible furniture. The registered manager spoke about one person who was keen to dismantle items, including electrical ones, and various safety measures had been put in place to reduce the risk of harm. These included offering alternatives and the provision of electrical screwdrivers. There was also an intercom system in each flat to enable people to speak to each other within the complex.

In one care record there was a concern noted about someone threatening to self harm. This was promptly addressed by contacting the mental health team the same day and an ongoing intensive home support is now in place. As a response to this the person’s medicines were

Is the service safe?

removed from their flat and locked in the office. They are now receiving prompts for this. There was a structured action plan detailing what to do if the person refused to take their medication.

We saw the incident file which was completed. We noted that a lot of issues were picked up via the CCTV camera rather than staff sitting in the communal area. We asked the registered manager about this and were told that the service was not there to provide 24 hour cover so staff would not always be in the communal lounge. However, staff responded quickly if incidents arose.

Recurring patterns of behaviour were identified by the staff who discussed them with the duty manager and recorded them on the handover sheets and meeting logs. The provider also produced a report which looked at actions taken and identified any ongoing issues. There were also records of meetings with the local social work team where each person was discussed and updated information shared. These happened six-weekly.

One person using the service was asked about staffing and they said "There are enough staff. I always go shopping on a Thursday and it always happens. The member of staff varies; it depends on who is around". Another person told us "There are loads of staff". A further person said "There are enough staff but they are often in the office".

This was confirmed by members of staff we spoke with. One said "Staffing levels are pretty good as there is usually someone floating about. There are also less agency staff".

Another member of staff said "If extra staff are required we would use agency staff but we tend to use the same people. There are regular night staff. The staff team is consistent". We were told "In an emergency, cover is through either the deputy or registered manager, and if necessary a sister home can provide on call support. The management team work shifts including weekends, so there is also additional care support. They are here as much as possible". We found the service was aiming to provide a consistent staffing ratio that supported people using the service who often preferred stability.

We asked people how they managed their medicines and were told "I manage my own medicine – I sometimes need paracetamol and co-codamol but don't take them together. I only take them when I need them". Another person said "I manage my own medicines and they are

always right". We checked the records of medicine administration and found them to be accurate. The service conducted its own weekly audits to ensure enough stock, recording of administration was correct and that there were no ongoing issues with people who self-medicated, such as refusal to take them.

We saw on one audit sheet it had been identified that someone had missed medication and this had not been recorded properly. It was recorded that the auditor had discussed with the support worker the reason for missed medication and this was then logged on the audit sheet.

We asked staff what they would do if they discovered an error on the medication administration record (MAR) sheet. They told us they would "Talk to the deputy or manager. If the medicine was missed I would look for the incident report and check whether it was a member of staff not signing or if the person was not taking it, and ensure the reason was documented". Another member of staff added "they would inform the person, a senior carer and seek further advice from the pharmacy or NHS Direct".

The medicines ordering system was explained to us by the registered manager and confirmed with other members of staff who accurately advised us of the system. The medicines were delivered on a Friday and checked in by staff who compared them against the Medicines Administration Record (MAR). We were told "If there were any discrepancies, the pharmacist would be contacted immediately". Medicines were then put in people's own safes on Sunday as we were advised by the registered manager that most people self-administered. Medicines were only ordered on a weekly basis as they changed frequently and empty blister packs returned to the pharmacist.

We saw the MAR sheet had photos of the tablets and were colour-coded to match administration times. All these records were kept in the office. If medicines were refused, this was logged on the MAR sheet. It had been suggested through a recent audit by the local pharmacist that this was recorded in red as this would make it easier to identify any recurring patterns of non-compliance. The service did not have any covert medication or any controlled drugs. All staff had received level 2 medicines training and the pharmacist was in the process of following this up with night staff

Is the service effective?

Our findings

Staff were supported to provide appropriate care to people as they received an induction, regular supervision and relevant training in addition to having an annual appraisal. Staff described their induction as “reading all the policies and then shadowing another member of staff which helped to build relationships with the client group”. Staff spoke positively of their colleagues; one staff said “The way they supported me was fantastic when I was new. They showed me where all the documents were and helped me to get to know the people. We all get on really well”.

This showed the provider was ensuring that building relationships with people was as important as understanding how the service worked.

