Leonard Cheshire Disability

Riverview Community Support Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this announced inspection between 24th and 27th September 2018. We last inspected this service in October 2018. At that inspection we found the service was meeting all of the fundamental standards that we assessed.

Riverview Community Support Service currently provides personal care to people living in their own homes. The service is managed from offices close to the centre of Kendal. The agency provides domiciliary care to people living in the South Lakes and Furness districts of Cumbria. This service will be ceasing in the near future and the seven clients currently receiving a service have been given notice. It is anticipated that this service will cease by the end of October 2018. Leonard Cheshire will continue to provide a supported living service to a number of people living in Kendal. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not. People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last comprehensive inspection in October 2015 we rated the service as "Good". We however, made recommendations for improvements during this inspection. We noted that risk assessments lacked detail for staff on how to stay safe when dealing with some clients and their visitors. During this inspection, we also noted that all documents were not signed and dated and adequate attention was not paid to staff safety during their shift. Staff training records were not all up to date and in addition no registered manager was in post. As a consequence of these deficiencies people may be at risk of harm or of not receiving appropriate care.

The service does not currently have a registered manager in post. The previous registered manager left the service in March 2018. 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.

Riverview Community Support Service is currently being managed by a registered manager from another Leonard Cheshire Service who therefore has responsibility for two services. We were told a new manager had been appointed and was due to take up post on the 10 October 2018, however when we spoke to the staff they were unaware of this and felt this added to the feeling of unsettlement.

Some staff we spoke with said they felt anxious about the service provided and that morale was low. We observed staff trying to support people in a caring and patient way during the inspection; however, staff told us they felt unsupported and communication the management was poor.

The service was supporting some people with complex needs which had the potential to put staff at risk.

Support plans and risk assessments lacked the detail required to ensure staff knew how to mitigate risks and keep themselves safe whilst supporting some people.

We have made a recommendation about this

Some staff files did not contain up to date training records however a separate record is maintained by the administrator that details all the training undertaken by individual staff members.

Support workers were carefully recruited. There was a recruitment procedure and staff records contained evidence that essential checks had been carried out prior to care workers starting work. There were enough support workers deployed to meet people's needs. Any shortfall in staff was covered by agency staff.

Medication was stored safely and staff said they had training in safe ways to support people to take their prescribed medication.

The service had a complaints procedure. People and their representatives knew who to complain to if they had concerns. The service had received a number of concerns from an anonymous source from who / where in recent months. They have been referred appropriately to local safeguarding teams and the management of the service had cooperated in the investigations.

Not all records and correspondence were signed and dated which made it difficult to establish what was current information.

The service responded in an open and transparent way when things went wrong, so that lessons could be learned and improvements made.

People were supported to eat and drink enough. People were actively involved in choosing what they ate and preparing their own meals. Risks to people with complex eating needs were understood by staff.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

Staff provided care and support in a kind and compassionate way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were not accurately assessed and managed which placed support workers and others at risk.

Recruitment procedures ensured staff were safely employed and did not pose a known risk to people who used the service.

The provider had a contingency plan for the unforeseen absence of regular staff and there were sufficient numbers of suitably trained and experienced staff to provide appropriate cover arrangements.

Medicines were managed safely.

Staff were trained in keeping people safe from abuse.

Staff were trained in infection control and understood their responsibilities to protect people from infection.

Is the service effective?

Good

The service was effective.

Staff felt sufficiently trained and supported in their role.

People were fully involved in managing their own meals, including menu planning, shopping and cooking, with support where necessary.

People had access to health and social care professionals

Is the service caring?

Good

The service was caring

People and staff enjoyed friendly, appropriate, supportive relationships.

People's independence was promoted, such as travelling to the shops and taking part in activities of their choice.

People were encouraged to make all their own decisions and choices about their daily lives

Is the service responsive?

Good

The service is responsive

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager in post.

Quality assurance audits were carried out comprehensively to identify where improvement in the quality of care was required.

People were happy with the service they received and felt the service was well led.

