

Cygnet (OE) Limited

# River View Residential Home

## Inspection report

Victoria House  
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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

### About the service

River view is a residential care home providing accommodation and personal care. The home accommodates up to 5 people in two adjoining houses. At the time of our inspection 5 people with learning disabilities were living at the houses.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We received positive feedback from people, they told us they were happy living at River view. They told us they felt safe, led busy life's and had positive relationships with their staff team.

People did however, receive personalised support and staff knew people very well. Care plans were in place, but people had three different plans each which was confusing. Some information was person centred but this wasn't always consistent across all three. We have made a recommendation that plans need to be reduced and improved.

People were supported to build and maintain important personal relationships that mattered to them, with both their peers and relatives.

The environment was very clean and homely and was in the process of being re decorated in places using people's preferred choices of décor.

Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

Medicines were managed well, safely administered and recorded accurately.

There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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.

Appropriate healthcare professionals were included in people's care and support as and when this was needed. People were supported to have enough to eat and drink.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings, phone calls and emails. People had good links to the local community through regular access to local services.

People were supported to be independent, their rights were respected and access to advocacy was regularly available. Support was provided in a way that put the people and their preferences first. Information was readily available for people in the correct format for them, including easy read.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 2 March 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about the registered provider and the handling of safeguarding concerns. A decision was made for us to inspect and examine those risks.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective finding below.

Good ●

### Is the service caring?

The service was caring.

Details are in our effective finding below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in the responsive findings below.

Good ●

# River View Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, carried out the inspection.

#### Service and service type

River View is a residential care home that provides accommodation and personal care for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager and provider

were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with four people who used the service, an area manager, the registered manager, the activities co-ordinator, and two care staff.

We reviewed a range of records. These included three people's care records and three medication records. A variety of records relating to the management of the service, including audits, procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training and policies and additions to end of life care plans.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe.
- A fire risk assessment was in place and fire drills took place regularly.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. These were analysed to look for any patterns or trends and appropriate action was taken to minimise risk of further incidents.
- One person told us, "Yes I do feel safe here – I sleep better at night-time."

### Using medicines safely

- Care plans, medicines records and records were being used correctly to support safe use of medicines.
- People received regular medicine reviews with their GP and other healthcare professionals. The registered manager and staff we spoke with were familiar with STOMP (Stopping over-medication of people with learning disabilities) best practice.
- Medicine administration records (MARs) were clear and completed fully. People received their medicines as prescribed, at the right time. One person told us, "Yes I get my tablets on time the staff help me."

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken. One member of staff said, "I have raised concerns in the past I know how important it is to report this."

### Preventing and controlling infection

- The premises were exceptionally clean and tidy with no odours.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.

### Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Staff were always present.
- Staff were recruited using robust checking methods to ensure suitable people were employed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Decorating was taking place at the home during our inspection and this reflected people's personal choices and preferences.
- Hand sanitisers were on display for infection control these were discreet in some areas and visible in others. However, the registered manager agreed to ask the people what they thought of them and look at ways to disguise them to be homelier.
- The outside area of the home was accessible, well used and maintained and featured planting as requested by people who lived at the home.

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

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New employees completed an induction and shadowed more experienced staff as part of the induction.
- Some staff were able to take up further education in positive behaviour support.

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

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- People we spoke with told us how they chose, planned, shopped and prepared their own food. One person told us, "I'm going food shopping today, I'm making a cake and stuff for the social evening we are going to. To see my friends."
- The staff were aware of people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as Speech and language therapy and GPs to support and maintain people's health.
- People were supported to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals where appropriate, in a timely manner.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive rapport between people, support staff and management. One person told us, "Yeah I do like the staff, they're really kind and thoughtful. They go out of your way and do anything for you."
- People were supported to maintain personal relationships, to visit family and spend time with partners and friends. One person was supported over time to reunite with their family and keep in touch over long distance by using skype. One person told us, "I have one or two good friends and I see my sister."
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People could be supported to follow their chosen religion and to attend their place of worship if they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by their key worker to make plans and discuss any changes to their support.
- People were supported to have their say and had independent advocates.
- Staff spent time listening and talking to people. During our inspection, people and staff were discussing the decor choices and improvements. One person told us, "Whatever you want to talk about you can have a say, what's happened and where we are going."

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence.
- People were encouraged to remain as independent as possible.
- People were supported to learn skills. People who wanted to were supported to shop and cook every week to learn these skills.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place but were spread across three files. This meant not all were person centred and at times confusing.
- People had positive behaviour plans in place however these were person centred.
- Reviews of care plans took place regularly.
- The support people received was individual to their needs and was delivered in a person-centred way.
- People could pursue social and leisure interests.

We recommended that the provider follow best practice for more person-centred care plans by including more information in a one plan format.

End of life care and support

- No one was receiving end of life care. However, conversations with people were planned, and these were recorded and following our inspection completed and sent to the inspector.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- House meeting minutes and other information documents were available to people in different formats, including easy read.
- People who liked to, used photos to help them communicate and also Makaton. One person proudly showed us their photos of their menu planning and meals they had cooked.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them.
- During our inspection people were busy coming and going, attending activities and preparing for a social evening later that day at a community centre that they had been invited to by friends.
- People enjoyed regular shopping trips. One person visited the metro centre on the day of inspection and they told us, "I get to go shopping and get nice things, when I want."

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place that was followed by the registered manager and staff.
- People were supported to complain. We saw how recent complaints had been made by people living at River View and how these were acted upon appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a manager in post who was registered with us.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- The provider had sent us notifications in relation to significant events that had occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good system of communication to keep staff, people and their families informed of what was happening.
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings but they didn't have to wait they could speak at any time.
- People were asked their views on the service. Additions to the house and planting in the garden and activity ideas were sought from these meetings and acted upon.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was open with the inspector during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service interacted positively with the registered manager. They raised concerns with them, for example, there was an issue with the washing machine and the registered manager addressed this immediately.
- The registered manager took on board opinions and views of the people who used the service to make improvements such as better vehicles.

Working in partnership with others

- People were supported to be active citizens within their local community by using local services regularly, with support. One example was how people had been invited to attend a community event from making friends with local people.