

London Borough of Hammersmith & Fulham

Rivercourt Project Short

Breaks

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Rivercourt Short Breaks Service is a care home which operates as a respite service. It provides short stays and emergency accommodation and personal care for people with a learning disability and autistic people. It is registered to accommodate up to five people at a time.

People's experience of using this service

People and their families were universally positive about the service. Family members spoke of the strong trust they had in the leadership and how the service was key to helping them maintain their caring responsibilities. People spoke of the times they had received support from the service during family emergencies. The service reached out to families to provide practical support during the COVID-19 pandemic. A family member told us "They've always been there for us. Without that help, I don't know where I'd be."

People told us their relatives always looked forward to visiting the service and expressed happiness when they knew they were due to attend. The service understood people's communication needs and worked to help people develop these. People were actively involved in planning and preparing meals and drinks. People were supported to identify goals and skills they wished to develop, and the service worked with people and wider day opportunities to help them develop their skills and undertake meaningful activities and employment.

The provider managed risks to people in a way which protected their rights and opportunities, with a strong understanding of what people's behaviour meant and how best to respond to this. An understanding of people's communication needs was strongly integrated into every aspect of care and support. Staff were safely recruited, and staffing levels and skills were planned to safely meet people's needs. There were suitable procedures to manage people's medicines safely.

The service planned people's stay and support in a way which reduced their risks from contracting or spreading COVID-19. There were suitable systems of testing and infection control, and the provider offered practical support to people and their families to participate in these.

The management of the service had a clear vision of how to develop the service in partnership with people and their families and worked closely with families and local services to do this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right support, right care, right culture

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, right care, right culture.

Right support: The service's unique model of care supported people's choice and independence and provided person-centred care.

Right care: People were supported to be full participants in their local communities and develop work and training opportunities of their choice.

Right culture: The leadership of the service helped empower people and their families to shape local services to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was outstanding (published 2 May 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to review information we receive about this service in line with our monitoring activity, which will inform when we next inspect the service.

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 are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Rivercourt Project Short Breaks

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

The inspection was carried out by two inspectors and a medicines inspector.

Service and service type

River Court Short Breaks Service is a 'care home' which operates as a respite service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service, including feedback from the local authority and professionals who work with the service. The provider shared information with CQC through the capacity tracker which is a web-based tool which enables providers to share information about staffing levels and the impact of COVID-19 on their services with CQC. We took this into account when we inspected the service and

made the judgements in this report.

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 of this information to plan our inspection.

During the inspection

Inspection site activity took place on 9 and 15 September. Where people were non-verbal and unable to communicate with us we carried out observations of the support people received at the service. This included when people were supported to cook and eat food and individual and group activities. We looked at the premises and records of health and safety checks. We looked at records of staff training and support and medicines management for three people.

After the inspection

We made calls to five family members of people who used the service and four care workers. We continued to review information we had requested from the provider. We looked at records of care and support for five people and records of staff training, recruitment and supervision. We reviewed the provider's policies and information relating to future service planning and development.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had received safeguarding training and understood their responsibilities to report concerns. Staff were confident that these would be taken seriously by managers. There were clear procedures for detecting and investigating possible abuse.
- People's family members felt safe and trusted the service. People told us they never had concerns about the safety and had trust in the manager and staff. A family member told us "I trust them 100%".
- The service works to promote the safety of people with learning disabilities. There was accessible information provided on safeguarding in an easy read format. The service also worked with local police to promote community safety and raise awareness of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were fully assessed. Where risks were identified the service had clear plans to manage and mitigate these risks. This included risks relating to eating and drinking, moving and handling and those relating to people's behaviours.
- Risks were managed in a way which respected people's autonomy and independence. For example where people had a behaviour which may challenge the service, risk assessments were clear on the meaning of people's behaviour and what they may be trying to communicate. There were clear strategies in place to identify when people may be becoming upset and agitated and how best to work with people to manage their behaviour.
- There were suitable systems of health and safety checks to ensure that the premises were safe. This included carrying out regular checks on electrical gas and lighting systems. The service worked with the local authority to ensure that maintenance was carried out in a timely fashion. Care workers told us that they regularly practised evacuating the service safely, including using specialised equipment such as sledges and wheelchairs, so they knew what to do in an emergency.

