

# The Riverside Group Limited

## Newton House

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on the 8 and 9 of September 2015 and was unannounced.

Newton House provides supported living for men over the age of 25 years who have mental health and substance misuse problems. The regulated activity is provided from 7am to 9:30 pm each day.

Newton House had a registered manager. 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.

People were not protected against being supported by unsuitable staff because robust recruitment procedures were not applied.

People were protected from the risk of abuse by staff who understood safeguarding procedures.

# Summary of findings

People were supported by sufficient numbers of staff who received appropriate training and had the right knowledge and skills to carry out their role. Their medicines were managed in a way that promoted their independence.

Newton House protected people's rights through an understanding by of the Mental Capacity Act 2005. People were supported to maintain their health through support in accessing healthcare.

People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence.

People received personalised care and support. There were arrangements to respond to any concerns and complaints by people using the service.

The vision and values of the service were clearly communicated to staff. Quality assurance systems were in place to monitor the quality of care and safety of the home. As part of this, the views of people using the service were taken into account and responded to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not fully safe.

People were not protected against the appointment of unsuitable staff because robust recruitment practices were not operated.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's medicines were managed safely.

Requires improvement



### Is the service effective?

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's rights were protected by management and staff's knowledge of the Mental Capacity Act (2005).

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Good



### Is the service caring?

The service was caring.

People were treated with respect and kindness.

People were enabled to express their views about their care and support.

People's privacy, dignity and need to maintain independence was understood, and promoted by staff.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support and were consulted to gain their views about the support they received.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



### Is the service well-led?

The service was well-led.

The vision and values of the service were clearly communicated to staff.

The service benefited from an accessible and approachable manager.

Good



# Summary of findings

Quality assurance systems which included the views of people using the service were in place to monitor the quality of the service.	
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# Newton House

## 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.

This inspection took place on 8 and 9 September 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with five people who use the service. We also spoke with the registered manager, the operations manager and two members of care staff. We reviewed

records for three people using the service. We also looked at six staff recruitment files. We checked the medicine administration records and medicine storage arrangements (MAR) for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

We received information from two social care professionals who had been involved with people using the service.

# Is the service safe?

## Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied. Three members of staff had been employed without checks of their conduct or reasons for leaving all of their previous employment which involved caring for vulnerable adults. The registered provider's recruitment procedures did not reflect the regulations relating to employment checks for staff working with vulnerable adults. The service had introduced additional checks at local level although these were still not enough to ensure robust recruitment. We were told by the area manager that the registered provider's recruitment policy was currently under review.

We found that the registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.

### **This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where relevant, information disclosed during a DBS check or information declared by the applicant was subject to consideration under a risk assessment process involving the manager and the applicant.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us following the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. They were confident that any safeguarding issues reported would be dealt with appropriately by the management. Information about safeguarding including contact details for reporting a

safeguarding concern was available for management and staff. People told us they felt safe and one person commented "they (the staff) come and check if you are alright".

Part of the assessment of the needs of people using the service was the identification of risks through a comprehensive risk assessment. This addressed risks in three areas, risk to the person, risk to others and risk from others. For example for one person a risk to the person of self neglect had been identified. Records showed risks and how they were managed were discussed with the person, a member of staff and a manager. One person told us how staff would always check the temperature of the water when supporting the person to have a bath.

The service demonstrated how it responded to an incident in 2015 when a person was admitted to hospital following an error when they were given their medicines. The incident had been investigated and the findings had resulted in improvements to storage more in keeping with the nature of the service provided, safer and supportive of people's independence. Potential risks to the delivery of the service had been identified and a plan put in place to manage any major failure in providing the service caused by fire or other disaster.

People told us they felt there were enough staff to meet their needs. One person said "Staff are there when you need them". Another told us when they used the call bell, staff were "up here like a flash". The registered manager explained how the staffing was arranged to meet the needs of people using the service. Staff known as locums were available to cover absences when required. Staff told us they felt staffing numbers were sufficient and safe.