They also told us that they received monthly one-to-ones where they discussed “any queries regarding people and what’s happened through the month”. We were also told they are given the opportunity to discuss “how they feel and have set targets to reach within the month”.

One staff member explained that “supervision is a good experience. It is an opportunity to discuss their feelings. The session is structured and paperwork sent out in advance for staff to fill in and discuss during the session”.

We saw evidence of this in supervision records where staff had the opportunity to reflect on their achievements and to have these endorsed by the line manager, to discuss any service or personal difficulties and to consider solutions and a more general keyworker overview.

Staff we spoke with said training was effective. One staff said “Training is really good. We can book whenever we want. Supervisions reflect what has been good and what has motivated us. We also have an annual appraisal”.

We saw ongoing training opportunities and needs discussed on the supervision notes. These included external courses linked to career development. Training courses considered included specific service-related content such as autism awareness and also courses around personal effectiveness. This demonstrated the provider was keen to ensure all staff were operating at their optimum by having current service-specific knowledge but also ensuring they were utilising their skills to the maximum.

This was confirmed by one member of staff who told us “They are getting up to date with training and new developments. There are plans for medication training which will be delivered by the pharmacist”. Another member of staff informed us they were using their degree in drama to support people with musical instruments and attending an external drama group. They said “People loved this and enjoyed staff taking part”.

We checked both the supervision and training matrices which identified that there had been no supervision for any staff between October and December 2014. When we asked the registered manager they explained this was due to the previous deputy manager leaving and this was difficult to achieve in management hours. However, all staff had been supervised in February 2015 and further sessions were planned for each every 4-6 weeks. All staff had received an appraisal in June 2014 and the cycle was due to resume in April 2015. We were unable to see appraisal records as the system was not working but the registered manager did forward an overview of comments made by the member of staff and their line manager which clearly indicated a positive experience for staff. We felt there was a commitment to motivating the staff to be as effective as they could be, allowing them to time to develop both their own knowledge and that of the people who they were supporting.

Staff were asked about their understanding of the Mental Capacity Act 2005. They told us that the assessment of capacity ‘is to make decisions based on their comprehension’. Another staff member said “that people have capacity unless assessed as not having capacity. If there was any doubt then a capacity assessment would be undertaken”.

A member of staff told us “Best interest meetings are held to be able to make a decision when someone doesn’t have capacity. These capacity assessments are usually done by the social worker or the manager”.

We witnessed and saw written evidence of consent to receiving support being sought during our inspection. The people using the service were very independent and often needed the minimum of support. Due to this people were able to express their needs clearly. We saw a care record of one person who had an advocate to provide support, and it was shown that they had been utilised in relevant support planning decisions.

Is the service effective?

Staff told us “We do not use restraining techniques. We use the ‘Positive Behaviour Support’ approach when we suspect something is wrong. It has been used to good effect with one person, and other residents are kept safe as a result”. This was mirrored throughout the service and training was about to be offered by the registered manager who had recently completed a British Institute of Learning Disabilities Positive Behaviour Support course.

One person said “Staff would make me an appointment to see a GP or an optician if I asked”. We saw evidence within care records and daily recordings that health and social care professionals were requested when needed. When one person had threatened to self harm, the service had contacted the mental health team the same day and followed up with appropriate support.

Is the service caring?

Our findings

We asked people who used the service their views of the staff. Comments included: “Staff are kind to me. If I need someone to talk to, they are there for me. They know when I am in one of my moods”. Another person who had left a difficult home situation said “This is a good move to this service. I score 10 on a happiness scale. I am more content, more relaxed with people”. Another person told us “Staff are friendly and approachable; they have a cup of tea with me”. Others said “Staff are nice to me”, “Staff are helpful and do their best to help” and “The staff are good and I get on really well with them. I get on really well with my keyworker”.

We found an overwhelming positive response to the effect staff were having on people using the service. One person told us “My keyworker is a star. If it wasn’t for her, I wouldn’t have any money. She helps me fill in all the forms I need”. This shows that staff were keen to help people do as much as possible for themselves by support and encouragement, and gentle guidance. Another person using the service was keen to stress that without their keyworker they would struggle: “They are the right influence as I’m not motivated to do things, otherwise I wouldn’t do anything”. This was reflected in the care records where it evidenced the person needed support to become involved and as such, they were now cooking dinner for their family.

