London Borough of Merton

Riverside Drive

Inspection report

112 Riverside Drive,
Mitcham, Surrey, CR4 4BW
Tel: 020 8274 5160
www.merton.gov.uk

Date of inspection visit: 02/12/2014
Date of publication: 25/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 December 2014 and was unannounced. At the last inspection on 24 September 2013 we found the service was meeting the regulations we looked at.

Riverside Drive is a small care home which provides accommodation for up to eight adults with complex communication needs, a learning disability and/or a physical disability. At the time of our inspection there were eight people living in the home. The accommodation is laid out over two floors. The first floor is accessible by lift. Each person has their own room in the home. There are communal facilities such as a lounge on each floor, a dining room, kitchen and garden.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives told us people were safe at Riverside Drive. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury in the home and community. The home,

Summary of findings

and the equipment within it, was regularly checked to ensure it was safe. The home was clear and free of clutter to enable people to move safely around the home. There were enough suitable staff to care for and support people.

People were cared for by staff who received appropriate training and support to meet their needs. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible in the home and community. We observed staff that supported people had a good understanding of their needs. They supported people in a way which was kind, caring, and respectful.

Staff supported people to keep healthy and well and people were able to access other healthcare services when needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Care plans were in place which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly by staff.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

The service regularly involved relevant healthcare professionals in the planning and delivery of people's care and support. This gave staff access to best practice, research and guidance to improve the quality of care people experienced.

The manager had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had, to protect people from the risk of abuse or harm.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

We found the home to be meeting the requirements of DoLS. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Is the service caring?

Good

The service was caring. People were supported to be independent by staff that were caring and respectful.

People and the people important to them were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy in the home and community. Relatives were free to visit the home without restrictions.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans of care reflected people's individual choices and preferences for how they lived their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in their home and community.

Relatives told us they were comfortable raising issues and concerns about their family members care and felt these were dealt with responsively.

Is the service well-led?

Good

The service was well led. People's views about the quality of care and support experienced, were welcomed and valued by the manager.

The manager used quality assurance systems to assess the quality of service and make improvements and changes where these were needed.

Summary of findings

Best practice, research and guidance was regularly sought from relevant healthcare professionals to improve the quality of care people experienced.	

Riverside Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 December 2014 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete 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. We also reviewed other information about the service such as notifications they are required to submit to the Commission.

During our inspection people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we spent some time observing how they received care and support from staff in the home. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager and three care workers. We looked at records which included four people's care records, six staff files and other records relating to the management of the service.

After the visit we contacted five relatives of people using service and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

Relatives told us people were safe in the home. One relative said, "When I visit the home I always try and monitor how [my relative] is and I feel they are safe." Another told us, "[my relative] is happy and safe there." People's records showed as part of their individual care plan, specific guidance for staff on how people wished to be supported and to stay safe. This included setting out expectations in people's individual plans that all staff that cared for them were suitably trained in caring for people with a learning disability so that they would be able to appropriately protect them from abuse or harm.

The provider had taken other appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk. Staff knew what constituted abuse, the signs they would look for to indicate someone may be at risk of this and the action they would take, if they had a concern about a person, to protect them. Staff told us they would immediately report any concerns they had about a person using the service, to the manager. Staff had also received training in equalities and diversity and this helped them to ensure people were protected from discrimination that may cause them harm.

The manager had assessed risks to people's health, safety and welfare. Relatives told us staff knew how to support their family members to keep them safe. One told us,"[my relative] has never had any accidents there." People's records showed there was detailed guidance for staff on how to minimise identified risks to keep people safe from harm or injury. This included information on how to keep people safe in the event of an emergency such as a fire in the home. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of injury or harm to them. These risks were reviewed annually or sooner if a new risk presented itself. Where new risks had been identified, care plans and risk assessments had been updated immediately so that staff had access to up to date information about how to ensure people were appropriately protected.

Where there had been a safeguarding concern about a person, the manager had dealt with this appropriately. Incidents were appropriately documented and reported to staff from the local authority and other relevant healthcare professionals involved in people's care. The manager worked proactively with others to ensure people were protected from avoidable harm or abuse that breached their rights. This included ensuring appropriate plans were put in place to manage potential risks to them and others.

