

# Interact Care Limited

## River View

### Inspection report

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

Tel: 01207501666

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22 November 2023

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

River View is a care home providing care and accommodation to young people with autism and a learning disability. The service is registered to support a maximum of 3 people. At the time of the inspection there were 3 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were supported to have maximum choice and control of their lives and staff sometimes supported them in the least restrictive way possible and in their best interests; however, systems in the service did not always support this practice. Best interest decisions were not in place for one person and the language used in their support plan may be interpreted in a restrictive way.

We made a recommendation about this.

Right Support: People had a clear communication plan detailing how best to support them. tailored visual schedules were in use to support their understanding. People were assisted with their medication in a safe and appropriate manner. Staffing was provided at safe levels that enabled people to access the community and activities with support from trained, competent staff.

Right Care: Care and support was person centred, and records reflected people's goals and outcomes. although these could be made more consistent. Staff training and supervision was relevant, we observed people positively engaged with the staff team and the atmosphere in the home was welcoming and warm.

Right Culture: Audits should be reviewed to ensure they capture all regulatory requirements and ensure risks are mitigated.

We made a recommendation about this.

The service had recently undergone considerable change in relation to transition and staffing changes. Now the staff team were more consistent and transitions for people undertaken, the registered manager spoke positively of embedding policy and practice regarding the areas for improvement we found. Staff told us they felt very supported by the registered manager.

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 and update

The last rating for this service was good (published 31 July 2018.) At this inspection the rating has remained the same.

#### Why we inspected

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

The overall rating for the service has remained as good.

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

We have made a recommendation relating to the Mental Capacity Act and also in relation to audit processes.

#### 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# River View

## 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.

#### Service and service type

River View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. River View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 unannounced.

Inspection activity started on 23 November 2023 and ended on 30 November 2023. We visited the location's service on 23 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We looked around the home and observed how staff interacted with people. We spoke with 3 people who used the service. We spoke with the registered manager, 2 team leaders and 3 support staff. We reviewed a range of records this included 2 people's care records, medicine administration records and 2 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records.

Following the inspection, we looked at a range of documents sent to us such as audits, meeting minutes and policies. We also spoke with 2 relatives via telephone and obtained written feedback from a professional working in the education sector.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Audits of medicines were in place. However, they did not highlight discrepancies found during the inspection process. This included a homely medicine that was not labelled with a date of opening and 1 gap found in recording administration. The registered manager responded immediately by ensuring the audit process was more robust.
- Staff involved in handling medicines were trained and assessed as competent to support people with their medicines.

### Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The system in place to record, investigate and monitor accidents and incidents, such incidents involving people's behaviour could be improved to show how risks were mitigated and lessons learned. The registered manager immediately agreed to take this forward.
- Staff understood people's needs and how to manage risks. Risk assessments were in place, which showed measures for staff to follow to ensure people were kept safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff managed the safety of the living environment by regular checks on equipment and drills to ensure people responded safely in the event of a fire.

### Staffing and recruitment

- People received flexible support and there were sufficient numbers of staff available.
- The provider was responsive to people's changing needs and sought support from other services where needed. We saw occupational therapy had recently been sought to support someone.
- Staff recruitment and induction training processes were effective. Staff we spoke with told us the induction training was thorough and they felt supported.

### Preventing and controlling infection

- Infection prevention and control systems were in place.
- The provider had a clear and detailed policy and procedures in place which had been regularly reviewed.
- Staff had access to supplies of personal protective equipment which they used appropriately.
- People were supported to keep their rooms and communal areas clean.

# 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.

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

In care homes, and some hospitals, restrictions on liberty is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

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

- An effective system to ensure the principles of the MCA were followed was in place for one person.
- Records for one person did not evidence that any decisions/restrictions made in their best interests had been reviewed in line with the MCA and the appropriate individuals had been involved.

We recommend the provider follows guidance from the MCA.

- The provider had worked well with partners to undertake supportive and effective transitions for people moving into and out of the service.

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

- People were supported to access health and social care services to meet their physical and mental health needs. People had health action plans which recorded details about their health and support needs.

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



- People were supported to eat and drink enough to meet their needs.
- People were supported to gain skills on the planning and preparation of meals.
- We saw people were encouraged to make healthy choices and to enjoy meals out in the community with the support of staff.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and well trained.
- Staff had been provided with training to meet people's specific needs.
- Staff told us they were supported and had regular supervisions.

# 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.

At our last inspection we rated this key question as good. At this inspection the rating has remained the same. 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 service had experienced significant changes over the last few months in relation to transitions and staff changes. The registered manager agreed that now things were more settled further embedding of systems for audits and records relating to peoples support could be actioned.
- People appeared happy with the staff supporting them. One person we spoke with said, "I like making my tea here."
- People were supported to plan outcomes that were clearly recorded. However, the discussions were not always consistent that people and their representatives were involved in them and varied in quality. The registered manager agreed to support staff with this to achieve better outcomes for people.

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

- The registered manager maintained clear oversight of the service. Processes were in place to ensure any concerns and complaints were investigated and responded to.
- The provider had a system of audits and checks to monitor the quality and safety of the service. We discussed some differences in audits to our findings around a small number of medicine records and incident records and the registered manager agreed to review audits to ensure recording across documents was consistent.

We recommend the provider strengthen their audit systems and embed them into practice.

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; Continuous learning and improving care

- The provider understood their duty of candour responsibilities.
- People and staff described the management team as always available and supportive. One staff member said, "Following my induction, I was prepared as I could be for the role and it was really positive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people and we saw recorded actions of changes they had implemented following feedback People and staff were involved in regular meetings and people spoke together about the rules for the house and how people wanted to live together.

- The service worked with education, health and social care professionals who were involved in people's care. We received positive feedback regarding how the service is responsive and communicate well from professionals.
- We received mixed feedback from relatives about communication. The registered manager said they would take appropriate action to address this.
- People were supported to maintain important relationships with family and friends.