

Living Ambitions Limited

Riverswey

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 April 2016 and was unannounced. At our last inspection in September 2013 the provider met the regulations we inspected.

Riverswey provides accommodation and personal care for up to three people with learning disabilities. There were three people using the service at the time of our visit.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Two people told us they liked living at Riverswey and said that staff were kind and caring towards them. There was a relaxed and friendly atmosphere when we visited.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

People received care and support from a long standing group of staff who knew them very well and understood their needs and preferences. Each person had individualised and detailed support plans to make sure they received the support they required. Assessments completed by the service identified any risks to each person and helped to safely promote their independence.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

Senior staff supported staff to deliver appropriate care and support. Staff attended training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

The systems in place to monitor the quality of the service could be improved. We found shortfalls with health and safety checks and the support provided to staff through management supervision. This meant the safety and quality of the service was not always being appropriately audited and assessed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective. Staff were trained and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and their privacy and dignity respected.

Relationships between staff and people using the service were positive.

Staff knew people very well and provided care and support in line with their wishes and preferences.

Is the service responsive?

Good ●

This service was responsive. Staff were knowledgeable about

people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

Arrangements were in place for dealing with concerns and complaints.

Is the service well-led?

Some aspects of the service were not well led.

There was a registered manager in post. Staff felt supported in their role and said they did not have any concerns about the service provided to people.

The systems in place for quality assurance required improvement to fully ensure the quality of service provided.

Requires Improvement 

Riverswey

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 was planned to check 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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 6 April 2016. The inspection was unannounced and carried out by one inspector.

We spoke with two people using the service, the registered manager and two members of staff. Feedback was provided by one involved health professional following our inspection visit.

We looked at records about people's care, including two files of people who used the service. We checked two staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People told us they felt safe living at Riverswey. One person said they liked living there and another person told us they were "happy" living at the home.

We saw there were enough staff on duty to help meet the needs of people using the service. One member of staff said, "We are covered by bank, generally we are fine." On the day of the inspection we observed staff supporting people with their daily activities and to go out into the community.

The people living at Riverswey were helped to keep safe by staff that could recognise the signs of potential abuse and knew what to do if they had to report any concerns. Staff had undertaken safeguarding training and the staff spoken with said they would raise any issues with the registered manager or other senior staff immediately. Safeguarding procedures were available for reference and staff knew what action to take if they had concerns about anyone including contacting the local authority and the CQC if required. Staff also supported people to manage their finances. We saw up to date records of people's finances were kept by staff and checked regularly therefore reducing the risk of financial abuse.

Assessments identified any risks to the person and helped to safely promote their independence. For example, areas such as cooking independently, being out in the community and behaviour that sometimes required a response from staff. We observed that staff were aware of the things that may cause people to worry or become upset and were careful around managing these areas. We also saw staff supporting people to prepare their meals during our inspection promoting their independence whilst helping to making sure they were safe.

An external health professional told us that the service had taken appropriate action following some reported incidents in order to help reduce the risk of repeat events. Both the registered manager and staff were able to talk to us about the potential risks for one individual and how they had worked to reduce these.

Medicines management in the home was safe. People told us that staff helped them take their prescribed medicines. We saw medicines were kept safely and securely in a locked cabinet. People using the service had medicines administration records (MAR) that were accurate and up to date. There were systems for the ordering, receipt and returning of medicines and records showed that staff had received training to manage medicines safely.

Health and safety checks of the premises and equipment took place although we found shortfalls in some areas. For example, weekly fire alarm tests were being carried out along with other important checks such as those for bath and shower hot water temperatures. However the first aid box in use had not been checked since August 2015 and monthly environmental health and safety checks had not been taking place. The testing of portable electrical appliances by an electrician was also overdue according to the records seen. It was noted that the quality assurance processes and audits in place had not picked up on these shortfalls prior to our inspection taking place. The registered manager confirmed that these issues had been actioned

immediately following our inspection.

Records showed that the provider undertook employment checks before staff started to work at the home. Staff files included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Is the service effective?

Our findings

People spoken with were happy with the support provided by the staff working at Riverswey. An external care professional told us they found the home very suitable for their client's needs.

There was a well established team of staff working at the service who were appropriately trained. Staff told us they had opportunities for on-going training and there was a system to make sure staff received relevant mandatory training and this was kept up to date. Records showed that staff had undertaken either online or classroom training across a number of areas including safeguarding adults, health and safety and moving and handling. Staff also received training in topics specific to the needs of people using the service, for example, around responding to behaviour and person centred care planning.

Staff received supervision with their line manager however the frequency of these sessions varied greatly in the staff records we looked at. The documentation seen did not show that staff had consistent access to supervision in order to develop and review their practice. A supervision planner or schedule was not in place in at the time of our inspection. The registered manager put this in place immediately following our visit. It was however noted that the quality assurance processes and audits in place had not picked up on this inconsistent practice prior to our inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. Staff worked alongside people and were aware of the need to always work in people's best interests. Records showed that people using the service had contributed to their support plans and had signed to show they agreed with the content. Decision specific assessments had been completed for areas such as medication and finance documenting the person's ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager was in the process of making applications as required to the local authority for DoLS authorisations for people using the service.

Two people told us they enjoyed the meals provided to them and could choose what they wanted to eat. Meals were planned on a daily basis and one staff member told us, "We don't do weekly menus, we go shopping and help people choose." Another staff member said, "People eat when they are hungry, that might be brunch or an early tea." One person went out to eat with a staff member and another person was

supported to go shopping on the day we visited.