There were enough suitable staff to care for and support people. We checked the staff rota during the inspection and noted staffing levels had been planned which took account of the level of care and support each person required in the home and community. When people took part in activities outside of the home, extra staff were on duty to ensure people would be appropriately supported to undertake these safely. We observed staff were present in the home throughout the day particularly in communal areas. When people needed help or assistance, staff responded promptly. The manager told us staffing levels were planned in such a way as to ensure there were always enough appropriately skilled staff on duty, to meet people's current care and support needs.

Staff records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks of staff regarding their suitability to work in the home. These included evidence of relevant training, references from former employers and security checks with the Disclosure Barring Service (DBS).

People were supported by staff to take their prescribed medicines when they needed them. A relative told us, "[my relative] gets all his tablets on time. This is the most important thing." Each person had their own medicines administration record (MAR sheet) and staff signed these records each time medicines had been given. We found no recording errors on any of the MAR sheets we looked at. Checks of the individual amounts of medicines in stock were recorded at the end of each shift. This confirmed people were receiving their medicines as prescribed. Staff understood about the safe storage, administration and management of medicines. Medicines were kept safely in the home. People's medicines were stored in a locked cupboard. During our inspection we observed this cupboard was kept locked and only accessed by staff when people were due to take their medicines.

People were able to move freely around the home. A relative told us, "The environment is very clean and tidy." We saw that the home and communal areas such as the lounge and hallways were clean and free from clutter which enabled people to walk safely around the home.

Good

Is the service safe?

The provider carried out regular service and maintenance checks to ensure the home, and the equipment within it, were safe. We saw the home had an annual service scheduled. Maintenance and service records showed up to date checks had been made of fire equipment, alarms, emergency lighting, call bells, water hygiene, portable appliances, the lift, the heating system, hoists and slings.

Good

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. A relative told us, "They [staff] absolutely know what they are doing and really look after them well." Records showed staff had attended training in topics and subjects relevant to their roles. Much of the training that staff had received was due to be refreshed in 2015. The manager had started to identify and plan the training that was required for all staff to refresh their skills and knowledge. On the files of three staff members we found they each had a training record which detailed the name and dates of all training attended. However this record was missing from three other files. We found other evidence on these files of training these staff had attended such as training certificates. We discussed this with the manager who acknowledged these records were missing and would take appropriate action to remedy this.

The manager met with staff to discuss their work performance, their leaning and development needs and any issues or concerns they had about their role. Staff said they received regular training which they felt was relevant and helped them to understand the needs of people they cared for. Staff also told us they attended regular one to ones (supervision) and team meetings with their manager and felt well supported by them.

The provider ensured staff were able to communicate effectively with people using the service. People's care records contained detailed good practice guidance on the principles of good communication for people with a learning disability. Many people had complex needs and were unable to communicate verbally. Staff were given detailed information about how people expressed themselves through speech, signs, gestures and behaviours. This was important as this helped staff understand what people wanted or needed or how they were feeling. A staff member told us they observed people's behaviours to gauge their happiness and satisfaction with activities and tasks.

The provider had appropriate arrangements in place to assess and review people's capacity to consent and make decisions about their care and support. Mental capacity assessments had been undertaken for each person using the service with regard specific aspects of their care and support, for example when people needed a specific medical or healthcare related procedure. People's level of understanding and ability to give consent to care had been documented in their care records. There was clear information for staff to ensure they were aware when people were able to make decisions and give their consent to care. Where people needed help to make more difficult decisions it was clearly documented who should be involved to help make them such as close family members, or their advocate. Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support. The manager told us, and we saw in these instances, best interest meetings were held with relatives and all other healthcare professionals involved in people's lives.

Training records showed all staff had attended training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff said they had received this training. The manager had a good understanding and awareness of their role and responsibilities in relation to the MCA and DoLS. They told us none of the people living at the home were subject to a DoLS order at the time of our inspection.

People were supported to eat and drink sufficient amounts to meet their needs. A relative told us staff encouraged their family member to stay healthy and well through regular exercise and a balanced diet. The menu was displayed in the large communal kitchen. People were able to choose what they ate for breakfast and lunch. The main evening meal was planned in advance. Minutes from residents meetings showed options for evening meals were discussed with people and their specific preferences were taken account of. The current menu was well balanced and featured vegetarian alternatives and fresh fruit and vegetables. There was guidance for staff on how to promote healthy and nutritious choices. In the dining room there was a large basket of fresh fruit available for people to eat freely. Staff were aware of people's particular likes or dislikes for eating and drinking. Staff told us they encouraged people to eat a healthy and balanced diet and monitored this closely through records they kept.