Staffing and recruitment

- Recruitment processes were operated to ensure the staff were suitable for their roles. This included obtaining a full work history, proof that staff had the right to work in the United Kingdom, and obtaining references from previous employment. The service carried out checks with the disclosure and barring service (DBS) before people started work. The DBS provides information about people's backgrounds including convictions to help employers make safer recruitment decisions.
- There were enough staff in place to safely meet people's needs. When people required one to one support this was clearly identified, and staff were deployed to these roles. Staffing was planned around people's needs and planned activities. The service ensured the staff had the right mix of skills to support people safely, including making sure that staff trained in first aid and as fire marshals were always on duty. Family members we spoke with told us they felt there were always enough staff available to meet people's needs.

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored and records were appropriate.
- The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way. Since the last inspection, the provider had introduced a new system to record and monitor people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, all medicines were checked for the correct contents by the care workers and manager on a monthly basis and every time a person came into and out of the service.
- People received their medicines as prescribed. We looked at three care plans, medicines risk assessments and associated MAR charts and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We saw separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these aided the recording of medicines administered more accurately.

Preventing and controlling infection

- People were protected from infection control risks, including those from COVID-19. Care workers had training in infection control and had access to appropriate personal protective equipment. There were suitable systems and processes to protect people from infection.
- The provider understood how to manage risks from infection. People use the service in cohorts which minimises the risk of cross infection. Activities and access to the community was planned in a way which minimised infection risks, including using video conferencing to facilitate activities where appropriate.
- Regular testing protected people from infection. The service supported people and their families to participate in testing, including providing accessible information how to test and by providing support through video calling when necessary. Staff received regular testing in line with current guidance, and this was carried out in a way which prevented untested staff from entering the building. A staff member had undertaken additional training to permit them to take responsibility for testing in the service.

Learning lessons when things go wrong

- The provider learnt lessons when things had gone wrong. There were clear processes for reporting incidents and ensuring these were responded to appropriately.
- Paper care plans showed evidence of learning from incidents and when things had gone wrong. Care plans contained clear information on the best ways to support people, what they liked and didn't like, and the approaches people responded best to. There was clear information about when past incidents or behaviours of concern had taken place, whether these were at risk of recurrence and what strategies were in place to reduce the risk of these recurring.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices. Care planning processes were used to identify clear outcomes for people. The service had used their knowledge and experience of people's preferences for care to design care to meet these needs. The services carried out detailed assessments of people's skills and areas where people could become more independent and used this to inform care planning and setting of personal goals.
- The provider delivered care in line with best practice guidance and the law. Policies and procedures were designed in line with local and national requirements. Staff received training to ensure they could work in line with best practice and understood their responsibilities in law to provide safe and effective care to people.

Staff support: induction, training, skills and experience

- The service ensured that care workers had the right skills and knowledge to carry out their roles. Staff were required to undertake a range of training considered mandatory by the provider based on meeting the needs of people who used the service. In addition, the service had worked with a range of local organisations and resources to deliver specialised training that supported staff to understand their responsibilities in a wider context. Care workers told us they had access to all the training they needed and had the freedom to book additional training as they required.
- The registered manager made sure that staff received the right training despite periods of time when there were national restrictions on movement. For example, staff were able to attend training which had been arranged via video conferencing and had access to suitable facilities to do this. In addition, the service had arranged online training for staff to complete to ensure their training stayed up to date.
- Care workers received supervision to check they had the right skills for their role and to plan their work. Supervision was used to encourage reflective practice, identify key priorities for the service and to make sure that care workers were full participants in the service's values and development plans.

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

- People received the right support to eat and drink. People's care plans contained detailed information about the foods they liked, any allergies they may have and how best to manage risks such as choking. There was clear information about how best to support people and how to ensure that people stayed hydrated in a way which met their personal preferences and autonomy.
- People were offered choices in what to eat and drink. We observed care workers interacting positively with people to explain the choices on offer and allow people to express their wishes. Wherever possible, the service encouraged people to participate in meal planning and preparation.
- The service supported people to eat a balanced diet and to have access to healthy choices. Where

people's identified outcomes included support with healthier diets, people were encouraged to be involved in the preparation of healthy food and drink such as smoothies. the service kept suitable records of what people had eaten and drunk to ensure people had access to variety in their diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service was aware of people's health needs and the support they required. This included being aware of how people's health conditions may impact on their care needs, their diets, and risks to their safety. The service worked with families to support people to health appointments when this was required.
- The service worked with other agencies to promote people's needs and opportunities. There was close integration with day services and social enterprises and people experienced consistent care and support between these through consistent care planning and good communication.

