Mr Donald Smith

# Riverside House

## Inspection report

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Goole
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Date of inspection visit:
10 October 2017

Date of publication:
05 December 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 10 October 2017 and was unannounced.

We previously inspected this service on 5 November 2015. The service was rated 'Good' overall with 'Requires Improvement' in Well-Led. This was because the provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, we asked the provider to send us an action plan to describe the measures they intended to implement to meet with the breaches of legal requirements. At this inspection, we checked and found the provider had not completed all the actions and remained in breach of this regulation.

Riverside House is a residential care home which provides accommodation and support to a maximum of 10 younger adults who may have a learning disability or autistic spectrum disorder. The service is on the edge of the town centre in Goole, East Yorkshire. At the time of the inspection, there were five people using the service full time and two people who used the service for periods of respite.

We were supported at the inspection by a registered manager. 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 provider failed to follow their own policy and procedures to ensure, where people received support with their medicines, that care workers responsible for this activity had received up-to-date training and were regularly assessed to ensure they were competent. Guidelines for the management of medicines were not followed, which put people at increased risk of not receiving their medicines as prescribed.

The provider had failed to follow their policy and procedure to ensure care workers received regular, appropriate supervision and appraisal of their performance in their role to ensure any training, learning and development needs were identified, planned for and supported.

We found people who used the service were not assured a quality service because there was not effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

People were protected from avoidable harm and abuse by care workers who had received training in safeguarding from abuse and understood how to escalate their concerns for further investigation. The provider ensured all concerns were recorded and evaluated to help prevent re-occurrence to keep people safe.

Checks were completed in and around the home environment to ensure the safety of everybody who used the home. Risk assessments had been completed and were in place to ensure people received care and support without unnecessary restrictions.

Care workers discussed how they maintained people's confidentiality and when to raise any concerns.

The provider ensured there were sufficient care workers on duty to meet and respond to people's individual needs. Recruitment checks were completed which helped the provider to make safer recruiting decisions and minimise the risk of unsuitable people working with adults who may be vulnerable.

The registered manager understood their responsibilities as part of their registration with the CQC and had informed the CQC of significant events in a timely way. There was a defined staffing structure and all staff understood their responsibilities and when to escalate any concerns.

People were supported to prepare food and were encouraged to eat healthily. People had access to other health professionals where this was required to help maintain their health and wellbeing.

People were treated respectfully and care workers understood the importance of, and treated people with compassion and dignity.

The provider was pro-active in supporting people to access education, employment and to participate in activities of choice they enjoyed. People lived fulfilling lives and were encouraged to make everyday decisions. Care workers actively supported people to make their own decisions and care plans recorded this information with input from people and their families.

At the time of our inspection, everybody living at the home had been assessed as having Capacity under the Mental Capacity Act 2005. Management and care workers understood their responsibilities under the MCA and were actively promoting people's independence. People had consented to their care and support and this was recorded in their care plans.

We found three breaches of legal requirements relating to safe care and treatment, the on-going governance of the service and staffing under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Systems and processes were not always effective in ensuring people received their medicines as prescribed and that care workers followed the provider's policy and procedure. Checks were ineffective to ensure all care workers responsible for people's medicines were competent to do so.

Care workers had received training in safeguarding people from abuse and understood how to escalate their concerns for further investigation.

Checks were completed of the home environment and risk assessments were in place to ensure people received care and support without unnecessary restrictions.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Care workers completed an induction to their role. However, systems and processes to manage training, competency checks and supervisions where not always completed or up-to-date.

Care workers had daily informal discussions with a manager or senior member of staff but supervisions and appraisals were not completed regularly or following the provider's policy and procedure.

People were supported to be independent and at the time of our inspection there was no one living at the home with restrictions in place.

People were supported with meal preparation and to eat healthily.

### Is the service caring?

**Good**

The service was caring.

People received care and support from care workers who

understood and were responsive to their needs.

People's privacy was respected by care workers who understood the importance of maintaining people's dignity.

Care workers encouraged and supported people to remain independent.

## Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care and support.

People were supported into employment, education and to enjoy activities and interests of their choosing.

The provider had information for people to follow to make a complaint and they were supported to do this if required. Any complaints were taken seriously and fully investigated.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective systems and processes to evaluate the quality or effectiveness of the service.

The provider did not follow their own policy and procedure to seek feedback from people, their families or other stakeholders about how the service was run or any improvements that could be made.

Everybody spoke positively about the manger and care workers at the home.

# Riverside House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

This inspection took place on 10 October 2017 and was unannounced. The inspection team consisted of one adult social care inspector and one 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. The expert by experience who assisted with this inspection had knowledge and experience relating to people with learning disability and those living with autism.

Before the inspection, we contacted the local authority and a health worker who provided their feedback. We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We asked the provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with three people during the inspection and spoke with two relatives of people at the home by telephone. We spoke with the registered manager and three care workers.

We observed interactions between people and care workers in the communal areas and during mealtimes. We looked at how the provider managed and administered people's medicines and we observed one person receiving their medicines.

