London Borough of Merton

Riverside Drive

Inspection report

112 Riverside Drive
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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

Riverside Drive is a small care home which provides care and accommodation for up to eight adults. The service specialises in supporting people with learning disabilities. At the time of our inspection there were seven people living in the home.

At the last Care Quality Commission (CQC) inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they met the regulations and fundamental standards.

People continued to be safe at Riverside Drive. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of all staff.

The environment was clean and staff demonstrated good awareness of the importance of infection control and hygiene in the home. The premises and equipment were regularly maintained and serviced to ensure these were safe. Medicines were managed safely and people received them as prescribed.

People had a personalised support plan which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received training and were supported by the registered manager to help them to meet people's needs effectively. Staff communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services when needed. Staff encouraged people to participate in activities and to maintain relationships with the people that mattered to them.

Staff were caring, treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Checks and reviews of the service continued to be made by staff to ensure people experienced good quality safe care and support.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Riverside Drive

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 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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection took place on 9 March 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

People were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service, during the inspection we observed staff carrying out care and support and the way they interacted with people. We spoke with four relatives, four members of staff and the registered manager. We looked at three people's care plans, three staff files and other records relevant to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us people were safe at Riverside Drive. A relative said, "Yes, I feel [family member] is quite safe there." Another relative told us, "I've seen staff react quickly to situations. They're also good about cleaning up especially after mealtimes so that there is no food on the floor that people could slip on."

People continued to be protected from abuse or harm. Staff were trained in safeguarding adults at risk and in promoting equality and diversity within the service. This helped them to stay alert to signs of abuse or harm and the appropriate action to take to safeguard people. The registered manager worked proactively with other agencies when there had been concerns about a person's welfare, to ensure they were sufficiently protected.

Plans were in place to help staff reduce identified risks to people's health, safety and welfare. Risks to people due to their specific health care needs were assessed and reviewed. Staff were given guidance on how to reduce these to keep people safe whilst allowing them as much freedom as possible. For example where people were at risk of falls, there was guidance for staff on how to help people to move safely around the home and in the community. Staff told us in these instances measures they would take included keeping the environment free and clear of slip or trip hazards and encouraging people to use walking aids for extra stability and safety.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. We observed staff were visibly present and providing appropriate support and assistance to people when this was needed.

Since our last inspection, no new permanent staff had been recruited to work at the service. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of any new staff to support people. They also carried out criminal records checks at three yearly intervals on all existing staff to assess their on-going suitability. Checks were undertaken on staff with leave to remain and work in the UK to ensure these permissions remained valid.

The provider ensured the premises continued to be safe and hygienically clean for people. Regular maintenance and servicing of the premises and equipment was undertaken. We observed the home was clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

Suitably trained staff supported people to take their prescribed medicines. These were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets.

Good

Is the service effective?

Our findings

Relatives said staff were able to meet their family members' needs. A relative told us, "A lot of the staff have been there a long time and are very experienced. They are well aware of [family member's] needs." Another relative said, "They know [family member] quite well and what [they] need."

Staff continued to attend mandatory training in topics and subjects relevant to their work. The registered manager reviewed training to ensure staff were up to date with the knowledge and skills required for their roles. Staff received appropriate support from the registered manager through a programme of regular supervision (one to one meeting) and an annual appraisal of their work performance. All staff had been set objectives which were focussed on people experiencing good quality care and support, which met their needs. Staff said they were well supported by the registered manager to help them meet their objectives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the Act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink and given choice. People's records contained detailed information about their individual dietary needs including their specific likes and dislikes for meals and drinks. Staff were aware of people's particular likes or dislikes. Menus were discussed regularly with people and planned based on people's preferences. We observed when people wished to eat, staff offered choice and respected their decisions about what they wanted to eat. Staff recorded what people ate and drank to help them monitor people were eating and drinking enough.

People were supported to maintain good health. Staff ensured people attended their scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist healthcare needs. People's individual health action plans set out how staff should support them with their specific healthcare needs. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. When people were unwell or needed

additional assistance with their healthcare needs, staff sought prompt support from the appropriate healthcare professionals.