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

- The premises were adapted to meet people's needs and provide a homely environment. For example, adaptations such as lifts, and ramps were provided tastefully and unobtrusively. A relative told us, "You couldn't ask for a nicer place for [my family member]." The building was fully accessible throughout and lifting equipment such as hoists were in place and checked to ensure their safety. The service had installed misting machines in some rooms which were designed to protect people in the event of a fire. The registered manager had arranged to replace the boilers in the building as they felt the flow of water was inconsistent and impacting on the well-being of people with autism.
- The building was designed with people's needs and preferences in mind. For example, each of the five bedrooms had a different colour scheme and furniture, with different beds provided based on what people required. Sensory equipment such as lights and mirrors and soft furnishings were provided in each room based on who would be staying there. The registered manager told us, "We encourage people to bring anything they want to make their room their own."

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working in line with the MCA. There was detailed consideration of people's decision-making abilities in a wide range of areas and the support that people required to make decisions for themselves.
- Appropriate procedures were followed when people could not make decisions for themselves. This included working jointly with people's families, and other health professionals to consider people's preferences and make decisions in their best interests.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People told us they had experienced exceptional care and support from the service during the COVID-19 pandemic. For example, when people were unable to access respite services due to national restrictions on movement, the staff made it a point to regularly contact people's families to offer support and advice, particularly when they were at risk of social isolation. Staff from the service also visited people outside their family homes to bring them gifts, food and activities such as colouring books and to talk with families and find out if they needed additional support. The service continued to offer activities to people such as music through video calling. A family member told us "They were always calling us, coming to our home made such a huge difference during a difficult time."
- The provider took account of the whole family when providing activities. A family member told us of the exceptional support the family had received from staff during an emergency. "When my [parent] took ill, they were so understanding. They took [my child] in and made sure they had emergency slots available [for them]. They said not to worry, they would take care of things. They took over and so they gave me time, I knew [child] was in safe hands." Another relative told us the provider had arranged activities for their family member and at the same time arranged an outing for parents so they could spend quality time as a family. They said, "[The registered manager] arranged something for our young people to do and drove us to the seaside. The outing was for us parents as it's been such a long time since we went anywhere [together]."
- The service demonstrated a strong understanding of people's hobbies and activities and how best to support people with these, even if they were staying for respite care at the service so there was continuity. Staff understood what people enjoyed the most and this information was at the core of people's support plans. The service planned local provision with opportunities for people to engage with the local community and other people through day care provision and ensured that services were built around people's preferences. Comments from family members included, "[My family member] is able to play his music at college and play his guitar [at the service]"
- People told us the service had worked creatively to engage people in activities which met their interests. For example, a person had started using the service on an emergency basis having been the victim of antisocial behaviour in the community. The person had not had the opportunity to engage with music but staff noticed the person enjoyed music. They gradually introduced the person to music and they started to show an interest in this. A relative told us, "I didn't see [person] being socially involved... was very timid, but [person] really enjoyed it which was a surprise for me. They've been fantastic at identifying people's needs and what works for them."

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

- People received exceptionally detailed support to express their views. The service demonstrated a strong

understanding of how people communicated, including the specific way each person communicated whether verbally or non-verbally. Staff took the time to learn a person's individual way of communicating by working with people and their families, spending time with them and developing tools such as communication guides or picture banks that is shared with all the staff team so they could better communicate with and meet people's needs. We saw examples of people being enabled and supported to speak up and make choices during the inspection. When one person showed initial signs of behaviour that could challenge the service, staff immediately identified these signs through the way the person communicated and responded skilfully to support the person and to avoid the situation from escalating.

