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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 31 December 2015 and 5 January 2016. The first day of the inspection was unannounced and we told the registered manager we were returning on the second day. At our previous inspection in May 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

Rivercourt Project Short Breaks Service is a five bedded respite care home for adults with a learning disability who ordinarily live with their families, and respite is also offered to people who live with a partner or friend, or live alone. At the time of this inspection 30 people used the service for varying length of stays and five people were using the service on the two days we visited. The service can be accessed for day care only, if required. More than half of the people who use the service are living with autism, and two of the bedrooms are equipped with ceiling hoists to support people with mobility needs.

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

The service delivered outstanding care and support in order to provide people with an enjoyable and safe respite experience, and offered opportunities to learn new skills, develop and maintain friendships and participate in fulfilling social activities within the service and in the community. Although people ordinarily attended the service for a maximum of 12 short visits each year, the provider ensured that these respite stays positively impacted on people's daily wellbeing. For example, people were supported by staff to express their views about difficult events in their lives through the use of therapeutic life story work. A person who used the service told us that staff provided the emotional support and encouragement they needed to cope with their health care concerns, which made it easier to manage at home. The provider supported people to access other health and social care services, and created additional local leisure facilities through setting up a social enterprise and disco evenings. The provider supported the relatives of people who used the service through quarterly relatives meetings, which were used for peer support and a chance to socialise with other family carers, in addition to discussions about the service.

There were policies and procedures in place to protect people from harm or abuse and staff were able to explain the actions they would take to protect people. Records confirmed that staff had attended relevant safeguarding training and external health and social care professionals had praised the registered manager and the staff team for their thoughtful work with people at risk of abuse.

Up-to-date risk assessments were found in the care plans we checked. The risk assessments were individualised and addressed a range of issues, including guidance about how to support people to maintain their safety when out in the community for activities, and how to support people with behaviour

that may challenge the service. The registered manager and the staff team supported people to live as independently as possible, and the risk assessments demonstrated a balanced approach to considering the possible benefits and risks associated with various choices and activities.

The registered manager and the staff team were passionate about providing an outstanding standard of care and support that was compassionate, creative and personalised. There was sufficient staff available to provide people with individual support as required, and to take people out to places of their choice including restaurants, pubs, leisure centres, the cinema and parks. People were also supported by staff to participate in events and projects that benefitted the local community, such as a conservation and gardening scheme. Staff were safely recruited and systems were in place to involve people, and the relatives, during the recruitment process.

Medicines were stored and administered safely. Staff had relevant training and understood their responsibilities in regards to the secure and correct management of people's medicines. Written guidance was in place to ensure that people were supported to receive their medicines in accordance with any instructions from health care professionals, and people's own preferred routines were respected which meant that people who managed their own medicines at home were supported to maintain their independence during their respite stay.

People were supported by staff who had regular training and supervision, and an annual appraisal. The training programme addressed the specific needs of people who used the service, in addition to mandatory training such as food safety and the safe moving and positioning of people. Staff were enthusiastic and committed to meeting the needs of the people who used the service. They told us that the training was of a high quality and they felt well supported by the registered manager.

People were presented with choices about their food and drinks and staff were aware of individual likes and dislikes, as well as any specific dietary needs. People were supported to participate in menu planning, grocery shopping and the preparation of meals, snacks and drinks. There were also regular opportunities to eat out at restaurants, cafés and pubs. Where required, people were supported to eat and drink in a patient way that ensured their dignity.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. Staff had received relevant training and understood how to protect people's rights. There were no DoLS authorisations in place at the time of the inspection and the registered manager understood the necessary legal processes to follow if required.

We observed that people had positive and relaxed interactions with staff, who demonstrated a compassionate and knowledgeable understanding of people's unique and sometimes complex needs. There was a happy and friendly atmosphere that was commented on by relatives and health and social care professionals. Staff described people's hobbies, likes and dislikes, and any practices related to their cultural and/or religious backgrounds. They understood about people's day- to- day lives including the college courses and day centre groups they attended, family relationships and important friendships.

Care plans reflected people's needs and interests and had been developed by consulting with people and their representatives. People and their relatives were invited to care planning and review meetings, and their views were valued. People's individual needs were regularly reviewed and the care plans were kept up-to-date. The service also gathered information from health and social care professionals involved in people's

care, and liaised with these professionals in order to effectively support people.

There was a very positive culture at the service. The registered manager had a clear vision about the values and quality of the service, which was shared by staff. The staff team benefitted from strong leadership and the registered manager led by example. Systems were in place to constantly improve the quality of the service, which included the development of valuable relationships with external organisations that assisted the service to learn about, develop and implement best practice.

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.

Staff had received safeguarding training and understood how to recognise the signs of abuse, and keep people safe from harm.

Risks to people's safety and health had been assessed and plans had been implemented to mitigate these risks. There were enough staff, who had been robustly recruited to ensure they were safe to work with people.

Medicines were safely stored and administered by staff with appropriate training.