We were told by three people that “Staff always knock or ring my doorbell; they respect my privacy”. Staff and people using the service all stressed that support with personal care was only ever done in private in the person’s own flat. We were told by the registered manager of one person who had recently asked for help washing their hair. They said this was offered to the person but only after they had had their shower to help support their dignity. A member of staff said “A female member of staff prompts females using the service and we always address people in the way they wish to be addressed”.

During our initial tour of the premises one person was keen to show us their flat. We found it clean and tidy, reflecting their personalised tastes in music. The same person was eager to explain how they benefited from living at Laurel Court and the importance of respecting others’ privacy by always knocking on flat doors. They had a key to their own flat and explained how they could only access parts of the building that were necessary for them with their fob.

One member of staff told us about a time when a person disclosed some concerns to them. The staff member made the person aware of the importance of confidentiality and the need to share information as necessary.

Is the service responsive?

Our findings

People told us “I am involved in checking my support plan. I have a monthly review where I review my goals and what I want to achieve. Staff listen to me and will sit with me and talk to me about getting more money for a new phone” and “I do my support plan with my keyworker. I make them a drink when they come to my flat”. Through these conversations we saw that people were very involved in discussing and agreeing their support plans in conjunction with staff support where necessary. It was also very clear that people saw this as an important part of their relationship; “We suggest things and they listen. I do like it here”. Another person told us “Staff sit with me to go through my care plan and I sign it”.

People found their care plans useful. One person said “I sometimes go through my care plan – it is on my fridge to tell me what I need to do each day”. The support plans were also a tool to help people gain control over their daily living choices: “I choose what I want. We care for each other”. Another person said “I like it here. I can keep my independence”.

It was also clear that support planning was a continually changing activity jointly agreed between the staff member and the person. One person told us “Sometimes I do things on my own”. This showed the service was keen to enable people to do things as much as possible for themselves.

One member of staff said “it was important to get to know the person. We will sit down and go through the care plan with the person. We start with ‘I like to...’ which helps make it person-centred. We use easy to read care plans. All plans are typed up and then shown to the person who signs if they agree”. Another member of staff mentioned that people are involved in support plan discussions – “we spend a long time with them, going through (the support plan) and then both sign the document”. This was reinforced by notes in the support plans and regular review meetings.

One person was eager to tell us that “My mum comes every day. I go to my mum’s for the weekend once a month. My sister also visits – she can come whenever she wants”. They wanted to show the inspectors that people also felt welcome to visit and staff were happy to see them.

Staff informed the inspectors of one person who had recently changed religion and how this person was offered

support with different meal choices and finding support within the wider community. “We have offered dietary advice and the opportunity to attend a mosque but this was refused”. However, the person themselves said “the staff have been really helpful and supportive. They help me to get halal meat”.

We saw evidence of a full range of activities for people, both listed on the notice boards and in each person’s support plan. This included swimming, karaoke at the local pub, ‘chit chat’ club, games night and an arts and crafts activity session. We saw some painted glassware from the session held the previous day.

Staff told us “Activities are offered every night and every day when day centres are closed”. Staff said they felt activities were appropriate and people took part. People told us “I like the activities on offer. I join in when I am free. I like the karaoke on Tuesdays and the union bar in town”. Another said “Staff help me with cooking”.

It was evident through conversation with people and the care records that people were encouraged to help shape the service. People spoke fondly of the ‘chit chat club’ which was where discussions occurred that helped people to decide on activities and days out. The registered manager told us this club was the best mechanism for engaging with people in the service as large meetings could be over stimulating and distracting. Following discussions at the club the service had had two trips out for those who wished to join in recent months – one to Blackpool Illuminations and the other to Chester Zoo

The registered manager spoke with us about one family who had previously received no formal support but were now actively engaging in activities within Laurel Court and were much more accepting of support where it was offered. This person later told us “I cook Sunday lunch for other people in Laurel Court because people like it”.

We looked at the care records for four people using the service and found them to be comprehensive. They contained emergency contact information, the social work assessment and mental capacity assessment which was then translated into the provider’s paperwork along with input from the person themselves. There was also a signature sheet for each section of the person’s file for all staff to sign to acknowledge they had read and understood the documents.

Is the service responsive?

