

Bright Futures Care Limited

Riverside Point

Inspection report

26-29 Kerridge Drive
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Riverside Point is a residential home owned and managed by Bright Futures Care. It is registered to provide accommodation and personal care for up to eight people with physical and learning disabilities. The accommodation comprises of four linked three-story terraced properties each house providing living accommodation for two people. It is located close to local amenities in the community. At the time of the inspection eight people were living at the service.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People who used the service and their relatives spoke of the outstanding care delivery. They told us the provider and staff of the service went above and beyond to ensure they received a person-centred service.

The service was exceptional in placing people at the heart of the service and its values. It had a strong person-centred ethos. Staff and managers told us how important the services' shared values were to them. They were passionate about providing outstanding individualised care to people.

Professional feedback was extremely positive about the service and the results they had achieved regarding the outcomes to people's quality of life. The service provided individualised care and support in accordance with best-practice. People's quality of life had improved significantly. People developed in their self-confidence, independence and their self-esteem.

The provider and staff had an excellent understanding of managing risks and supported people to achieve their aspirations and full potential. The provider constantly adapted their support to promote each person's skills. This included supporting people to transition into moving to their own property, attending college and gaining employment.

The service had developed creative ways of ensuring people led fulfilling lives and were supported with choices with their lifestyle. 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.

The manager, provider and staff promoted an open, positive culture with a focus on exceptionally high-quality, person-centred care. The manager and provider made effective use of audits and other sources of information to continually reflect, review and improve practice. The provider funded additional support to their specialist staff teams. This included external services and specific training for staff to help them provide positive influences and outcomes to the people living at Riverside Point.

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

Rating at last inspection

The last rating for this service was outstanding. (published in June 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally 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 Point

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 registered 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Riverside Point is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service less than 24 hours notice of the inspection. This was because it is a small service and we needed to make sure that people would be available to talk with us and provide information.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included documents sent to us by the registered provider about incidents and events that had occurred at the service. This is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection

We spoke with the deputy manager, adult service manager, quality assurance manager, positive behavioural support lead/safeguarding lead, integrated practitioner/ best interest assessor, three members of support staff, three people living at the service and seven relatives. We looked at care records of three people receiving support, two staff recruitment files, medication records and other records and documentation relating to the management and quality monitoring 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about the provider's safeguarding policies and procedures. They could describe what action to take if they saw any incidents of concern.
- People at the service and their family members told us that they felt the service was safe.
- Staff received regular training and updates regarding safeguarding adults so that people were safely supported.

Staffing and recruitment

- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the service.
- Thorough recruitment procedures were in place. Pre-employment checks were undertaken on all staff prior to employment, to check they were suitable to work at the service.

Assessing risk, safety monitoring and management, using medicines safely

- Effective measures had been taken to reduce risk and maintain people's quality of life and independence.
- Risk assessments were completed in relation to a range of health conditions and the environment. Positive risk taking was promoted to ensure people had fulfilled lives and participated in activities in the home and community.
- Medicines were well managed by staff who were trained to safely administer medications. Records were completed correctly and subject to regular audits.

Learning lessons when things go wrong

- Staff understood the importance of reporting incidents and accidents. Detailed records were kept and analysed to help identify patterns or trends.

The provider's own team of specialist staff offered expert support, which had a positive impact on each person's quality of life and the management of risk.

- Significant incidents were regularly reviewed by senior managers and specialist staff. The frequency and severity of incidents had reduced for some people and this had positively impacted their quality of life.

Preventing and controlling infection

- The environment was highly maintained. There was a clear system in place for the maintenance and cleanliness of the service.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

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 outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service had an exceptional and significant impact on people's well-being. Families told us the service was extremely successful in supporting their relatives conditions.
- Staff invested a significant amount of time getting to know everything important to a person before being supported to move to the service.
- Relatives told us that this support really had a fantastic impact to their family member's well being. The energy and patience taken by staff resulted in a smooth transition with extremely positive outcomes for the persons' wellbeing.
- Relatives told us they felt this service was the best they had experienced and described the highly positive improvements to people's wellbeing since receiving the service.
- Relatives were impressed with how staff had listened to them and helped them with everything important to their family member, including going out more. Staff excelled at understanding what people liked and didn't like and encouraged them to experience new things.

