Care Quality Commission

Caulfield & Gopalla Partnership

Riverside House

Inspection report

337a Seven Sisters Road, Finsbury Park, London, N4 1QR
Tel: 020 7503 5978
Website: www.example.com

Date of inspection visit: 30 September 2015
Date of publication: 20/11/2015

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 30 September 2015 and was unannounced. The last inspection to this service took place on 25 June 2013. At our last inspection we found that the provider was meeting all of the regulations we checked.

Riverside House is a specialist service offering care and support to nine people who have mental health needs and have a forensic mental health history. The provider offers accommodation, supervision and support for people preparing to live within the community.

There was a registered manager in place. 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 who used the service said they felt safe and knew who to approach if not. There had been no allegations of abuse in the past year. Staff understood how to safeguard the people they supported and knew what procedures were in place if they had concerns.

Medicines were safely managed and people received their medicines as they needed.

Summary of findings

Risks to people were carefully assessed, recorded and included in individual care plans. Staff were knowledgeable about the risks to individuals and skilful at working with people to minimise those risks.

There were sufficient numbers of staff to meet people's needs. All staff were vetted prior to commencing work and essential recruitment documents and records were in place.

Staff were knowledgeable about the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and procedures were in place in relation to the Act.

Staff used their knowledge about the needs of individuals to support people effectively and received support, training and supervision as they needed to help with this.

People were supported with their dietary needs effectively.

The provider worked in partnership with health and social care professionals to promote and optimise the health and wellbeing of people .

People were supported by kind and caring staff. They said that staff were always there and were approachable whenever they needed to talk.

People were involved in decisions about their care and treatment. They were treated with dignity and respect and their views were taken into account when developing what support they received.

People's needs were assessed prior to their admission to ensure they received the right care and support.

Whilst care plans identified actions to meet needs, care plans developed did not always clearly state how rehabilitation and recovery goals would be achieved. However, people were supported to develop their skills and abilities, and to pursue their personal interests.

A complaints procedure was in place. People who used the service knew how to complain and said they had no complaints. Where issues or shortfalls were raised these were promptly addressed.

People using the service and staff told us there were good management arrangements in place. Staff said they felt well supported and there was good leadership.

There was a system of regular audits to check that policies and procedures were being implemented correctly.

The structure within the service for decision making and accountability made sure that people's care and support needs were met consistently.

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?

Good

The service was safe. People who used the service said they felt safe and knew who to approach if they did not. There had been no allegations of abuse in the past year. Staff understood how to safeguard the people they supported.

Medicines were safely managed and people received their medicines as they needed.

Risks to people were carefully assessed, recorded and included in individual care plans.

There were sufficient numbers of staff to meet people's needs. All staff were

vetted and essential recruitment documents were in place.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the principles of the Mental Capacity Act 2005 and related procedures were in place.

Staff knew the needs of people who used the service and received support, training and supervision to help with this.

People were supported to meet their dietary needs.

Joint working with other health and social care professionals was effective to promote and optimise the wellbeing of people who used the service.

Is the service caring?

Good

The service was caring. People were supported by kind and attentive staff. People said that staff were always there and approachable if and when they needed.

People were involved in decisions about their care and treatment. They were treated with dignity and respect and supported to meet their individual needs.

Is the service responsive?

Requires improvement

Aspects of the service were not responsive. People's care plans did not always clearly state how people would achieve their care plan goals. They were supported to develop their skills, abilities, and pursue their personal interests.

People's needs were assessed prior to their admission to ensure their needs were known and they received the right care and support.

People knew how to complain and had no complaints. Where issues or shortfalls were raised these were promptly addressed.

Summary of findings

Is the service well-led?

Good

The service was well led. People who used the service and staff told us there was good management support in place.

There was a system of regular audits to check that policies and procedures were being implemented correctly.

The structure within the service for decision making and accountability made sure that people's care and support needs were met consistently.

Riverside 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 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 inspection took place on 30 September 2015 and was unannounced. It was carried out by one inspector. Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

To conduct this inspection we spoke with four people who used the service, four staff, who were the registered manager, deputy, assistant managers and a support worker. We also received feedback from a social care professional. We looked at four files of people who used the service, four staff files, records and documents relating to the management of the service. We attended a staff handover meeting and also observed the interaction between staff and people who used the service.

Good

Is the service safe?

Our findings

The four people we spoke with told us they felt safe. One person said, "I would tell staff or call the police if I felt unsafe." Another person told us that they did not feel comfortable with the behaviour of one other person towards them who also used the service. They said they told the registered manager who spoke with the person immediately after, which they felt safer and more settled.