People's medicines were managed safely. People were assessed for the level of support they required. Where people did not look after their own medicines they told us they were given these on time. Appropriate storage arrangements were in place for people's medicines both in their rooms and those looked after by the service. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Medicine audits were completed once a fortnight.

# Is the service effective?

## Our findings

People using the service were supported by staff who had received suitable training for their role. People confirmed staff knew what they were doing when giving care and support. One person commented “they get quite a lot of training”. Another described staff as “all in order”. Staff gave examples of training they had received such as first aid, fire safety and health and safety. They told us they felt the training and support provided by the service was enough for their role. One staff member commented that management were receptive to suggestions for additional training relevant to the needs of people using the service. Information given to us following the inspection visit confirmed the training staff had received. Some training was appropriate for the specific needs of people using the service such as substance abuse. The PIR stated “We source specialist training as needs arise, for example recently we have sourced training on legal highs as this is a recognised trend amongst service users.”

Recently employed staff including those we spoke with had started the new Care Certificate qualification which formed their induction to their role in providing care and support to people. The registered provider had been involved in piloting the Care Certificate. Staff received monthly supervision meetings with management covering training, the practice of staff and offering feedback. Staff also received an annual appraisal. Where shifts needed covering, the service worked to ensure people received support from staff they were familiar with by the use of a group of staff employed to be available to provide cover known as locum staff.

We discussed the Mental Capacity Act 2005 (MCA) with the registered manager. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. At the time of our inspection there were no examples of the current use of the MCA for people using the service. The registered manager described how consideration was given to people’s mental capacity in relation to receiving the service initially. All staff had received training in the MCA. When commenting about the service, a social care professional told us “I have found that they have a very good understanding of the MCA.” The PIR stated “Staff are all trained to meet the requirements of the Mental Capacity Act 2005 and its main codes of practice.”

Newton House was not responsible for providing food to people using the service. However drinks were provided and facilities for making these were available in communal areas. Based on need, some people were served drinks in their individual rooms.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. Staff supported people by maintaining an oversight of their health needs and accompanying them on healthcare appointments where appropriate. One person told us how they received visits from the optician and the chiropodist. Another praised the support they received from staff to attend appointments with their GP. People’s care and support files contained information about their physical and mental health needs for staff reference. We saw one example of how staff concern about weight loss for one person had resulted in a GP appointment and a prescription for dietary supplements.

# Is the service caring?

## Our findings

People we spoke with confirmed staff were kind and caring, one person described staff as “lovely” and commented “they help you a lot”. Another person stated “they treat you with respect”. The attitude of staff was described as “fine”. One person said “the staff are quite nice I like them all”. Care and support files contained information about people’s preferences, personal histories and beliefs where appropriate. For example the religious background of one person and how their needs may be met when they chose to follow their beliefs. The approach to providing a caring service was an expectation of the registered provider. Regular survey forms were used to monitor people’s experiences of being treated with kindness, compassion, dignity and respect. Staff told us there was an expectation that they should be professional in their approach to people using the service and others.

People were involved in making decisions about their care and support. People we spoke with confirmed they were aware of their care and support plans and recalled being shown these by staff. One person confirmed they had been involved in a review of their care plan. Another person commented how the member of staff assigned to work with them kept in regular touch. Information about advocacy services was available to people although at the time of our inspection there was no use of advocacy services. The PIR stated “service users are informed about advocacy services and we actively support their use”.

Responses to a recent satisfaction survey had identified people wanted more information about advocacy services. The service had responded by providing more information about advocacy services to people.

People’s privacy and dignity was respected and promoted. We observed staff treating people respectfully during our inspection visit. People we spoke with confirmed that staff knocked on their door before entering their room and this was the practice we observed during our inspection. Staff gave us examples of how they would respect people’s privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. One staff member commented that it was important to “make sure people were comfortable with who was giving personal care to them”. People were aware they could express preferences about the gender of staff giving personal care although those we spoke with had no preference. Staff had received specific training in privacy and dignity.