Is the service effective?

Good

The service was effective.

People were supported to participate in meaningful activities and develop their independence.

Staff received training, supervision and support to effectively meet people's needs.

Staff understood about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take the right actions to ensure the protection of people's rights.

People were provided with a healthy diet which took into account their preferences and any special dietary requirements. Staff understood how to meet people's personal care, social, behavioural and health care needs.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

We saw excellent communication between people and the staff. People told us how much they liked staying at the service and looked forward to their next visit.

The provider supported people to feel part of the local

community and they participated in projects to support local charities and improve the environment.

People's privacy and dignity were respected, and compassionate care and support was provided when people experienced difficulties.

The provider listened to people's views and developed new activities to meet their needs, including social events that welcomed people who used other services.

Information was provided about how to access advocacy services.

Is the service responsive?

Good

The service was responsive.

We found that the service assessed people's needs and recorded detailed guidance and information so that staff understood how to respond to these needs. The planning of care and support took into account the wishes of people using the service and their families.

People were supported to access a wide range of activities and entertainments within the home and in the local community.

People and relatives told us they had been given clear information about how to make a complaint and they were confident that any complaint would be fully investigated.

Is the service well-led?

Outstanding

The service was outstandingly well-led.

People and their families were asked for their views about the quality of the service at review meetings and through questionnaires. The registered manager arranged regular meetings with relatives to seek their views about the quality of the service.

The registered manager had worked creatively to establish new leisure opportunities for people through setting up a social enterprise.

Positive relationships had been developed by the registered manager with individuals in the neighbourhood and local organisations, in order to improve people's experience of using the service.

Staff told us they felt the management culture was open and supportive. There were robust arrangements in place for monitoring and improving the quality of the service.

Rivercourt Project Short Breaks

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 was 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.

We visited the service on 31 December 2015 and 5 January 2016 and the inspection was unannounced on the first day. We informed the provider that we were returning on the second day. The inspection was carried out by one inspector.

Prior to the inspection we looked at an assortment of information we held about the service. We reviewed any notifications sent to us by the provider about significant incidents and events that occurred at the service, which the provider is required by law to send to us. 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.

Some of the people who used the service had complex communication needs and were not fully able to tell us their views and experiences. Because of 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.

During the inspection we spoke with four people who used the service, three members of staff and the registered manager. We looked at a wide range of documents including five care plans, medicine administration records, staff recruitment, training and supervision files, health and safety audits, and policies and procedures. Following the inspection we spoke by telephone with the relatives of five people who used the service and received written comments from the relative of a sixth person. We also contacted health and social care professionals who supported people who used the service and received seven

responses.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and this was also the view of the relatives we spoke with. Comments from people included, "I like it here and feel safe" and "I trust all the staff, nothing bad happens here." One relative told us, "I know [family member] loves going there. He/she smiles away when they get in the car to go and comes home so happy." Another relative said, "We have never had any concerns. We know [the registered manager] makes sure that it is a very safe place and the staff are so nice with [family member]."

There were effective systems in place to make sure people were protected from the risk of abuse and harm. There was a copy of the local authority safeguarding policy and procedure, accompanied by internal guidelines for staff to follow. Staff told us how they would identify and report abuse and records evidenced that they had attended safeguarding training. This training was provided for new staff and existing staff updated their safeguarding knowledge every three years. The staff we spoke with were aware of the provider's whistle blowing policy and described how they would raise any concerns about the service to the management team and to external authorities including the Care Quality Commission, if required. We received information from a health and social care professional in regards to how the service supported a person who had been at risk of abuse in another setting. The registered manager and staff were praised for the sensitive and helpful actions they had taken in order to support and protect this person during a difficult period in their life. We also read positive comments about how the provider had supported another person who was at risk of abuse.

The care plans showed that individualised risk assessments were conducted, which included guidance for staff about how to minimise identified risks, including risks in relation to how to manage behaviour that challenged the service or others, and support people at risk of getting lost when on outings. There were also risk assessments in place to support people to safely access the community. The registered manager had attained a qualification to train staff in PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention). This is an approach for supporting people with behaviour that challenges the service; staff are trained to provide behavioural support strategies based upon people's individual needs, characteristics and preferences. This training programme, which has been accredited by the British Institute for Learning Disabilities (BILD) was scheduled to be delivered to staff a few weeks after the inspection. This showed that the provider was committed to introducing different ways to support people to have as much choice and independence as possible, while ensuring people's safety and the safety of others.

We observed that there were sufficient staff deployed to meet people's needs and provide individualised care and support, where necessary. For example, some people enjoyed watching a film together and having a chat in the lounge, with a member of staff either present or regularly popping in and out. Other people engaged in one-to-one activities with staff, such as preparing the evening meal, using sensory equipment or playing a board game. Staff consistently promptly responded to people's requests for support in a gentle and unrushed manner.

