

# London Borough of Merton

## Riverside Drive

### Inspection report

112 Riverside Drive  
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10 July 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Riverside Drive is registered to provide accommodation and personal care for up to eight people with a learning disability. At the time of our visit seven people were living in the home, however one person was in hospital.

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

People's experience of using this service and what we found  
Riverside Drive is a purpose built home, managed by Wandle Housing Association. We saw and relatives told us that some areas of the home were in need of repair, redecorating or refurbishment. The registered manager told us that the maintenance of the property was an on-going issue with the housing association.

We have made a recommendation that the provider takes appropriate action to ensure the premises are maintained, repaired and decorated to meet people's needs.

Risks to people had been assessed and regularly reviewed. People were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection. Medicines were administered and stored safely.

Staff were suitably trained and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The Accessible Information Standard for communication was being met. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

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

Rating at last inspection

The last rating for this service was Good (published 29 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Riverside Drive

## Detailed findings

### Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type.

Riverside Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection site visit took place on 10 July 2019 and was announced. We gave the service 12 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did:

Before our inspection visit, the provider completed 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 information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

People were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service, during the inspection we observed staff interaction with people in the communal areas. We did speak with the registered manager, the administrator, three care staff and one visiting relative. We reviewed a range of records. This included three care records, three staff files, and policies and procedures relating to the care of people living in the home.

Following the inspection site visit we spoke with five relatives by telephone to ask for their views and experiences of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported safely by staff.
- The provider took appropriate steps to protect people from abuse, neglect or harm and the registered manager knew they had to report suspected abuse to the local authority and CQC.
- Staff had received training in safeguarding adults at risk of harm.
- Relatives we spoke with expressed their view that their relatives were being well cared for and were safe living at Riverside Drive.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their support needs.
- Staff had considered people's individual mobility needs, their risk of falls, nutritional and medical needs and their communication needs. These risk assessments were updated on a regular basis or when a person's healthcare needs changed.
- Risks to the environment were managed appropriately. Current test certificates for electrical installation and appliances, gas and fire safety were seen. This helped to ensure the premises were safe for people, staff and visitors.

Staffing and recruitment

- No new staff had been recruited since our last inspection. The registered manager told us three staff were on duty during the day and two staff at night, one staff awake and one asleep.
- Relatives spoke positively about staff, however they also mentioned that on occasions, such as the weekends there were not enough staff on duty to facilitate people going out more.
- The registered manager told us they had a bank of experienced staff they could call on to help ensure people were able to access the community or when staff were absent.

Using medicines safely

- Medicines were stored and administered safely by staff who were appropriately trained to do so.
- People had regular reviews of their medicine needs by their GP.
- Staff followed the correct procedures where people required their medicine covertly. Staff told us that even though the medicine was given covertly they still told the person what was happening and if possible gained their consent.

Preventing and controlling infection

- Overall we observed that the home was clean and mal-odorous however some of the carpets and

bathroom fittings in the home were old and maybe difficult to keep clean to help stop the spread of infection. We spoke with the registered manager about this and they said they had put in requests to the owners of the premises, Wandle Housing Association to change or upgrade items that were worn out. We will follow this up at our next inspection.

- We found staff were following the requirements of the control of substances that are hazardous to health (COSHH). Clinical waste was segregated and disposed of correctly. These processes helped to prevent and control the spread of infection.
- The Food Standards Agency inspected the home in January 2018 and gave a rating of five, where one is the lowest rating and five the highest. The food hygiene rating result given to a business reflects the standards of food hygiene found on the date of inspection.

#### Learning lessons when things go wrong

- After the inspection a relative spoke to us about an incident that had occurred to their relative and the actions the registered manager had taken to investigate the incident.
- During the inspection we had looked at the incident and accident file and saw that the registered manager reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.
- The registered manager had oversight of any incidents, accidents or dangerous occurrences like trips or falls. They analysed such incidents to see if any additional actions were required. For example, referrals for additional healthcare assessment.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent because the building was not as well maintained as it could be by Wandle Housing Association.

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

- Riverside Drive is a purpose built home, managed by Wandle Housing Association. It is based on two floors, with bedrooms, bathrooms and a lounge on each floor. A large dining room and kitchen are on the ground floor. There is a large enclosed garden with flower beds and a patio area, with plenty of places to sit. Staff told us they had to maintain this area themselves, including cutting the large lawn area, which they said was difficult to do when they were also supporting people.
- We saw that people were able to access all areas of the home independently. Access to all areas was wheelchair friendly.
- However, we did see that some areas of the home were in need of repair, redecorating or refurbishment. For example, carpets in the communal areas were old and badly stained, bathrooms walls and ceilings were stained from previous water ingress and tiles were discoloured through age and wear. Walls in communal areas and people's bedrooms were in need of decorating.
- One relative commented, "It's very slow here, when you need to get any repairs or rooms refurbished."
- We spoke to the registered manager about our concerns and they told us that maintenance of the property was an on-going issue with the housing association.

We recommend the provider takes appropriate action to ensure the premises are maintained, repaired and decorated to meet people's needs.

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

- Because of people's complex communication needs we spoke with relatives during and after the inspection. They commented, "I feel the staff understand my relative's needs and are good at giving them what they need" and "There is a stable team of staff here and that helps them understand my relative's needs."
- People's care needs were assessed before the service commenced supporting them. These assessments helped to build a comprehensive care plan of a person's needs.
- Staff had read these care plans and knew how people wanted to be cared for, including the choices they were making around their daily routines and personal care.

Staff support: induction, training, skills and experience

- People were supported by a regular and consistent staff team, who had relevant training and qualifications to carry out their roles. Staff received supervision and an annual check of their performance.