The provider worked in partnership with other agencies for the benefit of the people using the service.

Riverview Community Support Service

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.

The inspection took place on 24 and 27 September 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

The inspection was carried out by one adult social care inspector.

The service provided care and support to ten people living in the supported living scheme and seven people living in the community. We spoke to two people being supported, two relatives, seven staff and the manager.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This 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.

Before our inspection on 21 September 2018 we completed our planning tool and reviewed the information we held on the service. We also received feedback from two of the local authorities who have a quality monitoring and
commissioning role with the service. We obtained further feedback from two health and social care

professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people and this included their medicine administration record (MAR) charts. We examined three staff recruitment records, supervision, staff training and induction records. We checked the audits, policies and procedures and support plans and risk assessments.

Requires Improvement

Is the service safe?

Our findings

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. Team leaders and support staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A number of safeguarding concerns were notified to us and referred to adult safeguarding team. The service had co-operated with the investigations and details of the investigations were available at the service. We had also received feedback from a social care professional that they had been satisfied with the action taken by the service regarding a safeguarding incident.

We looked at three staff recruitment files and found that they included all the required recruitment checks This ensured the employer had sufficient information to assess the employees suitability. We saw that staff had been asked to provide documentation prior to starting their employment and that all employees had been checked by the Disclosure and Barring Service (DBS) to ensure that there was no reason that they should not be employed in a caring profession, such as a criminal record or being barred from providing care to people. Identity checks for employees were in place alongside the correct documentation related to citizens from overseas working in the UK.

We found risk assessments did not always provide accurate and up to date information about how to manage an identified risk. Staff were encountering anti social behaviour by some people using the service and some visitors entering the building. This behaviour put other people using the service, staff, other professionals and at times members of the public accessing the building at risk. Health care professionals told us that whilst they still offered care and support they had refused to enter one person's accommodation due to the risk to their personal safety. We were told by health care professionals, "I still feel staff and neighbours can be at risk." The risk assessments must contain the action to take to manage and mitigate the identified risk.

We recommend that risk assessment's include details of the actions to be taken by staff should they feel unsafe or encounter anti social behaviour.

We saw that there were enough staff to ensure people were mostly supported by a stable staff team who knew them and their needs well. One relative told us, "The staff are marvellous, we have never had a problem." We asked one relative if support workers stayed for the full length of the care visit and they told us, "Yes they have been absolutely great, they provide a wonderful service, I don't know what we would do without them.". Team leaders told us that any gaps in the rota have been covered by agency staff. This was confirmed by staff and by an agency member of staff that was on duty during the inspection. The agency member of staff said, "She works regularly at the service and knows the people who require support."

The service had a medicines policy which provided guidance to care workers. There were suitable arrangements for the recording, storage, administration and disposal of medicines.

Support staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They were aware about the importance of preventing germs from spreading and avoiding contamination, in terms of washing their hands or using protective equipment, such as gloves before providing personal care and cooking. Team meetings and supervisions were also a vehicle for reminding staff the importance of protecting themselves and others particularly needle stick injuries.

Overall, the service took positive action to ensure that lessons were learned and improvements were made when things went wrong. The manager explained that since the previous registered manager left the service and the staff group had gone through many challenges and changes. A number of staff had been dismissed and a number had also left. He said he believed the service has now come through this period and is now looking forward to having the new registered manager in post. Some staff spoken with still expressed some uncertainty and felt unsettled. Whilst they were unaware of a new manager being appointed they did feel it was a positive move and would provide the stability needed.

Good

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. Relatives told us, "The staff are marvellous." A person who used the service "I get everything I need but sometimes staff are not patient".

Staff told us they generally felt supported in their roles. We were told that the changes have had an impact, the changes had improved the way the service was run and the service the people receive but we still have some way to go. When staff began to work for the provider they received an induction during which they were made aware of the provider's policies and procedures. New staff always shadowed an experienced member of staff until they felt confident and competent. There were always two members of staff on duty to ensure that people with complex needs can have their needs met.