- The service identified ways in which people could be supported to improve their communication, for example by introducing objects of reference such as a towel to indicate swimming. Objects of reference were introduced thoughtfully and gradually to allow people to adapt and were always made available at the service. Comments from relatives about the support people received to help them communicate included, "I think [my family member's] speech is getting better with the different activities; the communication skills are improving" and "We all know how to communicate with [my family member]. I understand what she's saying and so do they."
- The service supported people to speak up and advocated for them when required. This included passing relevant information onto local services and helping people navigate systems of care. A relative told us, "My initial concern was that my [family member] would sit there and not speak, but the staff are very vigilant and inclusive. The staff will notice any changes or decline. We were suffering [an unsafe situation at home], [my family member] started opening up which was amazing. They [staff] contacted the council and made sure they took it seriously. I wouldn't have been able to do that on my own."
- When the service became aware a person was subject to an inappropriate do not resuscitate order, they raised this and worked with other professionals to challenge the appropriateness of such an order and eventually the order was removed. This action helped to promote the person's rights and ensure they receive the same standard and level of care as any other person.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to maintain their dignity and privacy. People were encouraged to personalise and customise their rooms during their stay and staff respected their privacy. Staff understood how best to support people when providing personal care, and when people preferred to be given privacy to do their own. For example staff were attentive to the privacy of people and used a privacy screen in the bathroom to allow people to bathe in private whilst being supervised.
- Staff demonstrated a good understanding of how to maintain people's independence. Care plans were clear about what aspects of daily living people could do for themselves and the level of supervision that was appropriate to ensure people could do this safely.
- The service continued to promote people's independence. People, their families and staff identified areas in which people could become more independent and had identified clear goals for developing these.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care was planned in a way which was exceptionally person-centred. The service understood how to support people to pursue interests and activities and develop their daily skills so they led as fulfilling and independent a life as possible. People's plans had a high level of detail on their likes and dislikes and how best to engage them, with a clear understanding of how they communicated in every aspect of their daily lives.
- The service also catered for younger people transitioning to adult services. Their needs and individual circumstances in relation to this were taken into account and addressed sensitively in their care plans and the provider had clear processes to address these situations. As a result people were supported to settle in with the support of family members and care workers, which had eased what could be a difficult period in the person's life.
- The service worked with people and their families to ensure people's support was continuously reviewed so their care plans were fully up to date and to meet their arising needs. Prior to the COVID-19 pandemic the service routinely used meetings with families to review and plan care but had shifted to proactively contacting families at least monthly to check if changes were required. A family member said, "They normally phone and ask if there's anything they can do? [During lockdown] it was difficult, but they always keep in touch, they always phone and see how [my family member] is going."
- Many people had not been able to access the service during the restrictions, and people re-joining the service had a complete review of their needs to ensure all their changing needs were appropriately identified so these could be addressed. A staff member told us, "We phone the parents and we ask them how their behaviour may have changed if they have stayed at home for some time." The registered manager told us, "In many ways we're starting again from scratch." This meant that the provider was able to provide the assurance that staff had all the necessary information to provide person centred care to people according to their needs and preferences.
- Relatives spoke of the flexibility and responsiveness of the service. People's family members told us they were able to explain their commitments and family circumstances to the manager and the service adjusted accordingly, including at short notice. For example, the service had provided accommodation for people vulnerable because of their circumstances in times of emergency, including providing care to two people with high support needs whose care home had closed following a serious safeguarding concern, and for a family whose home had become uninhabitable. The local authority told us they were confident that people had received an excellent service in challenging circumstances.
- The way support was provided in a responsive way to accommodate people's changing circumstances was confirmed by comments from people and their families, which included, "[Registered manager] is always helpful at these things, it's somewhere you can always rely on", "They were supportive at a difficult

time" and "They always accommodate [my family member] when we have meetings to go to."

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

- The service enabled people to access a wide range of social activities and support within the local community to keep them happy, occupied and stimulated. This included regular support to access the local community, shops and cafes. The service had purchased a new minibus so people could go on trips and nights out, whilst reducing the risk of contracting COVID-19 through using public transport. The service arranged trips to places of interests most nights, with a strong emphasis on spontaneity based on what people wanted to do that day or evening, such as a recent visit to Chiswick House, a place of interest, which enabled people to engage in a range of activities. Family members described this as having a positive effect on people's confidence and caused people to be more excited about accessing the service and going into the community.
- The service had therefore taken a proactive step to ensure people maintained a varied social life, as they were aware of the importance of this to people's emotional wellbeing, whilst minimising the risk to people's health. People accessed activities culturally appropriate to them. A person had a great interest in Indian music. Staff found out that there was a person playing sitar and who was performing locally. They arranged and supported the person to watch a performance and to later meet the sitar player. The person was very happy that they had this opportunity to fulfil one of their many wishes.
- People were supported to develop skills and interests through a close integration with day opportunities. The registered manager was closely involved in the development of social enterprises, advocacy groups and groups such as a local choir. There was a strong emphasis on working with people and their families to co-produce services and initiatives, such as performing concerts in public spaces and raise awareness of learning disability, human rights and advocacy. This meant that social opportunities were designed around people's interests.
- People were supported to get experience in working environments or to gain employment so they could develop individual living skills and contribute to the local community. They had access to opportunities such as developing skills and experience working in a café run by a social enterprise. As an ongoing support, staff from the service carried out shadowing shifts at social enterprises that people using the service attended, to provide reassurance and to further support people into their new activities. This helped to make people feel more valued and to gain a sense of achievement.
- The service had worked to ensure people could have access to meaningful activities despite restrictions caused by the COVID-19 pandemic. The service has had to adapt with the use of technology to make this happen. A large number of activities and meetings had moved online during this time but continued to take place. The provider had installed a large touchscreen monitor to which people had access to. They used this equipment to play games and watch videos of their choice. The screen was also used creatively to support hybrid activities, for example a music teacher was able to remotely conduct a lesson for people at the service, with people unable to attend able to dial in and take part. People who took part in the lesson thoroughly enjoyed it and were happy that they could take part.
- Following the ending of social restrictions, the provider continued to use what they had learned to provide outreach support to people who had not always had the opportunity to engage in social activities and meeting other people due to the closure of many facilities. This helped to ensure that people were protected from the risks of social isolation and to engaged in the community. A family member told us "Even when we had lockdown they had exercises on the computer and got in touch. [My family member] was so excited to see her friends and the staff, it was a way of keeping in touch."