The support plans detailed areas such as ‘things I enjoy’, ‘out and about’ and ‘feelings and emotions’. In one file the section ‘things important to me’ included statements such as ‘I must not be lied to’, ‘I need control of my life’ and ‘I like to be able to help others’. It was very evident that people had been very involved in their support planning and that goals set from these mirrored what people wanted to achieve. One person said “I do my own shopping and go with staff to appointments”.

Another support plan showed how the allocated budget from the local authority had been translated into a specific support plan for the individual to allow much more flexibility around their needs being met by using their hours of support during the evening, when they were more likely to be in, to assist with meal preparation and other daily tasks. Another person had requested a shopping trip to Manchester and was saving their hours for this.

As some people using the service were unable to read some support plans were colour-coded to enable the individual to understand the time blocks allocated for various tasks.

It was also noted that reviews were held regularly, involving other professionals to ensure that people were being supported to do as much for themselves as possible. Hours of support were adjusted to reflect this.

Staff told us about the handover sheet and meetings that were used to share information. We saw the handover board for staff which was kept in the office containing all key information about a person for that day such as any appointments to attend. This was linked to the daily record sheets which were completed by the keyworker for each person. These notes were detailed and included a record of tasks undertaken to support the person and also how they responded to these. The registered manager showed us how tasks were varied between the keyworkers to ensure they covered each element of the service. Any concerns regarding the person were also recorded as was any necessary follow up action such as contacting the GP or social worker.

We saw some records of informal weekly discussions with people using the service identifying their key achievements and the goals they had set themselves for the forthcoming

week. Although there were gaps in some of the weekly recordings, there was evidence of a more detailed monthly overview discussion completed for both January and February 2015.

These monthly discussions included topics such as promoting independence, assisting with budget and appointments, assess and managing risks, and also the opportunity for the person to raise any concerns themselves. Each person set themselves monthly goals and what action needed to be taken to achieve these. It was evident from the succeeding monthly review that these goals were often being achieved as a person’s progress was recorded. It was also noted where there had been difficulties and what could be done to overcome these.

We also saw evidence of where staff had regular meetings with each other to discuss people’s progress and achievements. Staff we spoke with said “We sit with residents once a month and people are happy to take part. We look at different ways to communicate with people”.

We saw evidence in the tenants’ involvement file of notes from January 2015 discussing the new kitchen including its purpose. The registered manager explained the plans to convert one of the communal lounges into a training kitchen. This had stemmed from discussions with people using the service who wished to develop their cooking skills. People had also wished to produce a Laurel Court’ recipe book. The registered manager was hoping to incorporate a cooking night as one of the theme nights. One of the people had prepared a list of items needed for the kitchen and was out that morning with their support worker purchasing some mugs. The intention was for people to decorate their own with ceramic paint. One person told us “I will use the kitchen and learn how to cook”. This demonstrated that the kitchen was going to be a valuable resource for the people receiving support as it would help promote their independence and confidence even more.

There was also reference within this file of numerous volunteering opportunities for people including a therapeutic gardening service, arts and crafts activities and cinema trip. In the February 2015 notes there was reference to a disco in another service, Zumba and swimming amongst other activities. It was not clear that this was based on what people had requested or whether the service was just sharing information it had to enable people to choose an activity.

Is the service responsive?

We asked people how they would raise any concerns. One told us “I go and staff listen to what I’ve got to say”. Another said “I’m not sure how I would complain”. People told us “I have no problems. I enjoy living here” and “I’m quite happy living here”.

Staff were aware of a complaints form but keen to stress they tried to deal with these as soon as they arose as much

as possible. One member of staff said “were not aware of any complaints”. We spoke to the service manager about the importance of ensuring that all people understood the mechanisms of how to make a complaint or raise their concerns.



Is the service well-led?

Our findings

We asked people who lived at Laurel Court how well they felt the service was led. They told us “The manager is nice, I like them” and another told us “The deputy is nice”. The people using the service knew who the registered manager was and that they could approach them. This was echoed by staff who said “Management listen to concerns. We can raise concerns with the registered manager or the area manager and we feel things will get done”. Another member of staff said “I can talk to the manager. They are really supportive”. It was evident throughout the day that staff and managers were visible in the service and had a thorough knowledge of what was happening for people in the service.

There was a registered manager who had been registered since 4 March 2014. 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.