We looked at four staff files which all contained satisfactory information to demonstrate that staff had been recruited safely, including written references, evidence of the applicant's identity and right to work in the UK, and Disclosure and Barring Service clearance (DBS). The Disclosure and Barring Service provides criminal record checks and barring functions to help employers make safer recruitment decisions. The provider had implemented measures to involve people and their relatives with staff recruitment. One person told us they had received training to interview short-listed applicants and liked being involved. They described it as "a good day, I got paid and we had lunch together." The registered manager informed us that this person had participated in the most recent recruitment drive for the service and a few relatives also took part. Records showed that staff were monitored and assessed during their six months probationary period. This showed that the provider took rigorous measures to ensure that prospective and recently appointed staff were suitable to work with people using the service.

We looked at the provider's systems for managing medicines and found that safe arrangements were in place. We checked the provider's medicines policy and procedure, and looked at the staff training records for supporting people with their medicines. We also checked the storage and recording of three people's medicines, which was safely carried out. Staff informed us why people were prescribed specific medicines, which showed they were knowledgeable about people's medicines and related health needs. A staff member informed us that all medicines were counted when brought into the service and counted when people completed their stay; this was confirmed in the records we looked at. We noted that all medicines were checked and administered by two members of staff, in order to promote increased safety for people. Medicines were counted twice a day and the registered manager conducted weekly audits. The registered manager told us that this system was put in place to minimise the risk of any medicines errors. The medicines audits showed that any potential discrepancies were identified and discussed with staff to ensure that people's safety was maintained. Training records confirmed that staff had received medicines training and they had access to written information about the medicines and how to identify any adverse side effects. There was a system in place to enable people who managed their own medicines at home to maintain this responsibility during their respite stay.

The medicines administration record (MAR) charts were completed properly and presented in a straight forward written style. The provider had introduced medicines passports. These were small documents with information about the medicines that people were prescribed and could be sent with people and their staff escort for health care appointments and used in the event of a hospital admission. This showed the provider had taken steps to promote people's safety and minimise the risk of any confusion about their medicine needs at health care settings.

We looked at some of the service's maintenance and servicing records. They showed that equipment including fire safety equipment, first aid items, gas and electrical appliances and hoists had been regularly checked to make sure they were safe. Records showed that staff had attended fire safety training and the most recent monitoring visit in 2015 by an independent fire safety company confirmed there were no concerns about the premises. A personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency.

The premises were clean, comfortable and tidy. The toilets and bathrooms were well maintained, and equipped with liquid soap and hand towels to promote the practice of hygienic hand washing. Staff were responsible for cleaning the premises. We looked at the cleaning rotas, which had designated daily, weekly and monthly duties. The registered manager carried out spot checks and audits to check that the rota was adhered to and ensure that the standard of cleanliness was high. Appropriate systems were in place to minimise any risks to people's health during food preparation, for example the use of colour coded

chopping boards and the daily checking of fridge and freezer temperatures. This showed that there were measures in place to protect people from the risk of infection due to an unhygienic environment and provide people with a welcoming and safe residence.

Good

Is the service effective?

Our findings

People told us they were happy using the service. Comments included, "They [staff] make me laugh. I like colouring and I bring my laptop", "I like the food and we go out for lunch to different places" and "I like the staff. I think it's a good place. I like pasta and cheese, I get it here." Relatives said they were delighted with the service and thought "the staff are just wonderful". One relative said, "As a family we just couldn't live without this service. [My family member] loves going there. I tell him/her the night before as they get so excited about seeing their friends and the staff." Other comments included, "I give it 200% out of 100. [My family member] cannot tell me verbally if they like it but I know from their big smiles and laughter that they are so happy there" and "It's the best, amazing and wonderful. I can't fault it at all and [the registered manager] and all the staff are like part of the family."

All of the health and social care professionals we received comments from told us that the service provided excellent care and staff were skilled and knowledgeable. Staff were described as being able to work effectively with community health and social care professionals, in order to ensure that people's different needs including medical and psychological needs, were identified and addressed. One professional told us about how the registered manager and staff team had demonstrated a skilled and creative approach to support a person with specific difficulties travelling to and from services.

Staff informed us that they received training and support to meet the individual needs of people who used the service. One staff member told us, "We get offered great training opportunities, compared to other social care places that I have worked in. We have had first aid, Makaton, health and safety, dementia care, how to support people's nutritional needs, safeguarding, the role of the Care Quality Commission and many more. (Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking). Training records showed that staff were offered opportunities to gain national qualifications in health and care. Two members of staff told us they had completed level two and three qualifications and were being encouraged to develop their careers with additional qualifications.

Another member of staff told us about their induction training, which took place within the past 12 months. They described it as being "very thorough. The registered manager explained the expectations of the organisation and I was taken over to the Town Hall to meet social workers and health care professionals. Time was set aside to read care plans and policies, followed up with step-by-step explanations from colleagues, training and shadowing." Records showed that newly appointed staff completed a detailed induction, followed by a probationary period.