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.

- The service was meeting the AIS. Key policies and procedures were available in alternate formats, including easy read versions. Information on planned activities and changes to the service were also made available in a format people could understand.
- Information about people's care was presented in a clear format. Accessible communication tools were used throughout the service, including clear signage and timetables for people and their activities. The service used an extensive collection of photographs to help people communicate and speak up about their care. For example, people used these to choose where they went, what activities they did and to request personal items. Family members described this as having a positive impact on people's wellbeing and communication and to be better involved in day to day decision making.

Improving care quality in response to complaints or concerns

- The service had suitable procedures to address complaints and concerns but had not received any. People told us staff regularly contacted them to make sure they were happy with the service, share information and to make sure any concerns would be picked up at an early stage.

End of life care and support

- No-one using the service was receiving end of life care. Where a person was diagnosed with a life limiting condition, the provider worked with a multidisciplinary team to discuss their future care needs and how best to support these. The provider updated the person's plan to consider how their condition may affect their needs and behaviour and to ensure these changing needs were met.

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager had developed an exceptionally strong culture with distinctive values embedded within the service, which were demonstrated by all staff at the service, without exception, so people with a learning disability requiring respite support get the best care possible. The service was well integrated with local day services for people and the community and had been tailored in conjunction with people and their families to meet their needs.
- People and their interests were placed at the centre of the service's development and planning. The registered manager understood what people wanted and constantly looked for and implemented creative initiatives, including during difficult times such as when the pandemic was at its height, to help people achieve these. She had been recognised with an MBE for her work. The registered manager told us, "We have visions and goals to make sure we don't become stagnant...we're not going to stop developing people because we have had a pandemic." Comments from relatives included, "The manager is a wonderful person, she cares about them" and "She always goes the extra mile, I don't know how she does it."
- The registered manager understood the important role a respite service played in people's lives as well as in the lives of their primary carers and used this as an opportunity to involve people and their relatives in wider services so they could access these. The registered manager told us, "Respite is often a front door to adult services." Many people we spoke with told us of the importance of knowing a professional who could advocate for them at times of need and provide them with the necessary information and support to access services. A relative told us, "She was very helpful, she knows a lot of people in the council if I need an explanation about services." Another relative told us, "[The registered manager] and her staff had more of a scope and apparatus at her disposal to say that's what we need. It's difficult to explain that to people who don't understand disability. it's quite important that the River Court staff were able to convey the impact."

Continuous learning and improving care

- The service was constantly learning and innovating. The registered manager had worked with people and their families to design a service which could best meet their needs. To give people the opportunity to engage with the community and gain work experience as well as providing a place where people, their relatives and others could meet, the registered manager was in the process of developing a new social enterprise on a different site including a café staffed by people with learning disabilities. The provider had reflected on the development of the project and adjusted the delivery model appropriately, including highlighting the importance of identifying the right person to support an individual and advocate on their behalf whilst ensuring people's families played a key role in supporting the person into work or volunteering