Good

Is the service caring?

Our findings

Relatives spoke positively about staff and said they were kind and caring. A relative said, "I can't fault them and yes they are kind and caring." Another relative told us, "Yes, they're kind and caring…they treat me like family."

People had complex communication needs. Information about people's communication needs and preferences continued to be well maintained. This meant there was up to date guidance for staff on how people wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support so that they could respond accordingly.

We observed positive interactions between people and staff. People responded positively to staff and appeared at ease when asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible. They gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff said they kept doors to bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about the people they supported, staff were respectful, discreet and knowledgeable about their needs, likes and dislikes and preferences for how they received care and support.

Staff were supported to encourage people to be as independent as they could be. People's support plans set out the level of support they required with the tasks of daily living. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence. Staff were instructed to support people to do as much for themselves as they could when undertaking tasks and activities and to only step in when people could not manage these safely and without their support. A staff member said, "Yes, I always try and encourage someone to try and do something first but when they need my help, I'm there to support them."

Good

Is the service responsive?

Our findings

Relatives were generally satisfied with the care and support received by their family members. They told us they knew how to make a complaint if they had any issues or concerns about this. One relative said, "I think [family member] has a good quality of life…I can talk to the manager openly if I'm concerned about anything." Another relative told us, "They try and make it as homely and comfortable as possible for [family member]. I went to the manager with one issue and they were quite good at dealing with this."

People continued to receive personalised support which met their specific needs. People's support plans were current and contained clear, detailed information about their life histories, their likes and dislikes and their specific preferences for how support should be provided. For example there was detailed information for how people should be supported in the morning to get ready for the day ahead. This included information about how they wished to receive personal care, the clothes they wished to be offered to wear and what they preferred to eat for breakfast. This ensured people received support that was personalised and focused on how their needs should be met.

The registered manager ensured people's support plans were reviewed with them annually or sooner if there had been changes to people's needs. Where changes had been identified, people's plans had been updated and information about this was shared with all staff.

People remained active and participated in activities and events to meet their social and physical needs. Relatives and staff told us one of the main improvements made by the registered manager in the last twelve months had been to increase the range of outings and activities that people participated in. People had a weekly timetable of planned activities that they wished to undertake. This included a range of social activities such as shopping trips, going for coffee or lunch, going to a disco or to the local day centre and day trips and outings, for example, to the seaside. Staff helped people to stay in touch with their family and friends. They maintained an open and welcoming environment within the home sand family and friends were encouraged to visit when they wished.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the home and used pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Good

Is the service well-led?

Our findings

Since our last inspection the provider had appointed a new registered manager for the service in May 2016. A registered manager is a person who has registered with CQC 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 new registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Relatives spoke positively about the registered manager and found them supportive and approachable. One relative told us, "[Registered manager] is very good. Very positive and takes action." Another relative said, "I get on with [registered manager] and think she's quite good. I don't have any problems with her."

Staff also spoke positively about the registered manager and their leadership of the service. The registered manager also had management responsibility for another of the provider's services. As a result their time was split each week across the two services. Staff told us when the registered manager was not at the home, they were easily contactable and accessible if they were needed. They told us there were regular team meetings where they were encouraged to contribute their ideas for changes and improvements that could be made to improve people's experience of the service. Records of these meetings confirmed this and also showed that information about people's care and support needs and any important changes within the service were shared and discussed by the whole staff team.

People's views about the service and how this could be improved were sought through residents meetings and during one to one's with their designated key worker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. We saw people's feedback had been used to make changes or provide support that people wanted. For example activities and outings were arranged based on people's specific preferences for where they wanted to go.

Records showed staff continued to make regular checks of key aspects of the service. We saw recent checks had been made around the safety of the environment, people's care records and medicines administration. When areas requiring improvement were highlighted, records showed the registered manager took appropriate action to address shortfalls or gaps in the service. In this way staff were ensuring people experienced good quality safe care and support.