Staff told us they regularly had one-to-one supervision and an annual appraisal, which was confirmed when we looked at staff records. Staff told us they felt well supported by the registered manager. One staff member said, "The registered manager is brilliant. She briefs us every day." We were shown the minutes for several group supervision sessions that had taken place soon after staff had dealt with a complex situation, conducted by the registered manager and attended by two or three staff. These meetings were ordinarily held the day after an incident and were used as an opportunity for staff to de-brief and discuss whether a

situation could have been managed differently, if appropriate. Team meetings were conducted every month and the registered manager organised an 'away day' for the entire staff team a few months ago. The minutes for these meetings showed that staff were provided with guidance and advice by the registered manager and given opportunities to discuss a range of matters including the provider's policies and procedures, and professional developments related to the needs of people with a learning disability.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS) and the Care Quality Commission monitors the operation of DoLS in care homes. The registered manager and members of the staff team demonstrated their understanding of their responsibilities in relation to this legislation and had attended training. Staff emphasised the importance of the need to always gain people's consent to care and support before they assisted people. Staff told us that people could give their consent for day-to-day activities verbally or through communication systems such as Makaton, using objects of reference or pictorial communication boards. There were no DoLS authorisations in place at the time of this inspection and the provider's own assessments demonstrated that people were not deprived of their liberty.

People told us that they liked the food. Comments included, "The food is good", "I help with baking biscuits" and "I like doing the washing up." We saw how people and staff worked together to prepare an evening meal. Some people had favourite kitchen tasks, for example one person told us they liked to chop up vegetables and we observed that they were being supported with this. When we arrived for the first day of the inspection we met people and staff members in the hallway with their coats on, ready to go out food shopping for New Year celebrations. People showed us the shopping when they got back, which contained favourite items picked by each person and reflected people's individual tastes and cultural preferences. People's nutritional needs were assessed before they began using the service, which was kept under regular review. An eating and drinking care plan had been developed for each person, which held information about their likes and dislikes and any cultural preferences, which had been obtained through speaking with people and/or their relatives. Some of the care plans contained more extensive information in accordance with people's individual needs. For example there were copies of assessments by health care professionals such as dietitians, and speech and language therapists, if applicable. Some care plans had been developed in conjunction with detailed individual clinical guidance about how to support people to safely meet their needs for nutrition and hydration, which showed that the provider worked in partnership with health care professionals.

We looked at the range of pictorial cards used by the provider to enable people to select food and drinks for menu planning and shopping. The registered manager told us that most people enjoyed going out shopping at food markets or supermarkets with staff, and the staff aimed to provide people with a multi-sensory experience that developed their interests and skills. For example, people were encouraged to look at items, help select products, and touch and smell merchandise after it had been paid for. People were also encouraged to help load the trolley and exchange money with the cashier, with support as required from staff. We observed that people expressed a sense of satisfaction when they came back from the shopping trip. One person told us they would like to make a slushy drink with the fruit and other people said they had been into the supermarket café for a drink and snack.

The registered manager showed us the menu plans that had been developed using information from Food

For The Brain, which is a non-profit educational charity created by a group of nutritional therapists, doctors, teachers and scientists to promote the link between nutrition and enhanced health for people living with autism. We were informed that the diet was being used at local senior schools for people living with autism, hence some of the young adults who used Rivercourt Project Short Breaks, and their relatives, were already familiar with it. This demonstrated that the provider was committed to improving the nutritional intake of people who used the service, through implementing nationally recognised guidance.

Care plans contained information about people's healthcare needs and how to meet these needs. One person's care plan showed how the provider had worked closely with a specialist hospital for people with respiratory conditions when it became necessary for the person to use a specific clinical item. Staff had attended the hospital for training in how to use the item, which enabled the person to continue to attend the service in accordance with his/her wishes. People's needs were originally assessed by their social worker and other health and social care professionals. The service then carried out its own further assessments so that detailed and individual care and support could be provided. The provider worked in a noticeably joined-up way with local health and social care professionals and other organisations, such as schools and a local day centre, so that important information was shared. This promoted better outcomes for people who were transitioning between services or regularly used more than one service. All of the professionals told us they had a very good relationship with the provider. We were informed that the provider quickly contacted them to discuss any changes with people's health and wellbeing, and the registered manager offered her assistance and/or the assistance of members of the staff team if a person was experiencing problems.

People had been provided with hospital passports, with information recorded by the provider. Hospital passports are brief guides that people with a learning disability can take into hospital with them, as it gives important information about their needs to enable hospital staff to provide a more personalised approach. People's files contained contact telephone numbers for their relatives and additional family contact numbers if the relative(s) they lived with was on holiday. There were also contact numbers for GP's, health care practitioners and social services staff. This showed staff had the appropriate information at hand in the event of a person needing to be sent to hospital during a respite stay.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us that staff were incredibly kind and caring. One person who used the service told us, "I look forward to coming here once a month, it is a lifeline for me. I like living at home but the week here really helps me." Other people told us, "I like all the music here and watching films, staff are nice" and "We go to Chessington and for walks in the park. I do the arts and crafts. I like shopping with [relative] at home and going shopping here."