- Staff spoke positively about the training they had completed and could feedback about the training to other staff at staff meetings. The provider had a variety of training methods both on-line and face to face.
- We saw records to confirm what staff were telling us about their support and training.

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

- People's nutritional needs were met. Throughout our visit we saw that people were offered drinks and snacks of their choice.
- One relative told us, "My relative has a good diet and has been given the opportunity to use a knife and fork, which makes them happy."
- We observed one person with staff help making themselves a cup of tea. The registered manager told us they tried as much as possible to encourage people to take part in the preparation of meals and drinks.

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

- The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses and dentists.
- Each person had a 'hospital passport.' The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are in hospital.
- One person was in hospital during our visit and staff were visiting daily to assist hospital staff with their communication needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people were only restricted with their liberty to ensure they were safe when accessing the community, following appropriate authorisations and 'best interest' decisions.
- Each person at Riverside Drive had an authorised DoLS. The reason for the DoLS was clearly documented in their care plan.
- We observed that staff took time to talk to people and help them with their decision making. One relative said, "The support my relative gets is very good and his independence is encouraged."

# Is the service caring?

## Our findings

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

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

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

- People received the care and support they needed from caring staff.
- Two relatives for the same person confirmed that they felt their relative was 'happy at the home.' Other relatives commented, "Staff really care," "Our relatives likes being here, we would know if they were unhappy," "This is friendship based care" and "This is her home and she is surrounded by friends [staff and other people]."
- We observed people and staff spending time together, communicating in people's chosen way and being comfortable in one another's company.

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

- Although people had complex communication needs, we saw that staff could communicate with people through signs, gestures and pictorial images.
- People were able to express their view if they did not want to do something and staff respected their decision.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected at all times. We observed that people were dressed appropriately for the activity they were doing and staff supported them to maintain their personal appearance.
- We saw staff encourage a person to adjust their clothing before going out for lunch, this helped to ensure their dignity.
- People were supported to be as independent as possible by staff who gave people the time and encouragement to make their own decisions.

# Is the service responsive?

## Our findings

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

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

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

- Each person had a weekly activity programme based on their preferences and experience and what they had told staff they liked to do.
- Relatives gave mixed comments about what their relative did, "I think my relative needs more activities and things to do," "They should put the radio/music on more, it would make a better atmosphere in the lounge, than just the television," "My relative goes out a lot, for meals, shopping and on holidays" and "My relative never gets taken out."
- On the day of our visit all but two people were at the local day centre. One person at home was going out with staff to have lunch and the other person was having a rest, having been on an all day outing the day before. We saw when people returned home they could choose what they did, some went in the garden, others to their own rooms, some in the lounge watching television and another person making themselves a drink.

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

- We saw that care plans were up to date and contained relevant information and guidance for staff. This guidance included notes on people's dependency levels, how they liked to be supported, a communication profile, their cultural and religious needs, mobility needs and a medical history.
- Care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- People and relatives where appropriate were encouraged to be part of the support planning process.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare needs.

Meeting people's communication needs

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

- The AIS was being followed by the provider, home and staff.
- Staff took their time to explain situations to people wait for a response and act on the response.
- Where appropriate pictorial images were used as a prompt to helping people understand.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record, investigate and respond to any complaints raised with them.

- Information was available to people, in a format appropriate to their communication styles.
- Relatives commented that although they had complained about issues as they happened the responses they received were not always prompt or positive. Complaints they told us about included the décor and maintenance of the home, people accessing the community more and clothing going missing.
- We received these comments after the inspection but we had previously looked at the complaints file and spoken to the registered manager. They said they tried hard to resolve everyone's concerns but something's, such as the housing associations response to the maintenance of the building were out of their control.

#### End of life care and support

- At the time of this inspection Riverside Drive was not supporting anyone who was receiving end of life care.
- We did not see any end of life wishes in people's care plans. We spoke to the registered manager about this and they confirmed it was not something they had discussed with people but knew that they needed to.
- We then had a positive and open discussion about who could deliver this type of training to staff, how people and their families could be approached about this sensitive subject. The registered manger said she would take forward the ideas to ensure people received the end of life care they wanted.
- We will follow up this progress at our next inspection.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear vision in relation to how they wished the service to be provided.
- One member of staff commented, "The registered manager [named] is open and friendly and easy to get on with."
- We found the registered manager and staff to be friendly and happy to chat with us, They were clearly knowledgeable about the people who lived at Riverside Drive, their support and communication needs and what they liked and disliked.

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

- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2008. They demonstrated a good knowledge of the needs of people they supported and the staff team.
- They were also aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported.
- The staff team, who had worked at the service for a long time were clear about their roles and were committed to supporting people to live good lives.

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

- Resident meetings were held monthly to ensure people were fully engaged in how they were being supported and were able to make suggestions as to events or activities they would like to take part in.
- Regular staff meetings were a useful time to keep everyone up to date with any changes that were happening.
- The provider conducted annual surveys of residents; the last was in February 2019. People were supported to complete the survey with their key worker or staff from the day centre. Two of the questions asked were 'New things I would like to do or learn?' People had given their suggestions, such as 'have my own door key,' 'lace my shoes,' learn how to bake' and learn to use a computer.' People also commented that they liked the home and their room, but didn't like crowded places or loud noise.
- The registered manager and staff could now develop people's wishes into an action plan, alongside the objectives we saw staff had for people for the next year, for example, going swimming, cycling, bowling,

meals out, BBQ's and celebrating birthdays.

#### Continuous learning and improving care

- The registered manager and provider had systems in place to monitor the quality of the service that they provided. These included, checks on the environment and the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at in-service meetings, local forums as well as receiving regular updates regarding developments in health and social care practice.

#### Working in partnership with others

- The registered manager had established and maintained good links with the local community and with other healthcare professionals which people benefited from.