Specific information was recorded in support plans about how people maintained their independence and factors that may limit their independence. Staff recognised the importance of promoting people’s independence and avoiding doing tasks for people they were able to carry out themselves. One person we spoke with maintained their independence with shopping by buying goods on line and arranging for delivery including some grocery shopping.



# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of personalised care and how this would be provided. They recognised the importance of involving people in decisions about their care and support and of giving them choices. People's support files contained personalised information to guide staff in providing care and support such as well as things they enjoyed doing, people important to the person and information to help staff understand a person's feelings and emotions. Information was included on how a person preferred to spend their time on each day of the week for example for one person's plan recorded "I like to have a lazy day on a Sunday. I listen to the radio in the morning and have my medication". Plans also recorded important things to the person such as "being listened to about my care". Where appropriate people's plans for the future were recorded such as one person who had a desire to move back to a place they had lived previously.

Newton House communicated with professionals acting on behalf of people using the service. Two social care professionals commented positively about the support given to people they had referred to the service and the communication they received. One commented "Newton keep me updated and request new care plans when any change takes place". Another told us "I have found the staff communicate well with me and other professionals in a

timely and appropriate manner". The importance of others in supporting people was recognised and information was recorded for staff reference in the 'My circle of support' section of people's care and support plans.

There were arrangements to listen to and respond to any concerns or complaints. The registered provider's complaint information leaflet including a complaint form was available for people using the service. Information from the PIR indicated no complaints had been received about the service provided in the twelve months prior to our inspection. However we found one example of a complaint from a person using the service which had been recorded on an incident form instead of a complaint form. We discussed this with the registered manager who investigated and confirmed that the person's complaint had been discussed with them by the deputy manager at the time and there was no wish to take it further. People we spoke with were clear about how to make a complaint and staff we spoke with were clear about the procedure if a complaint was received.

Tenant's meetings were held for people to discuss their experiences of the service provided. Some people chose not to go and attendance was low. However people we spoke with who did attend the meetings were positive about them and described how important it was to attend. One person told us they were "one of the few that does go" and said "you have to go for your own sake".

# Is the service well-led?

## Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. For example “respecting every individual” and “working together”. These were clearly communicated to staff with the eight values of the service forming the basis of annual staff appraisals. Staff were required to comment on their performance in relation to each of the values of the service.

Staff demonstrated an awareness of whistleblowing procedures within the provider’s organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The service had a registered manager who had been registered as manager of Newton House since June 2015. They had worked at Newton House for a number of years before taking up the manager role. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by a deputy manager.

The registered manager was visible, accessible and approachable to people using the service. People using the service and staff confirmed this. People were used to seeing the registered manager around and knew where to find him if they needed to. One comment about the management from staff was “they are quite open to new

ideas, they are always there if you need them”. People using the service were positive about how the service was managed, one commented “it is well run”. Newton House had received a national award for 'Specialist landlord of the year' for 2014 which was awarded for the personalised approach to providing care services for people with complex and chaotic lifestyles within the housing sector.

People benefitted from checks to ensure a consistent service was being provided. Surveys were carried out every three months and sent to people using the service, health and social care professionals and staff. Feedback from surveys was examined and presented in a report with points for action noted. The survey results for people using the service included a record of action completed in response to the findings. There were no responses from surveys sent to professionals.

A comprehensive service improvement plan was in place based on the five key questions we ask about services. The plan identified points for action assigned to an individual and with a completion date.

A series of audits were in place to check the quality of the service provided. These included audits on people’s care files and checks on staff’s interactions with people. Audits of people’s files were detailed and recorded the feedback given to the staff with responsibility for maintaining the file. In addition a series of regular meetings provided an overview of the service. For example the agenda for care management meetings included safeguarding, incidents and accidents and complaints and compliments.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.</p>