Relatives told us that their family members received an outstanding level of gentle and compassionate care. Comments included, "The staff are fantastic with [family member], he/she adores them", "It is a unique and happy home from home" and "I could not begin to describe how much I recommend this place, the staff are just lovely, truly." Relatives said that the registered manager and the staff team went out of their way to provide an ambience and environment that nurtured and supported people, and promoted people's self-esteem. This view was also expressed by health and social care professionals who told us that people broadened their confidence and skills through staying at the service, and developed a wonderful rapport with the registered manager and staff. A professional told us that the registered manager and staff team had supported a person to make significant changes to their lifestyle, which included healthy eating and weight loss, and smoking cessation. The changes supported the person to feel more confident and socially active.

We observed people taking part in activities during the inspection. We saw positive and cheerful interactions between people and staff on both days of the inspection, with people approaching staff when they needed assistance or wanted to have a chat. Some people were able to communicate verbally and make their needs known to staff. The registered manager showed us how she and the staff team used innovative methods to ensure they sought the views of all people who used the service, including people who could not communicate verbally. For example, people had been consulted about how they wanted to celebrate the New Year. In order to make sure that all views were represented, staff showed people pictures of different types of celebrations and the option chosen by the majority of people was a party with a buffet. We were shown the picture cards that enabled people to be given meaningful choices. We also observed that because staff knew people well and understood subtle changes in their non-verbal communication, they were able to anticipate people's needs. For example, staff described to us how they knew from people's facial expressions or hand movements that they were possibly thirsty and needed to be offered a drink.

Staff showed us how they sought to involve people to make decisions about the day-to-day running of the service. For example, people had been consulted about their favourite colours and their choices had been used to decide the décor for the five bedrooms and en-suite bathrooms. The premises had been extensively redecorated and refurbished since the previous inspection, which included new colour schemes, furniture and fittings in each bedroom. This meant that people were allocated for each stay into a bedroom that met with their known preferences. New people were invited to visit the service a few times before they stayed overnight and were asked which bedroom they would like. We observed that although people stayed for short periods ranging between a few nights and a week, their photographs had been put up on their allocated bedroom doors to welcome them.

The registered manager told us that it was difficult to organise meetings for people who used the service, because people had other commitments such as college courses, social groups and day centre opportunities when they were not attending the service. The provider organised quarterly meetings for the parents and/or other relatives. The minutes of these meetings showed that the registered manager shared information about the service and sought the views of relatives about what they felt their family member would benefit from and enjoy. The meetings also had a social element to emotionally support family carers, for example lunch was provided by the service or a meal out with the registered manager and staff took place after the meeting.

One of the long-standing popular activities at the service was 'Around the World' sessions. This activity offered people opportunities to learn about different countries beyond the UK, and included sessions to prepare and taste international cuisine, listen to music, look at the currency used and wear clothes associated with a particular country. People were supported to record what they had learnt about a different culture and take photographs, which were published in the service's own newsletters. The registered manager told us that people had now expressed an interest in visiting other countries and the first holiday to Ireland was due to take place soon after the inspection. This new venture was supported by relatives and one relative was accompanying their family member. Other relatives had expressed their interest in assisting with the next trip planned for later this year to Spain.

We were shown examples of the life story work that staff carried out with people in order to support them at sad or challenging times. Life story work is a therapeutic intervention to support people to discuss important events or feelings. The provider created individual life story books with people and their relatives, which were used in circumstances including family bereavements or when people were going into hospital for a planned procedure. The life story books we looked at contained meaningful photographs, pictures and words of support from friends, relatives and other relevant parties. This demonstrated that the provider was committed to working with people, and their relatives, to help people to manage difficult events.

One person who used the service told us how the provider had supported them when they experienced an unexpected environmental crisis at their home, which meant it wasn't safe to remain there. The registered manager had organised for the person to be immediately brought to the service and was supporting them to liaise with the organisation that provided their housing, in order to promptly rectify the problems. This situation had arisen at the time of the inspection and we observed how the staff team provided reassurance, empathy and practical support. The person told us, "I don't know what I would have done without [registered manager] and [other staff members]. They have helped me to cope with all this and kept me smiling." Comments from relatives and professionals indicated that the provider's willingness to go the 'extra mile' was part of the everyday philosophy and practice of the registered manager and staff team.

The provider's commitment to supporting people extended to the provision of community activities in between their respite stays. People and their relatives had told the registered manager that there was a shortage of Saturday evening activities for people with a learning disability to socialise together with friends, siblings and other relatives. This lead to the registered manager and staff team setting up 'Stars Discos', which offered dancing, party games and a quiet area to chat. The discos were held on a Saturday evening every two to three months at a local day centre and hosted by the staff team. People staying at the service at the time of a disco could choose not to attend and staffing was adjusted to ensure sufficient staff remained at home to support them. The registered manager supported the discos as a volunteer and members of the staff team not rostered to work at the service also volunteered from time to time. Invitation flyers were sent to all people who used the service, people who lived at local services for adults with a learning disability managed by other providers, and people with a learning disability who used statutory and voluntary sector day centre services within the area. This showed the provider's dedication to improving social opportunities

for people who used the service and other people in the wider local community.