There had been no allegations of abuse reported to CQC or recorded in the service. The registered manager confirmed there had been no allegations made in the last year. There were policies and procedures in place to safeguard people from abuse. Staff discussed safeguarding issues and types of abuse with individuals and encouraged people to report any concerns they had about their own or other people's safety. This was evident in records of newly admitted residents and in key worker meeting notes.

Staff told us they had completed safeguarding training, which was also included as part of their induction. They could identify types of abuse and understood how to safeguard the people they supported. One staff member told us, "Generally the place is well managed and everyone feels safe."

Medicines were managed safely and people received their medicines as they needed. Staff supported people to take their medicines only when they had received appropriate training. Some of the people who used the service took medicines which were important for managing their mental health. These medicines had significant potential side effects which meant that staff had to monitor people closely so they could report any concerns to the appropriate healthcare professionals. For this reason staff were provided with specialist training, to be familiar with the effects of the medicines and had to demonstrate competence before being able to administer them. One recently recruited staff member confirmed that they were still in the process of learning about the management of these medicines. They told us they were still shadowing trained staff until they were assessed as competent to provide this support themselves.

Medicines administration records were in good order. We saw one discrepancy where a code was used without explanation as to what the code meant, however this was the only omission. We pointed this out to the registered manager who noted this to follow up. There were no controlled drugs being used at the service. People received their depot injections in external clinics or from visiting clinicians. Medicines were audited on a daily basis by each team who came on duty so that any errors could be picked up straight away. The registered manager also completed one to two monthly audits of medicines procedures or more often as required. Boots pharmacy who provided the medicines also conducted a full annual audit of the management of medicines in the service, as well as training.

Risks to people were carefully assessed, recorded and included in individual care plans. For example, the risks posed to one person going out unaccompanied included actions for staff about how to manage this risk. This was by using the least restrictive option to them whilst ensuring they were safe when out on the street.

We attended a staff handover meeting on the day of our inspection. During this meeting staff including the managers were very knowledgeable about the risks to individual people. They discussed changes in people's behaviour that indicated a deterioration in their mental health and decided on an appropriate course of action to support the person to help prevent a further decline in their mental health. This showed that staff were able to effectively use their knowledge about people and the risks to them in order to avert potential dangers to their mental health and to keep those individuals and others safe.

There were sufficient numbers of staff to meet people's needs. We looked at the staff rota which showed there were a minimum of three staff on duty each day shift but usually four or five staff, including the registered manager. People who used the service said staff were always available when they needed support. All staff were vetted prior to commencing work at the service. Criminal record checks were completed for all staff and evidence of other essential recruitment checks available, including proof of identification and two references.

Good

Is the service effective?

Our findings

People who used the service told us that staff were familiar with their needs and how best to support them. For example, one person said, "They know what to do. They know you well." One person told us they had difficulties with the way staff were supporting them. We spoke with the registered manager who advised us that they were aware of the individual's views and that he had spent an hour on the same morning discussing these with the person. We saw that this conversation had been fully recorded in the person's file including the registered manager's response to the individual in relation to their health and wellbeing. We were satisfied that they had taken appropriate action to address the person's needs and concerns.

Staff were able to obtain qualifications relevant to their role. Records showed that all support staff had completed national vocational qualifications and one newly recruited staff member was undertaking the Care Certificate. There are 15 standards within the Care Certificate which cover a wide range of subjects and topics. Skills for Care recommend that a new full time employee should complete the Care Certificate within 12 weeks of starting their new role. Staff received mandatory and specialist training to equip them with the knowledge and skills they needed. Records showed that topics included health and safety, first aid, food hygiene, infection control, communicating effectively, safeguarding adults and medicines. Senior staff also provided internal training around mental health issues affecting the people who used the service. More recently staff had been able to access further mental health training through an online learning package.

Staff told us they received an induction to the service and their role and had regular supervision. Records of supervision meetings showed that supervisors checked where staff needed additional advice, training and support. Staff said they felt very supported by their manager and felt equipped to do their roles.

The Care Quality Commission is required by law to monitor the operation of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the MCA principles and followed policies and procedures to assess and support people who lacked the capacity to make decisions about specific issues. One staff member told us that people who had capacity were able to make their own decisions but that for others, capacity needed to be assessed. They said applications may need to be made to deprive individuals of their liberty to keep them safe if they were unable to make a particular decision. An authorisation had recently been granted to deprive one person of their liberty in relation to their placement, in order to keep them safe. The provider was clear about their responsibilities in relation to supporting the individual and was monitoring this.

People who used the service chose what they ate each day and staff encouraged them to maintain good nutrition and to adopt healthy eating habits. Staff encouraged people to prepare food independently and gave support and supervision as needed. Staff supported a person who was diabetic and a person who was on a weight loss programme. Their needs were clearly recorded in their individual care plans and observations recorded in their daily records to ensure that any concerns or changes were identified and their nutritional needs met.