Staff support: induction, training, skills and experience

- Staff were highly trained to meet the needs of the people they were supporting. They received a diverse range of training in person-centred care to work in line with the values of the service. Staff were extremely positive about the training and support they received.
- The provider demonstrated their continued investment in specific training to further enhance people's quality of life. Various training was developed with specialist advisors to ensure staff were up to date with best practice. This included positive behaviour support training (PBS) for all staff.
- Staff developed positive behaviour support plans and worked in partnership with their in-house specialist behavioural support lead, to achieve the best outcomes possible.
- Detailed reviews had helped identify triggers which had a negative impact on one person's sense of structure and routine. This work resulted in reduced episodes of distress to the person and really positive effects to their well being. Relatives acknowledged the ongoing improvements to their family member's well being and how they were positively responding to staff support.
- We observed very positive and highly skilled interactions between staff and people they supported. Staff values were clearly embedded with good practice.

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

- People's health outcomes had greatly improved since moving to the service. This was due to a highly

skilled staff team who worked collaboratively across specialist teams. Records relating to health professionals involved with each person's care were maintained to a very high standard.

- Staff knew people extremely well, how they communicated and the signs they displayed when becoming unwell. This meant they accessed medical intervention promptly.
- The provider heavily invested in both upskilling their own staff and purchasing additional professional support such as 'Shine therapy' (specialised support with occupational therapy, speech and language and integrated support.) This helped staff work collaboratively and provide speedier support in these areas to strive for the very best outcomes.
- The support from Shine therapists had an exceptionally positive effect on one person's behaviour.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff showed an excellent understanding of the importance of MCA and gaining consent from people. Staff supported people to make a variety of decisions relating to their care so they were in control of their lives.
- Support plans demonstrated how people's rights were met and their support was fully inclusive. Everyone's preferred method of communication was used to gather individual feedback. Relatives told us they were updated and included at every stage; they were confident staff consistently promoted their family members rights.
- The service had an MCA champion and assessor. They supported all reviews to offer expert oversight to any assessments, always ensuring best practice.

Adapting service, design, decoration to meet people's needs, supporting people to eat and drink enough to maintain a balanced diet

- The service had been adapted to ensure people with physical disabilities were not restricted and could easily access areas within their home.
- Externally, there was nothing to indicate that it was a registered care home, which helped to promote the concept of community living. The provider showed continued investment to highly maintain the service to meet the needs and requests of people living at Riverside Point.
- People told us they loved their home and liked their ability to live independently. They lived in an environment that was homely and reflected their individual tastes and preferences.
- People told us they enjoyed the food and had a good choice of meals and snacks. Staff and people often sat together to enjoy their meals socially.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has moved to 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 and their relatives spoke very positively about the caring nature of staff. They told us that they were always treated well by staff and were involved in decisions about their care. Relatives felt that their family members were well looked after. They were keen to tell us how happy and relieved they were that their relative's lived at Riverside Point.
- People were treated with dignity and respect. We observed positive practice by staff who sensitively supported people with compassion and kindness
- Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately. Staff told us they were passionate about the support they provided with one stating, "They are my family too."

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

- The staff team were committed to enhancing the experiences of people. They ensured people were empowered and included in the care they received.
- People were supported to achieve their goals and encouraged to reach their full potential. Staff and relatives shared many examples where they researched ways to meet people's aspirations.
- Staff discussed decisions with people and offered choices.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. Relatives confirmed that people's privacy and dignity was always maintained.
- Staff told us they did whatever it took to meet people's needs and requests.
- Staff supported people with their personal care needs in a discrete and sensitive manner. Staff demonstrated a good understanding of how important this was and explained how they supported people's right to privacy at all times.
- People were supported to maintain and develop their independence.
- People were listened to and supported to do what was truly important and meaningful to them.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

Is the service responsive?