We were told about how the provider supported people to maintain important friendships and relationships. One person who used the service regularly invited their boyfriend to visit them. The person's boyfriend did not use the service, although the registered manager knew him from other local day services. The person was not staying at the service at the time of the inspection, however we saw photographs in an album of events attended by the person and their boyfriend. For example, there were photographs of when staff supported the person to cook and present a special Valentine's meal and other photographs of when the person's boyfriend had attended parties at the service, and joined restaurant and pub trips. Another person told us that they usually stayed at the service at the same time as their best friend. The registered manager confirmed that they invited people with known friendships and similar interests to stay at the same time, although this didn't always work out as sometimes people and their relatives had their own commitments.
The registered manager told us that the staff team aimed to support people to feel they were valued members of their local community, as this was important for people's confidence and sense of self- worth. Many people who used the service had chosen to take part in an externally organised conservation and gardening project held annually over a six week period at different local parks and open spaces. The project was designed for people with disabilities and operated by a national charity called Groundwork, which works with communities to support people to create a greener and more sustainable local environment. People were awarded a certificate when they completed the project and were invited to attend a celebratory lunch. Following consultation with people about their enjoyment of horticultural projects, the provider was in the process of acquiring a nearby piece of land to be used as an allotment. During the inspection we were taken to see the land and told about the plans for people to grow their own vegetables for use at meal times at the service, with a proportion of the produce intended for donation to the local food bank. Staff told us that people had been involved in baking for and hosting a fund-raising coffee morning last October for a national cancer charity with a local branch, which raised over £400.00. Since then staff had been consulting people and their relatives about other ways to contribute to the local community.

We saw that staff ensured people were given their privacy and treated with dignity. People were supported with their personal care away from the communal areas, in either their bedroom or a bathroom. The staff asked people if they were happy to speak with us and if they agreed, people were asked to choose which room they would like to meet us in. Relatives told us they had seen staff treating their family member and other people with respect. Staff handover sessions took place away from people so that discussions could not be overheard and all personal records including care plans and medicine administration records were stored securely, to maintain confidentiality.

People were able to access independent advocacy, which was confirmed to us by a person who used the service and a representative from a local advocacy organisation. Information about advocacy services was given to people and their relatives in different formats, including a pictorial guide which advised people about their rights, including their rights to make a complaint about the service. This meant that people could get support to make their choices and concerns known.

Good

Is the service responsive?

Our findings

People, and their relatives, told us they were involved in the planning and reviewing of their care. One person who used the service told us, "They always ask me what I would like to do here" and another person said, "We are asked all the time about what we like, it's nice." A third person explained to us that they liked to live in their own home but their respite stays helped them to manage their health care needs and retain their independence. The person felt the support from staff exactly met their needs. Relatives told us they were asked to contribute to the care planning for their family member and felt their views were listened to during review meetings. They confirmed that the registered manager attended annual review meetings chaired by their family member's social worker, and the meetings included discussions about how their family member was getting on at the service and whether the respite care was meeting their needs. One relative said, "The care is very person-centred and we are getting just about the right amount of respite for [family member] to get a break and for us to be able to do things with the rest of the family." Other relatives also told us that the respite stays were used as an opportunity for spending time with younger children or doing activities that were not possible when they had full-time caring responsibilities.

Care plans were detailed and provided clear information about people's social, physical and health care needs. The care plans contained photographs and pictorial charts, so that people could be supported to participate in their care planning. The care plans were extremely person-centred and provided information about people's likes and dislikes, interests, hobbies and personal qualities. One care plan highlighted a person's engaging sense of humour, which corresponded with earlier comments about the person by staff. Care plans were specific about people's cultural needs, for example if a person ordinarily attended a place of worship when living at home and/or followed certain practices, their care plan gave clear guidance as to how they wished to meet their spiritual needs when staying at the service. Some people chose not to attend usual religious services when they were at respite, which was confirmed by a relative we spoke with.

Behaviour management plans were in place where required in order to support people with behaviour that challenged the service or others. These plans provided meticulously recorded advice for staff about how to recognise the triggers that could upset a person and the signs they presented to indicate they were becoming distressed, as well as the actions to employ in order to prevent any behaviours escalating and becoming unsafe.

We were shown the IT system for the service, which demonstrated the smooth systems that supported the provider to work well with other services. As the provider of the service is part of the local social services, the registered manager and the staff team were able to promptly access relevant information to update their own care plans. For example, the provider could check for the most recent information if they had referred a person for an assessment by an occupational therapist or psychologist. The registered manager confirmed that referrals were made following discussions with people and their relatives. This meant that the provider could respond more promptly to people's changing needs.