People were supported by staff to maintain good physical and mental health. A relative said, "[my relative] needs

Good

Is the service effective?

constant prompting and they make sure he gets to the Doctor's when they need to go." People's records showed there was detailed information for staff on how their medical or health related conditions could impact on their general health and wellbeing. The care and support needed from staff for people to stay healthy and well was clearly documented. This included information about the support people needed to access other healthcare services such as the GP, dentist or chiropodist. There was also information and guidance for staff on how to recognise signs to indicate that people may need extra help and support when they may be feeling particularly unwell or in pain such as loss of appetite, reduced mobility or refusal to take part in activities. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented.

Good

Is the service caring?

Our findings

Relatives told us their family members were supported by caring staff. One relative said, “The staff are very nurturing and patient.” Another told us, The staff are brilliant. They are really caring.” And another said about their family member’s key worker, “They are absolutely focussed on [my relative’s] daily care needs.” We saw for ourselves that interaction between people and staff was respectful and caring. Staff took their time to listen to what people had to say. It was clear from these interactions that staff knew people well and were able to tell quickly what people needed or wanted. Conversations between people and staff were warm and friendly. Some people were not able to verbalise what they wanted or needed and staff used different methods of communication to check how they could help them. When people became anxious staff acted appropriately to ease people’s distress or discomfort. In conversations with staff we noted they talked about people in a caring and respectful way.

People were supported by staff to express their views and be involved in making decisions about their care and support. A family member told us, “[my relative] is never left out of things. They will always try and involve him as much as possible.” It was clear that people’s views about their care and support needs had been listened to. People’s individualised care plans reflected their specific preferences for how care and support should be provided to them. We saw from people’s records family members and other people important to them were also involved in supporting people to express their views and make decisions about their care and support.

People’s right to privacy and dignity was respected. People’s individualised care plans set out how these rights should be upheld by staff. For example, when people received personal care staff were instructed to ensure this was always done in the privacy of people’s rooms and in a dignified way. In another example we saw staff worked with one person to agree ways in which they could support them to carry out tasks, without them becoming anxious, whilst respecting their privacy. Each person had their own room in the home which they were able to lock. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. People’s personal records were kept securely within the home. We observed staff did not openly discuss information about people in the home. For example, during the afternoon staff handover this was done in a staff meeting room, away from communal areas.

People were supported to be independent in the home and community. Relatives said their family members were encouraged and supported by staff to undertake activities and tasks to develop their confidence and independence. One told us, “[my relative] is encouraged to be independent and looks after himself.” We saw time was built into people’s weekly activities plan for laundry, cleaning and personal shopping tasks aimed at promoting people’s independence. There was appropriate guidance for staff on how they could positively support and encourage people to do this. We saw that staff provided positive support when encouraging people to do things around the home. One person was keen on tidying up around the house and staff supported them to do this. Another person was encouraged by staff to visit the local shops by themselves.

Relatives told us there were no restrictions on them visiting their family members at the home. One relative said, “Whenever I go over there, they’re [staff] are always good with me. They’ll always make me a cup of tea.” Another said, “I don’t always tell them I’m coming, because I do like to check up on things, but it’s never a problem. They’re always so nice and welcoming.”

Good

Is the service responsive?

Our findings

People contributed to the planning and assessment of the care and support they received. Relatives told us they had attended meetings with their family members, staff and other healthcare professionals to discuss and plan how care and support should be provided. People's records confirmed this. We saw the information obtained through these assessments had been used to develop an individualised care plan for each person which set out how their needs would be met by staff. We noted as part of the planning of care, staff discussed with people and their family members how their specific lifestyle choices and beliefs could be met and supported by staff. For example, people were asked how staff could meet and support their specific cultural or religious beliefs.

People's care plans were highly personalised and contained detailed information for staff on how to ensure people received the care and support they had asked for and wanted. For example, people's daily and night time routines were documented and set out when people wished to wake up or go to bed. A relative said about staff, "They know better than anyone what [my relative] needs." Throughout these plans staff were instructed to prompt and encourage people to make choices, where possible. For example, when people received help with getting dressed staff were encouraged to prompt people to choose appropriate clothing to wear. Staff told us many of them had worked at the home for a long time and so they knew people well and how their specific needs should be met. Staff said they kept up to date and informed about people's care and support needs by reading people's care plans and through sharing information with other staff in daily shift handovers and team meetings.