Records confirmed that staff received regular supervision. Records also showed that most staff had completed mandatory training which included health and safety, infection control, equality and safeguarding adults. Staff had also received training relevant to people's specific needs for example communication and behaviours that challenge. However some staff files did not include up to date details of training undertaken by each member of staff.

We saw evidence that people's needs were assessed and information provided by local authorities and where appropriate the NHS on the person's needs prior to care commencing. The information was used to develop the plan of support.

Where people had specific needs such as requiring a hoist to aid movement we found that staff were knowledgeable on this. A health care professional said the staff are always willing to learn and were keen to attend some specific training for a person who was receiving a new electric wheelchair.

People were fully involved in arranging their meals, including menu planning, shopping and preparing meals, wherever their capabilities allowed. Staff encouraged people to understand the impact of a healthy lifestyle on their nutritional well-being. A relative described how their loved one went shopping and what they liked to buy. Support staff helped with menu planning. Each person purchased their own food at their own preferred grocery shops.

Staff supported people to access healthcare appointments if needed. The staff liaised well with health and social care professionals involved in people's care if their health or support needs changed. Records of health care appointments were kept in people's files explaining the reason for the appointment and details of any treatment required.

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 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. We checked whether the service was working within the principles of the MCA. The acting manager told us that when they had concerns regarding a person's ability to make a decision they would always hold a best interest meeting with their family members and health and social care professionals in line with the MCA.

The staff we spoke with understood the main principles of the MCA and knew how it applied to people in their care. Staff were aware of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. They told us they always assumed people had mental capacity to make their own decisions. Staff asked people for their consent before providing care or support and they respected people's choice to refuse support. People told us they were able to say how their care was provided and that staff always asked for permission before providing care or support.

Each person is supported in their own accommodation and each flat is decorated and furnished to the persons specification. Aid and adaptations are in place to help to support an independent lifestyle.

Good

Is the service caring?

Our findings

The people we spoke with who were able to express a view said they were "happy" with the support they received and they "liked" the staff. Some people we visited were not always able to comment on whether they thought the service was caring. We saw that there were warm, friendly and positive relationships between people and staff who supported them. Relatives of one of the people supported said, "There have never been any problems, all the staff have developed friendly relationships."

Staff we spoke with felt their colleagues and the organisation as a whole were caring towards people who used the service. One support worker commented, "I do believe the service is caring, and have no concerns in that respect." Another support worker told us, "Support staff who work here have a genuine care for the clients' welfare, however there have been times when pressure is applied from managers to work additional hours to cover shifts."

People who could express a view told us they made their own decisions. Staff encouraged people to make sensible choices and people were involved in all aspects of their daily routines and lifestyles. Advice was given by staff when people made choices that could put themselves and others at risk. Support staff told us. "It is frustrating at times when people are involved in anti social behaviour and won't accept our advice." We saw that staff enabled people to lead their own lives rather than doing tasks for them. They took time to explain things to people and supported them in a patient, unhurried way. We observed staff ask people, "If there was anything else we can do for you before we leave." This demonstrated support staff were willing to ensure everything possible was done to leave people comfortable.

Support staff spoke of people in a positive, respectful way that upheld people's dignity. Staff described their role is to support people to live healthy independent lives and for people to be integrated into the community. A health care professional told us, "I feel that the staff have made efforts to get to know my client well, and provide an excellent service."

People's independence was fully promoted by the service. Each person purchased their own food at their own preferred grocery shops. Everyone was encouraged to be involved in preparing and cooking their meals, as far as they were able, to develop their independent living skills.

People were supported with their individual communications skills and staff used a variety of methods to help people express themselves. For example, one person had an electronic device for calling for help, switching the TV on/off, changing channels and switching the lights on/off. This enabled the person to spend short periods alone.

People's rights to acceptable and responsible risk-taking were also promoted. For example, some people used mobility scooters and some people had motability cars so support staff could take them out.

One of the people currently using the supported living service accessed the services of a formal advocate, this was arranged through their support worker and social worker.