Staff were also positive about the managers of the service. They spoke with us about the ‘values of the service to which ‘the staff adhere to. The focus is on the person’. One person said “I like the management team – there is more structure to the service since the registered manager started. Policies and procedures are easier to find”. We were also told “there is not so much bickering within the team”. Staff told us they “know each other well and get on well with each other”. Again, this was reinforced in the support staff gave to each other in sharing information as evidenced by the detailed daily sheets and through support with induction and training. Supervision notes reflected the high regard with which staff were treated and were very positive in their feedback.

One member of staff told us “The service has eight values which are focused on the person”. They also told us “There are regular meetings with people using the service”. Staff were also keen to tell us “good things about the service are the activities and the support. It’s great to see the reaction of people after they have been somewhere new. People want to move out because they are ready. The service has built their independence and confidence around other people”. This demonstrated that the service was reflecting

its purpose in promoting people to be as independent as possible. Staff had also been encouraged to develop resources within the service; one member was working with people using the service to create an allotment and another had designed a leaflet explaining the role of the keyworker for the service.

One person who lived at Laurel Court told us they were on the interview panel for any new care staff. They saw this as an important role in helping to get the ‘right people to help’ and they also told us they gave feedback to the interviewees. This showed the service was keen to have a true user voice ensuring that people using the service had an active role in shaping the service through its personnel and its activities.

When we asked staff about the key achievements of the service we were told ‘the new kitchen upstairs’, ‘the opportunities for people using the service to volunteer’, ‘acknowledging the people’s birthdays’ and ‘ensuring that people remain independent’. Team meetings were held monthly and showed that recent discussions around minimalist recording of incidents had been identified and actioned. Staff were given clear guidance as to how these should be completed. There was also specific instruction for recording in daily notes which was evident in the records we checked.

The main challenge to the service one staff member advised us was ‘managing the people’s behaviour as this can sometimes be challenging’. There had been a number of safeguarding alerts raised but each of these was reported and dealt with appropriately. We spoke with staff and the registered manager about their focus on positive behaviour support as a means of supporting people who presented with more challenging behaviours. We were informed that the registered manager had recently undertaken a training programme with the British Institute of Learning Disability and was now a qualified coach which allowed them to deliver this training to other staff. This was due to be rolled out in the near future.

We asked the registered manager if they had conducted an annual survey. The registered manager advised us there had not been one for last year as they were aware it needed to be adapted, and they were seeking an external agency to support with this. However, the service had had



Is the service well-led?

an open day for the local community and professionals involved with the service to celebrate its first year of being. This had helped promote good community links such as with the local Police and Community Support Officer.

We spoke with the registered manager who was very knowledgeable about all the people using the service. It was evident from the conversation they were very involved in the day to day running of the service and had current knowledge as to people's individual circumstances. They also spoke with us about how they had been involved in the development of a support plan that was more person-focused than previous models. We saw these support plans in people's files. This had become a standard template for all Riverside provision.

The registered manager also told us about their involvement with the pilot for the Fundamentals of Care Certificate which is to replace the Common Induction Standards being endorsed by Skills for Care. We saw the tailored staff information pack which they had created to assist staff in their completion of this.

The registered manager had been involved in a number of provider activities such as being a safeguarding lead, presenting a session on the Mental Capacity Act and how it relates to tenancies to the housing conference and also their work in reviewing all the care-related job descriptions for the provider.

We viewed a number of quality audits including accidents and incidents which were completed and sent

electronically to head office. This was after an investigation had been conducted and we saw in the minutes of staff meetings that lessons learnt were shared with staff where appropriate, and for specific individuals, there was evidence of discussion within supervision notes. One of the recent learning points had been that incident recordings were too basic and did not evidence what techniques had been used to calm a situation before police were called. Recommendations were made in the minutes to try both different techniques and using a different staff member to calm a situation and suggested a specific method of recording known as 'ABC' where the details of antecedents (triggers for a particular reaction), behaviour and consequence are logged.

We read notes made at recent safeguarding meetings which evidenced the registered manager had responded in detail to concerns raised and followed through issues in conjunction with their line manager. In one instance there had been an independent investigation conducted to minimise the risk of bias, and recommendations followed from this report were now implemented.

It was evident both through audits we saw and through the conversations we had, that the service had a continual cycle of self-improvement at its heart as ideas often stemmed from service users, such as the training kitchen, and these were then implemented with staff support, to then evolve into more than just a cooking facility but a shared resource to offer support and encouragement to people within the service.