Effective joint working took place with other health and social care professionals to monitor the health and wellbeing of people who used the service on an ongoing basis. Staff were skilled at identifying any changes in individual needs and promptly made referrals to specialist services when required. The provider kept records of all contact with other professionals, including those in forensic mental health services. The majority of people were under a Care Programme Approach (CPA) after being discharged from hospital. This meant they had regular contact with a care coordinator, who could be a social worker, community psychiatric nurse (CPN) or an occupational therapist. They reviewed people's circumstances and worked with them to plan how their needs would be met. We saw there was regular contact with care coordinators, consultant psychiatrists, approved social workers, hospital and community health teams. As a result people who used the service had access to further medical or therapeutic assessment and treatment as and when they needed to promote and optimise their health and wellbeing.

Good

Is the service caring?

Our findings

The service was caring. People were supported by kind and attentive staff. They told us that staff were always there and approachable if they needed help with any problems. One person said, “Staff are nice. I don’t always feel like talking and they respect that. They always say if you ever feel you want to talk another time or the next day, I can.”

People were involved in decisions about their care and treatment. One person said, “They ask me what help I want first before they do jobs.” Another said, “They show you how to do things and they help you when you feel down.”

The service contract, signed by people who used the service, made clear what was and was not included as part of the service, such as provision of personal care, food, heating and lighting. The contract stated that people were able to bring their own possessions and furniture if they wished.

When a person was admitted to the service staff went through a ‘welcoming a new resident’ admission checklist, an opportunity for people to get to know the person and for them to get to know staff and the house. The checklist reminded staff to introduce themselves and others, explain their role, offer the person a drink, ask them if they were happy with their room and furnishings and ensure appointments were diarised. The person was orientated to the house and facilities. Staff ticked each of these tasks to confirm when they had completed them.

A key worker system provided people with regular one to one support with a named person. People told us this was something they valued. Staff told us they used the sessions to engage people in a discussion about how they thought they were doing in relation to their care plan. Records showed that people had the opportunity to tell staff if they needed any additional support, if they felt they had progressed or if there were any changes in their needs. This helped people to be involved in the development and review of their care plans.

People said being involved in their care planning worked well for them. Their preferences, interests, aspirations and diverse needs had been recorded and care and support provided in accordance with people’s wishes. People’s rooms were personalised with their own belongings and according to their interests. One person attended a substance misuse group and discussion groups in the community. People’s spiritual needs were recorded and support provided for people to practice their faith.

We observed staff engaging people in conversations, speaking politely and with care, and were quick to respond when people requested help.

Staff were aware of when people wanted or needed space and took direction from the person, respecting their wish to engage in conversations or not, including whether they wished to speak with the inspector. Staff were sensitive to people’s needs and wellbeing and gently encouraged people to engage with their support and treatment plans. Staff displayed their skill and experience in successfully encouraging one person to take their medicines. This had helped to prevent any further deterioration of the person’s mental health due to continued non-compliance with their medicines.

Staff were aware of people’s fluctuating moods, communication needs and how best to engage them. Observations of people’s behaviour and their comments about how they were feeling were recorded, monitored and discussed among the staff team on a daily basis. This helped staff to respond to people appropriately and to target the support they were able to offer.

People's privacy and dignity was respected. One person told us, “If you want to talk to someone, you can go to the office or your room privately to help you maintain your privacy.”

Staff did not enter a person’s bedroom without their permission, unless there were concerns about their safety and this was agreed and/or it formed part of an individual’s support plan. The majority of staff were male and where people required support with their personal care, a member of staff of the same gender was able to support them.

Requires improvement

Is the service responsive?

Our findings

Aspects of the service were not responsive. Whilst people were supported and care plans identified actions to meet needs, the care plans that were developed did not always include specific detail about how people could reach their rehabilitation goals. Therefore staff did not always have detailed information to enable them to measure people's progress towards achieving their goals. The use of 'staff encouragement' as an action was not further defined and it was not clear in which way staff should encourage people and how often, for example, in a measurable way or in a way that could be tracked and monitored. However, it was evident that people did make progress following the input they received from staff. For example, one individual had been supported to improve their communication skills and other individuals had improved their independent living skills to prepare them to move into semi-independent living.

Each person's care plan included details of their named key worker, area of care and support, how to achieve this, aim of the support and date of care plan review. People were encouraged to pursue and develop their skills, abilities, and personal interests. For example, to improve the skills they would need to live independently, they received support with budgeting, shopping, cleaning, cooking, laundry and personal care. We saw that support levels varied and were tailored to meet people's individual needs. Some people were independent in aspects of daily living, for example, bringing in their own food and cooking their own meals.

People's needs were assessed before they moved into the service. The assessments included information about the individual's past history and present needs. This helped to give a comprehensive picture of the person to make sure they received the right care and support.