- The service frequently tried new activities and trips and reflected on what had worked best for people and how they could best support people whilst safeguarding people against COVID-19. The registered manager told us, "My idea is to build families up to build services. You build stuff up and hand it over." Families spoke with pride about the initiatives and groups they had helped to develop.
- The registered manager reviewed the mix of staff available and the management structure to make sure the service could continue to develop and meet the needs of people. This included appointing a new deputy manager and senior support workers. She has designed these new roles and developed job descriptions in a way which was based around people's needs. Her aim was to develop the service to better support people and to meet the growing demand within the community for a local respite care service, that people and their relatives would look forward to use.
- The registered manager worked to ensure the service had the resources to develop and adapt to changing demand for the service. For example, they had obtained specialist infection control funding that they were using to improve and innovate the service such as to provide cleaning equipment, online training for staff and a system for managing visitors, as well as improved video conferencing equipment to help people participate in online activities. The manager had arranged for the building's owners to replace the boilers, this was because unpredictable water flow was confusing and upsetting for people with autism, which was having an impact on people's wellbeing and the overall experience of their stay. The provider had obtained funding for a new minibus to support people to attend activities safely. The minibus has since become indispensable to the service, in meeting its objectives and improving people's lives. The registered manager told us, "We have not looked back. This would prove to be valuable once more for our residents who have profound disabilities, and we have enjoyed many trips, and using it to take a group of residents to college to enrol and trips for people's families."

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

- Staff spoke of feeling well supported and empowered to develop in their roles, with the ability to choose additional training and develop their knowledge and skills as part of their personal development. Staff fully understood the aims of the service and participated in its development. The registered manager used a range of methods including team meetings and supervision to help staff reflect on their values and how they could practically implement these. A member of staff was given the responsibility of running the service's COVID-19 testing programme and received specialist training and an honorarium to help them complete this.
- The service worked to support the wider community during the pandemic because they knew the impact this would have on some people who might have been more deprived than others. Staff and people who used the service, were involved in bringing food to vulnerable families, homeless people and those who were shielding. The registered manager provided support and information to people and their families to access testing for COVID-19 and good practice to try and prevent the spread of the infection. This included providing photographic guides on how best to test people and offered support over video calling for individuals who were finding it difficult to carry out tests, and in some cases visited people directly to provide this support.
- Groups and initiatives run by the service were well integrated within the local community. People using the service participated in a choir and an advocacy group which held public events. People also attended events run by the council to help them meet key people in adult services and the local police.

Working in partnership with others

- The service worked closely with a range of partner organisations to ensure good outcomes for people. This included working closely with community groups and social enterprises to offer support for people. This included local horticultural groups, support groups for people with mental needs, Kew Gardens and the

Royal Parks, as well as encouraging people and their families to be involved in running services. The service worked with care managers and health teams to make sure that issues affecting people's wellbeing were dealt with promptly by a multidisciplinary approach. A visiting health professional told us, "If recommendations are made they will do what they can to follow them through. There has never been any resistance to any programmes we have wanted to implement."

- The registered manager had a good awareness of how local systems worked together. She had worked with children's services to help implement a new pathway for people transferring from children's to adult services. The registered manager gave us examples of how joint working with children's services enabled transition to adults services to start being considered as early as age 14. The outcomes for people were a more seamless service and more information for people and their relatives around the services available to young people.
- The service knew a range of local community groups and worked in partnership with these. For example, the service had worked with a local community group and the local authority to develop a vacant plot of land nearby into a community garden, with people who used the service playing a key role in planning and developing the garden. As part of this project, the provider had worked with families who had recently arrived into the country and encouraged people to work together to fence off and set up the garden and to integrate this with jewellery making projects and the opportunities to access English classes. This helped people and staff engaged with others in the community and to work together to improve the quality of life of all people living in the local community

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 service was open and honest about the impact COVID-19 would have on the delivery of the service due to various restrictions and changing government guidance and how they would try to mitigate this. A family member told us, "They kept us informed on the rules and when they could have people" and "They took it in turns to have people there as they needed to reduce numbers, but we were well informed as to what was going on." The registered manager told us, "Being open and transparent really works, and people will tell you things." The provider understood their responsibilities to report serious incidents and to explain to people and their families when things had gone wrong.

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

- There were clear processes to ensure staff understood their roles. On a daily basis, duties were allocated to staff members in handover, with systems of checks to ensure that key tasks were carried out. Supervision was used effectively to ensure staff understood their collective responsibilities and could discuss their individual initiatives, as well as the quality of the service each person received.
- There were suitable processes for monitoring the quality of the service. This included maintaining regular contact with people's families to ensure people were happy with the service their family members received. A new system had been introduced to support the improved management of medicines.