Good

Is the service responsive?

Our findings

The service provided care which was individualised and person-centred. People's needs had been assessed before they moved into the supported living accommodation. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Support plans were prepared with the involvement of people and their representatives. People and relatives confirmed that they had been consulted and their views were taken into account in the delivery of their care.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. This included the needs of people who demonstrated anti social behaviour. We were told that due to this behaviour some health professionals had refused to enter a person's flat. The service had responded by finding an alternative empty flat that could be used that ensured they could be offered the health treatment required.

The support plans of this person were well written and informative. However, the risk assessments needed more detail on how staff should remain safe and we have made a recommendation to the provider about this.

Information had been developed to explain to people how to raise concerns or make a complaint. People we spoke with confirmed they knew to speak to a team leader if they had any concerns. They told us they could contact them by telephone or through a call bell system, if they needed to. The manager showed us a log of concerns and complaints that had been received by the service. This included information about the complaint and the actions taken.

Due to the changes experienced by this service over the past twelve months the acting manager had introduced 'a service improvement plan' this logged all the issues that required addressing and rated them in priority of urgency. We were given a copy of this plan which clearly demonstrates the steps that have been taken to ensure issues were not avoided whilst bringing stability to the service.

No one was receiving end of life care at the time of the inspection. We found that care plans did not include information relating to people who wished to continue receiving care at home towards the end of their life. The acting manager agreed to address this and include it in the support plans.

Requires Improvement

Is the service well-led?

Our findings

The previous registered manager had left the service in March 2018 and a new manager has not yet taken up post. An acting manager has been in post since November 2017. We were told by the acting manager that a new manager had been appointed and was due to start on the 10 October 2018 subject to DBS clearance.

'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.'

The provider had delegated the day to day management of the service to a registered manager of another service run by Leonard Cheshire. This meant that whilst he was acting manager of Riverview Community Service he was also responsible for his own service.

Due to the management changes and many staff familiar with the service leaving there had been a period of unsettlement amongst staff. Staff spoken to said, "Things are now settling and there have been a lot of changes for the better." New staff had been appointed and agency staff employed if there were any shortfalls in the rota. Whist some support staff still felt some unease in the management senior staff spoken to were confident that the service would continue to improve.

A number of records could not easily be located due to the systems adopted by the previous manager. The acting manager and team leaders were responsive and where information was not available it has been forwarded onto the inspector following the inspection.

The service is still undergoing a period of transition for some people using the service and the staff team. The provider has given notice to the community care element of the service and will only be providing a supported living service in the future. This transition will require careful and sensitive management to ensure the people receiving a community care service are supported to find an alternative provider. The relative spoken with of a person receiving a community care service said at first they were very anxious but arrangements have been made by the provider that assures us that our relative will continue to be well cared for.

The changes are to ensure the provider can continue to sustain a viable business model which is based on continuous improvement.

An action plan completed by the acting manager initially identified 37 actions that required addressing. All have now been addressed with only six that require ongoing monitoring.

Systems are in place to support staff through supervision and team meetings. We were shown a calendar of planned supervision dates and observation of practice, we also saw minutes of staff meetings.

During this inspection there were mixed views between different staff teams about the management of the service. For instance, a support worker told us, "The management are very approachable and will listen and act upon any concerns or issues if needed." However, other staff were concerned about the way the supported living service had recently been managed. Their comments included, "I don't feel valued whatsoever."

Some staff said, "Communication could be better, we are not always kept in the loop." Some staff told us they were unclear about their roles and responsibilities and often found things out by default, for example we did not know a new manager had been appointed until you told us."

The acting manager told us about how they worked in partnership with other agencies for the benefit of people using the service. An example being how they were able to evidence where people may require additional support, and this was communicated effectively to professionals working with people. We also saw the service adopted a multi disciplinary approach and evidenced this by showing us recordings of how information had been shared between the service and other agencies.

We found that notifications were received as required, so that we were able to see how responsive the provider had been to issues raised.