Physical and mental health needs were clearly recorded in care and health action plans. These corresponded with the daily logs written by staff to show what action they took to support people.

One person told us that staff encouraged them to go for walks and increase their exercise as part of a weight reduction plan and said they had made some progress with this. Records showed discussions about this with the person, involvement and advice from a dietician and that staff regularly monitored the person's weight.

People were encouraged to take part in activities inside the home and out in the community. One person who was attending college said that staff helped them with their studies. Other people said they liked to play pool with staff, basketball or football or take part in community and discussion groups. Whilst staff offered people a choice of activities, lack of motivation among people who used the service was a key feature associated with their mental health and staff made ongoing attempts to address this. Conversations encouraging people to participate in activities were noted, such as in monthly key worker records.

Concerns and complaints were well managed. The registered manager told us that if there were any issues, people who used the service could discuss these informally at any time, action was then taken, which meant a complaint was often avoidable. For example, where one person felt they required more support, the registered manager had met with the person about this and discussed their support needs and mental health with them. The registered manager had taken steps to address the person's needs.

Although there was a system in place to record and investigate complaints, the registered manager told us that none had been received since the last inspection. One person who used the service told us "I like living here, I don't have any complaints. I would tell staff if I did or the manager." Other people also said they had no complaints.

Good

Is the service well-led?

Our findings

People who used the service and staff were asked for their views about their care and treatment and they were acted on. People told us they were happy with the way the service was managed and made particularly positive comments about the registered manager who they said was very helpful. For example, "[The registered manager] is the best. Any worry or problem he will sort things out." One person said, "The other managers are good too. You can talk to any of them." All staff we spoke with were also highly positive about the management and support they received. A staff member said, "I really like working here. [The registered manager] is very good to me and whenever I go to him he really helps me."

Staff said people preferred not to use questionnaires and chose to share and raise their issues and experiences in monthly residents meetings instead. These were held regularly and the records showed that staff listened to people and took action to resolve the issues raised.

Staff told us that monthly staff meetings took place and we saw records that confirmed this. Staff said they could comfortably raise and discuss issues at the meetings and knew that they would be listened to. In recent meetings staff had discussed issues relating to health and safety, quality control and compliance and team work. Staff made positive comments about working as a team. The managers provided appropriate leadership, reminding staff to follow the policies and procedures of the home, for example, in relation to food safety, food temperature readings and cleanliness.

Staff confirmed that senior managers from the organisation came to visit to check how all were doing. The registered manager said the same senior staff had been visiting for a long time and knew the people who used the service very well, which helped them to better assess how the service was doing.

A recent 'person in control' visit report showed that staff were happy with conditions of work; there were no concerns from them or people who used the service, who said they were happy with their care. The visits included audits to ensure that processes and procedures were being followed and checked that key records and documents were in place. However, we found that quality monitoring did not provide an overall analysis of the quality of service, or clearly indicate plans for how the service would improve and develop,[EP1] taking into account ongoing quality audits and the views of people who used the service, relatives and care professionals.

Records of meetings with professionals provided evidence that professionals held positive views about the service in relation to the support people received. We asked the registered manager about what other feedback they had received from people using the service, relatives and professionals about the quality of the service. The registered manager told us that any visitors to the home were asked to make notes about their visits. Many people did not have contact with relatives, so it was usually professionals who wrote notes. However, these notes were more specifically about the routine work of professionals and did not include their views about the quality of the service overall.

The registered manager showed us a positive appraisal review of their performance written by senior managers of the organisation by way of quality analysis.

The provider had fulfilled their legal responsibility to report significant incidents affecting the welfare of people who used the service to the Care Quality Commission (CQC) as required. The CQC had received four notifications of this kind. Records showed that the details were recorded and appropriate action taken to keep people safe. Through both examination of records and our observations on the day, staff showed that they acted appropriately to maintain the safety and wellbeing of people.

We saw records of regular audits to ensure the safety of people who used the service, for example, portable electrical appliance testing. A variety of potential hazards in the environment had been assessed in addition to inspections from the local authority environmental health team. The provider scored a high rating at the most recent visit in relation to health and safety issues. The fire authority visited yearly and were satisfied with fire alarm testing, equipment and drills which took place every three months. There were visits from the local authority contract monitoring team and action taken after the visits to meet recommendations, one of which had been to put in place a suggestions box, which was available during our visit.

Good

Is the service well-led?

The assistant manager was responsible for auditing care plans prior to their supervision with staff. We saw that the audit checks were placed in the front of files showing where any records or documents were missing so these could be discussed with staff and put in place.

There were comprehensive updated policies and procedures available for staff. The managers of the organisation met and reviewed the service provision every six months for forward planning. The structure within the service for decision making and accountability made sure that people's care and support needs were met consistently.