People's care and support needs were reviewed by staff. One relative told us, "I go through the care plan every year with them and they address [my relative's] needs thoroughly." Another said, "When we go to reviews, there's always a lot of people there that work with or know [my relative]. Everyone shares information and I feel like [my relative] gets listened to at the meeting." Records showed an annual review was carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care. People's care goals were discussed and future aspirations were agreed at these meetings. Where changes were needed, people's care plans were updated promptly to reflect this.

Staff responded promptly to people's changing needs. Where people's health or physical needs changed and required extra support, staff took action promptly to provide this. For example one person's mobility had deteriorated and needed new equipment to support them to move safely in the home and community. The manager ensured equipment was purchased and staff were trained promptly in how to use this so that the person experienced minimal disruption to their day to day activities.

People were supported to pursue activities and interests that were important to them. A day centre was situated next door to the home and people attended regular classes and activities at the centre during the week. People were encouraged and prompted to attend other local centre's to undertake activities and classes that matched their interests such as dance and music therapy. Each person had a dedicated 'community day' built into their weekly plan of activities. On these days people could choose to do personalised activities with the support of staff. These included trips to the hairdressers, going to the gym and visiting the local swimming pool. On the day of our inspection some people were going out for lunch with the help and support of staff.

People were supported to maintain relationships with those that mattered to them. Relatives told us they visited with family members regularly. Some people also made overnight visits to their relatives or went on social outings with them. People's records included information about friends and family that were important to them in the home and community. There was guidance for staff on how people should be encouraged and supported to maintain these relationships.

The provider responded appropriately to people's concerns and complaints. A relative said, "I think if anything needs addressing, they are responsive and they would listen and act quickly." Another told us, "The bosses are very good at dealing with any issues or concerns." The provider had a formal complaints procedure which was displayed in the home. This detailed, in an easy to read way, how people could make a complaint about the service. We saw all complaints received, were logged by the manager and the

Good

Is the service responsive?

actions taken to resolve these had been documented. We noted following a recent complaint, the manager had taken prompt action to address the concerns raised by a family member, which had been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The provider encouraged people to identify improvements to the service. People, their relatives and other healthcare professionals were asked for their views about the service in annual 'quality of care' questionnaires. People were provided with opportunities through the questionnaires to give their views on how the service could be improved. The most recent questionnaires completed in April 2014 showed that people were satisfied with the care and support people experienced. No suggestions for improvements were noted. Regular residents meetings were held with people using the service. Minutes from these meetings showed people's views about how the service could be improved had been sought by staff. The actions taken by staff based on the feedback received was documented such as arranging for people to go on outings or activities they wanted. People's annual reviews ensured their views were taken account of when reviewing and planning their on-going and future care and support needs.

Staff told us they felt supported by the manager to express their views. Minutes from staff meetings showed staff were asked by the manager for their views about the care and support people experienced and how this could be improved. Through these meetings staff had been involved in discussions to agree how aspects of the service could be improved for people such as events, changes to work based practices and staffing levels. Where issues or concerns about the quality of service were identified these were discussed with staff. For example, at the most recent staff meeting in November 2014, there was discussion and guidance for staff on how to promote healthy eating and nutrition in the home following concerns about an individual's intake of sugary drinks.

Staff were encouraged and supported to keep up to date with changes within the home. The manager maintained a 'read and sign' file which contained information for staff about changes to policies and procedures, changes to people's care and support needs, guidance and information about best practice in health and social care, and changes to working practices. An example of recent information shared with staff was guidance from Public Health England on how to protect the health of people during the winter. Staff had to sign to confirm they had read this information. The manager told us they checked on a regular basis that this was done.

The provider carried out various checks to assess the quality of service people experienced. The provider had carried out a recent quality visit to the service. We looked at their report from this visit which showed a detailed check was undertaken of all aspects of the service. Where improvements had been identified, recommendations had been made. We noted the manager had developed a plan to set out how the recommendations would be met and had already taken action to make some of the changes suggested. We saw other checks were made by the manager to check the standards of service. For example people's records and medicines records were looked at to ensure they were completed and maintained appropriately.

The manager involved other healthcare professionals in the planning and delivery of people's care and support. Staff worked closely with the local authority's Community Team for People with a Learning Disability. Through this team, people and staff had access to nurses, psychologists and speech and language therapists which enabled staff to access best practice, guidance and research to improve the quality of care people experienced.