People were offered a wide choice of activities during their respite stay, which took into account people's needs, interests and abilities. Two of the bedrooms had been fitted with sensory equipment such as

projectors, tactile cushions and fibre optic curtains, and other types of sensory apparatus were located in one of the communal rooms. The entire rear garden had been converted into a sensory area and included a fish pond that lit up in different colours, with a tranquil water fountain. There were raised soil beds to enable people who used wheelchairs to get involved in gardening. Improvements to the sensory garden had been made since the previous inspection and the improvement plans had been discussed with people who used the service and their relatives, so that their wishes were identified and addressed. One person told us, "It's lovely what [registered manager] has done in the garden, I like to sit there. You should see it when the sky gets dark" and the views of relatives about the garden were recorded in the minutes for the relatives' meetings. The registered manager told us that some of the plants had been donated by neighbours who had admired the efforts of people and the staff for creating and maintaining a beautiful garden.

People told us about the activities they liked to do, which included visits to bowling alleys and parks, canoeing, pub lunches, and swimming at a local leisure centre. Staff told us they liked to offer people distinctive visual and interactive experiences by visiting different types of parks, for example a park with a boating lake or duck pond, or one that overlooked the River Thames. We were shown the guidance books used by the provider for arranging activities for people with a learning disability, which had been developed by reputable sources such as the College of Occupational Therapy. These activities were designed to provide fun, develop people's skills, introduce different textures and scents, and improve people's confidence to express their views. We were shown or told about items that people had produced such as birdfeed cakes, collages, yoghurt paintings and lavender pouches.

The provider had given people information about how to make a complaint, which was available in written and pictorial formats. People told us they knew how to make a complaint and would tell a relative or the registered manager if they had any concerns about the quality of their care and support. One person confirmed that staff had explained about how to make a complaint when they started using the service and they had been given the complaints guidance. Information about how to make a complaint was displayed in the main hallway and there was also a noticeboard with a photograph of each member of staff and their name. This meant that people and their relatives could refer to the noticeboard if they wanted to clarify which staff member they wanted to compliment or complain about. There had not been any complaints about the service since the previous inspection. A complaint had been received by the service which was in relation to procedures used by the local authority social services department and the registered manager had referred the complaint on to an appropriate person for investigation. People who used the service told us they thought the registered manager would sort out any complaints if they had any, and relatives expressed their confidence that any complaints would be responded to and resolved in a professional manner.

Outstanding ☆

Is the service well-led?

Our findings

People demonstrated a fondness and attachment towards the registered manager. Most people had known her since their teenage years, as the registered manager had worked for the provider for over twenty years and had been involved in their transition from children's' services to adults' services. Throughout the inspection, we observed that people approached the registered manager and actively engaged with her, using their verbal or non-verbal communication skills. For example, some people told her what they had bought on a shopping trip or what they wanted to make in the kitchen. Other people used smiles and gestures to show they were happy and relaxed in her company. Remarks from relatives demonstrated the trust they had in the registered manager's leadership and integrity. Comments included, "We could not be more pleased with the service and we can speak with [registered manager] if we need advice. She always makes herself available" and "[Registered manager] has done so much to support [my relative] and me. I know that I am sending my [son/daughter] to a well-run respite centre."

The evidence gathered throughout the inspection showed that the service was managed in an outstanding way. The registered manager demonstrated a strong commitment to providing an excellent service, that operated with clearly recognisable person-centred values. There was an enthusiasm and passion to provide the highest possible standard of care and support, and continuously develop new beneficial prospects for people who used the service and their relatives. For example, the registered manager had established a social enterprise with a group of parents of people who attended the service. (Social enterprises are commercial businesses that trade in order to improve communities and offer people opportunities. They reinvest their profits back into the business or local community). This was a new endeavour since the previous inspection but had already achieved positive outcomes for people who used the service and the wider community. The social enterprise named as 'Linking Hands' by its founders, had opened a café at a day centre within the borough. The café provided chances for people with a learning disability to gain skills and work experience, and people used the café as a space for group meetings and informal gatherings. For example, the café activities programme showed that an arts and craft lecturer conducted a session for people and their relatives about needlework. The registered manager told us that the setting up of a social enterprise was the result of listening to the views of people, and their relatives, who wanted to create their own empowering opportunities for leisure and recreation and improve the quality of their lives.

Another innovative project was the recent setting up of a Neighbourhood Watch group. The registered manager told us they wanted to help improve the safety of the neighbourhood, particularly as people who used the service were at risk of being distressed if they witnessed any disturbances on the street. The registered manager and other staff had initially attended a public meeting about creating safer neighbourhoods in order to learn more about how the groups operated. The group was formally founded in partnership with the police and other local organisations, with the aim of fostering a community spirit with neighbours to help householders protect themselves and their properties. The registered manager said the meetings would be held at a local hall as it would be too disruptive for people for the respite care premises to be used. Other practices were already in place to get to know neighbours, such as the provider's open day which was well attended. This meant that people were supported to feel at ease when out and about in the local vicinity with staff, as neighbours greeted them and appreciated the aims of the service.