Staff supported people to access the healthcare services they needed. Each person had a health action plan that addressed people's needs and recorded details of how staff met these. Records showed that staff supported people to attend appointments with their GP, dentist and other more specialist health services.

Is the service caring?

Our findings

Two of the three people using the service at Riverswey had lived there for a long period and were supported by a consistent group of staff who knew them very well. Staff were familiar with the needs and preferred daily routines of each person and spoke about how they were getting to know the person who had moved in more recently.

People using the service were positive about the staff and said they liked living at the home. The premises were domestic in appearance and homely in feel. Communal areas were personalised to the people who lived there with photographs displayed throughout. People had pets they looked after including birds and fish. One person showed us their room which was furnished with their own possessions and pictures on the wall. They were proud of their room saying, "I have a big room, my own wardrobe and a TV."

There was a relaxed and homely atmosphere when we visited. Observed interactions between staff and people using the service were familiar and friendly. Jokes were shared and staff clearly knew how to work positively with people to help ensure their wellbeing.

One staff member told us, "I would recommend this house and staff team to anyone." Another staff member said, "It's brilliant. It's a small home where we are able to support people on a one to one basis."

Staff gave us examples of how they supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring the person had control of their space and had privacy when they wanted it. One staff member said, "We treat them the way we would want to be treated."

One staff member acted as an organisational lead and champion for person centred care planning. We saw that support plans were person centred in their approach, written in the first person reflecting the persons own preferences for how they wanted their support to be provided. A one page profile gave information about what people were like, their strengths and the things that were important to them. Pictures were used to illustrate the plans and included details of how the person was involved in creating their plan. One person using the service went to the office to get 'their' plans to show us. They went through their support plan showing all the work they had completed with staff.

Staff encouraged people to be independent and make choices for themselves. During our inspection we observed staff support people to make choices about their breakfast and lunch and encouraged them to prepare their meals themselves.

Is the service responsive?

Our findings

One person told us how they recently enjoyed going out for lunch at the pub with staff. Another person went out for brunch and shopping on the day we visited which was part of their regular weekly routine. Another person was supported by staff to go out later in the day.

Staff talked knowledgeably about people's interests and how they supported people to be active and occupied. Care records reviewed documented the day to day activities of people using the service. People using the service received regular visits from an aromatherapist. Other activities included attending college, going out for meals, pub and shopping trips. Staff talked knowledgeably about people's interests and how they supported people to maintain these. We saw people were supported to keep in touch with people who were important to them such as family and friends.

Support plans seen were detailed and person centred. They contained guidance for staff profiling each person's care needs across a range of documents including their personal details, daily routines and a personal profile. Individual support plans were in place for key areas such as finance, health and activities of daily living. We saw that care documentation was kept under review and updated regularly. Each person had an allocated key worker who monitored their wellbeing and took particular responsibility for ensuring their care and support needs were being met.

Staff gave us examples of the ways in which they responded to people's changing needs. For example, discussion took place on the day of inspection about one person's health and how they were being supported. Staff talked about the steps that had already been taken and possible actions they may need to take in the future. The registered manager talked about another person's needs and how they were in contact with their care manager to make sure the person was kept safe using the least restrictive options available. This was confirmed by the external professional involved following our inspection.

Information was shared by staff through daily notes, verbal handovers and team meetings. A daily diary was completed for each person including their activities, whether they had been unwell and if there was any change to their needs that staff needed to be aware of. Staff handovers after each shift were also used to share information about changes in people's needs. We saw team meetings were used to discuss people's individual needs and staff signed to say they had read the minutes. During our inspection, staff were careful to close the office door when discussing people's needs.

The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service, their relatives and other involved stakeholders. No concerns or complaints had been made within the last 12 months.

Is the service well-led?

Our findings

A registered manager was in post who also had responsibility for managing another care home run by the same organisation. The rota in place for Riverswey stated that the registered manager worked a 9.00am to 4.00pm shift Monday to Friday each week. This was not the case at the time of our inspection. The registered manager told us that they regularly worked at the home but spent more time at the other service due to the management requirements there. We discussed the need for the staffing rota to accurately reflect the management hours allocated by the organisation for Riverswey.

The registered manager told us that an area manager visited Riverswey regularly and checked important records such as the financial transactions for people using the service. These visits were not documented so we were unable to assess the frequency, content and effectiveness of these management checks.

People using the service and other stakeholders were provided with questionnaires every year to share their views about the home and staff. This process was on-going for 2015/16 with the results being compiled centrally but not yet shared with the registered manager. An organisational quality audit of the service had recently taken place with the service scoring highly when assessed against a quality framework based on CQC standards.

However during this inspection we found shortfalls with health and safety checks and the support provided to staff through management supervision. This meant the safety and quality of the service was not always being appropriately audited and assessed. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they felt they worked well together as a team within the home but individuals spoke about the organisational change that had happened within the last year. A new provider had taken over the running of the service and staff felt that they had not had much information about the organisation, its senior staff and values and aims. Written materials displayed and used in the home mainly carried the logo of the predecessor organisation. It was also noted that an annual organisational business or development plan was not in place for the service at the time of our inspection.

The service worked well with other health and social care professionals to help achieve the best outcomes for the people they supported. An external professional told us that the service communicated well with them and kept required paperwork up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not fully in place to ensure that the quality of the service is assessed, monitored and improved.