Our findings

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

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

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

- The service provided an exceptionally personalised service for people that met their specific needs and wishes. Without exception staff used individual ways to involve people in planning their care. Staff had outstanding skills and an excellent understanding of people's needs. Relatives told us their family member leads a full and happy life with outstanding support.
- Staff supported people to plan and achieve their goals and aspirations, leading to extremely positive outcomes. Staff knew how to meet each person's preferences and were innovative in suggesting ideas that they thought would work for each person. For instance, some people wanted to work with dogs and were supported with voluntary work for a local dog walking charity. One person liked trampolines. They were supported to go to local venues with specific support. Due to the positive outcomes for this person, the provider had plans to adapt the garden to develop a fully adapted trampoline on site.
- Health and social care professional praised the staff team and felt it was due to their patience and expertise that people's health and wellbeing had significantly improved.

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

- The service provided an incredible range of social activities for people that were tailored to their own preferences and aspirational goals. Staff worked tirelessly to overcome any challenges presented by health or physical needs so that people had everyday opportunities and led fulfilling lives as possible.
- The provider had invested in various specialised roles such as the 'relationships and vocational activities lead.' This additional resource helped people receive specific support with sex education and the development of individualised plans.
- The support developed from this was exemplary and demonstrated really positive effects to people's wellbeing. It showed the provider was fully committed to their responsibilities under the Equality Act 2010 in relation to the protected equality characteristics of sexuality and disability.
- Their philosophy of care and support was truly embedded in providing the very best of support needed for every individual within the service.
- Staff used innovative ways to support people to increase their confidence and independence. Staff worked with providers and businesses to help overcome potential challenges such as equipment and mobility issues. They sought solutions so that people could be supported with any hobbies and interests they showed interest in.
- Some people liked to use the internet but had experienced vulnerabilities in its use. The 'relationships and vocational activities lead' worked with people and staff to provide bespoke support relevant to their needs

and understanding. They helped people to better understand their hobbies and helped manage positive risk taking in their continued use of the internet.

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.

- People's individual communication styles were fully respected and supported. Support plans were bespoke to each person and included specific details of how people communicated, including use of pictures, large print, facial and body gestures. Bespoke plans supported people with understanding and planning their care.
- Managers and staff fully understood the AIS. Management and staff had taken innovative steps to support people to communicate and maximise their involvement and independence.
- The service had taken exceptional steps to meet people's information and communication needs over and above complying with the AIS.
- The relationships and vocational activities lead had introduced a unique assessment tool for some people who used non-verbal signs to communicate. They used the tool in the early stages of assessing and supporting people to express their views. People's individual communication styles were highly respected and supported.

Improving care quality in response to complaints or concerns

- People had access to a personalised complaint guide explaining how to make a complaint if they needed to.
- We noted one complaint in October had very brief details. However the provider showed evidence of it being effectively managed with arrangements to support a family to discuss their views.
- The provider was taking action to improve the recording of complaints records.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; 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

- Managers and staff demonstrated a commitment to providing high-quality, person-centred care. This commitment was reflected in the additional resources the provider funded.
- The service had a proven track record of achieving outstanding care. At this inspection, we found the service had maintained outstanding features relating to person-centred care and activities.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at the service and the need to act with honesty and integrity.
- Relatives told us staff were always looking for ways to improve the quality of people's lives and included family members where appropriate.
- The provider supported families, so they had the confidence to raise any issues. There was a strong focus on finding solutions.

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

- A comprehensive range of audits and checks were undertaken by the management team. These were effective in maintaining a high performing service.
- The provider had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- The registered manager had received various compliments regarding their style of management.
- Staff had a clearly defined role within the service. They understood their responsibilities to ensure a high standard of support was provided.

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

- The provider clearly met their responsibilities in supporting people's diverse needs, especially in supporting people's specific needs with regard to their disability and sexuality.
- People were involved in discussions about their home in different ways. They were invited to attend regular meetings and complete questionnaires, or they could choose to engage less formally by speaking to staff.
- The results of the latest questionnaire showed positive results, however it included all locations that the provider managed. Manager's told us they would look at this for future use in trying to determine the results

specifically for each service, to enable a more focussed analysis of the findings and any action required.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice.
- The staff worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations, so that the outcomes for people were positive. We received positive feedback from stakeholders about the provider.