The registered manager told us that one of their main achievements since the previous inspection was the extensive redecoration and refurbishment of the premises. This had been a major piece of work and had transformed many parts of the premises. The registered manager said that she had urged senior managers to provide the budget for this work as the house was starting to appear tired and untidy, regardless of how much cleaning staff did. However, the registered manager described the main reason for petitioning for redecoration was the keen belief held by her and the staff team about the importance of providing an elegant and comfortable environment to affirm to people who used the service that they were valued and deserved a tasteful and well maintained respite home.

Staff spoke favourably about the registered manager and said she was approachable and helpful. They told us that very high standards of practice and conduct were expected from them, which they were pleased to meet. Staff described the service as being a special place to work because they were being supported to achieve exceptional outcomes for people. One staff member told us, "The manager is brilliant and makes sure we know what is expected from us. It is a very professional and supportive environment." The registered manager told us they operated an 'open door' policy and this was confirmed by staff.

Systems were in place to monitor that staff consistently worked in accordance with the aims of the provider. We observed that the registered manager worked alongside staff, demonstrating by her own example that people should be consistently supported in a caring and professional manner. The provider's service manager conducted unannounced monitoring visits every three months in order to check on the quality of care and support provided to people. The service manager produced a visit report, with recommendations for the registered manager and staff team to implement. The registered manager's compliance with achieving the recommendations was then checked at the next monitoring visit. The registered manager told us they found these visits useful as it offered a fresh look at how the service operated and enabled staff, including herself, to look at practices from a different perspective. As a local authority managed service, there were also visits from elected councillors and internal quality assurance personnel.

A variety of methods were employed by the registered manager to audit the quality of the service. This included spot checks to look at the cleanliness of the building and audits of care plans, risk assessments, activities schedules, health and safety records and medicine administration records. Accident and incident forms were carefully checked and analysed in order to determine if there were any identifiable trends. People who used the service and relatives were asked for their feedback at annual review meetings, relatives meetings and through the use of questionnaires, which were available in accessible formats. The feedback we saw was very positive.

The provider actively sought the views of external professionals and other organisations, in order to develop and improve the service. During the inspection we read emails that had been sent to the registered manager from a range of professionals, including social workers, community nurses, advocates and therapists. There were comments about how the registered manager and the staff team had provided excellent care and support, sometimes in difficult circumstances that required highly skilled and sensitive interventions. The professionals that we contacted as part of the inspection told us the service was remarkable and extraordinarily well managed. The provider had received positive feedback from an external audit visit carried out since the previous inspection. This audit visit was conducted by a researcher funded by NHS England, as part of a project to look into how health and social care providers addressed issues including safeguarding, consent to care, mental capacity and record keeping. The researcher was an independent health and social care professional, who spoke with people who used the service and staff, and read relevant documents. The purpose of this audit visit was to gather information about whether providers were protecting people's rights and were fully aware of their responsibilities in accordance with the Mental Capacity Act 2005. The provider shared with us a written response received after the audit visit, which

stated, "Outstanding, you are doing a wonderful job." The registered manager used this feedback as part of her own audits to check that people received a high quality of care and support that protected their rights.

The registered manager told us that since the previous inspection the provider had developed their link with a local senior school for young people living with autism. She attended meetings at the school with the aim of sharing good practice and exchanging new ideas, and to gradually support young people to transition to using the respite service, in accordance with their needs and wishes. The link enabled the registered manager to form effective relationships and listen to the views of young people and their relatives, so that the experience of transition to adult social care services would be more personalised and positive. The registered manager told us that she had gained new recreational and sensory ideas from the school to implement at Rivercourt Project Short Breaks, including innovative multi-media projects. This showed that the provider understood the benefit of building useful professional networks in order to improve on the care and support people received.

The registered manager was due to take on new responsibilities soon after the inspection, which was the development of the local authority day centre opportunities for people with a learning disability. The registered manager told us that she would spend some of the week at the day centre, designing and implementing new social experiences for people. This new role was due to be reviewed in June 2016, as part of a five year business plan to provide a revitalised and dynamic approach for meeting the needs of people who used the respite service and/or day centre. The provider had recruited senior staff for both the respite service and the day centre and a programme of managerial training had been developed for these senior staff. The registered manager explained that there was already a link between the two services as some people who received respite care were also clients at the day centre. She viewed it as an opportunity to bring new learning and resources to the respite service, and had already sourced new activities for people that included yoga, dancing and music therapy provided by external therapists. We were told that some people who used the respite service were not interested in attending the day centre as they did not think it offered opportunities to meet their needs and interests. The registered manager stated that her aim was to improve the day service and enable more people to benefit from accessing both services.

The registered manager understood when notifications had to be submitted to the Care Quality Commission and we had received appropriate notifications from the service.