We looked at all areas of the service, including bedrooms (where people agreed). We spent time in the office looking at records associated with the running and management of the home. We looked at individual care

records for three people who lived there and we looked at records on file for four care workers.

Requires Improvement

# Is the service safe?

## Our findings

We checked the systems and processes in place for medicines management. The provider had a policy and procedure to ensure medicines were managed and administered safely. This included reference to ordering, receiving, storing, returning, administering and recording medicines. We found medicines were stored in a locked medicine cupboard inside a larger cupboard in the 'overnight room'. However, keys were left in the medicines cupboard which meant they were not secure. The manager

Nobody in the home had medicines that required refrigeration and the registered manager told us they would use a separate locked box in the main fridge should the need arise. All other medication should be stored below 25°C. However, the provider did not have a thermometer in the medication room and had failed to record temperatures on a daily basis. This meant they were unable to assure that people's medicines were kept at the required temperature. If stored at the wrong temperature, medicines may not work in the way they were intended and therefore may pose a potential risk to the health and wellbeing of the person receiving the medicine.

Care workers told us they had received training to administer people's medicines. The provider's medication policy and procedure stated all care workers should have their competency assessed every eighteen to twenty four months. However, the training and development plan stated competency checks would be completed annually. Best practice guidance issued by The National Institute for Health and Care Excellence (NICE), states the provider should ensure all care workers involved with people's medicines have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. We found care workers had completed training in medicines, but where this was over a year old, had not received additional refresher training and only one care worker had received a competency based check. This meant the provider had failed to adhere to nationally recognised guidance and their own policy and procedure and was unable to assure themselves that all care workers involved with people's medicines had the appropriate skills and knowledge to administer people's medicines safely. The registered manager told us they would review this practice and ensure checks and training was up-to-date.

MARs we looked at had been appropriately completed and were up-to-date. However, where care workers had initialled the MAR, the provider did not hold a signature list to ensure when checks were completed, that only care workers deemed competent to administer medicines had signed the MARs. One MAR included a code used by care workers to record when the person could not take their medicine due to consuming alcohol. The person's care plan included a risk assessments and correspondence with the GP in May 2015 and July 2015. The GP had advised the provider not to administer the person's medicine with alcohol and advised they would write to psychiatrist for further confirmation and advice. No further communication had been received from the psychiatrist and there was no risk assessment to record the impact on the person's health for the person of not taking their medicines. The registered manager told us, "We have requested two further reviews; the psychiatrist arranged an appointment in September 2017, but it was too early and [person's name] did not attend." This meant the provider was unable to ensure the person took their medicines as required or that appropriate reviews and risk assessments had been completed to ensure there was no impact on the person's health from not taking their medicine as prescribed.

Quality assurance checks on medicines management and administration had not been completed. The registered manager showed us a medication audit from another service they operated and which they planned to implement. This meant they would be able to carry out checks to ensure medicines were delivered as prescribed.

The above concerns were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in their home and with the support they received. Comments included, "I do feel safe living here and I don't feel that there are any restrictions on me" and "I wasn't safe in my previous home but it I do feel safe here." A relative told us, "I feel [person's name] is absolutely safe when they are there; it is perfect."

Care workers had received training in safeguarding people from avoidable harm and abuse. They told us, "I have some refresher training planned, but we are always looking out for people; we keep them safe and I would be happy to report any concerns" and "I am booked on the manager's safeguarding course so I will be able to raise alerts when required; any concerns we have are fully investigated."

The registered manager showed us a policy and procedure they had in place to ensure any safeguarding concerns were recorded and fully investigated. The policy included contact information for the local authority safeguarding team. A health worker told us the provider was responsive and raised any concerns without delay. This meant people in the home were kept safe from avoidable harm and abuse.

The provider had completed risk assessments to ensure people received safe care and support. Risk assessments were in place for every day events. For example, accessing the community, behaviour, relationships and safe sex, use of kitchen equipment, smoking, and those risks associated with slips, trips and falls in and around the home. This information was reviewed regularly and discussed with the individual. This meant that people were supported to live fulfilling lives, safely and without undue restrictions in place.

Accidents and incidents were appropriately managed and recorded by the provider. Up-to-date and accurate records were maintained to ensure accountability and to help reduce the level of accidents and incidents across the service.

Checks had been completed to ensure the home and equipment was safe for everybody to use. We found checks on gas, electric, central heating, and fire alarms and equipment had been completed by a competent person and certificates of compliance were available and up- to-date. Weekly water temperature checks had been completed and recorded. A legionella water test was completed and certified in August 2017. Legionella is water borne virus that can cause lung diseases similar to pneumonia.

During our inspection, there were sufficient numbers of suitable care workers on duty to meet people's individual needs. The registered manager told us they evaluated the rotas daily to ensure the service had the required skilled mix of care workers. The registered manager said, "We have another service close by and if we are short of staff, we use those staff. We are recruiting as well and have another care worker due to start, pending some further checks."

The provider had completed pre-employment checks which helped ensure care workers were of suitable character to work with people who may be vulnerable. This included checks with previous employers, where we saw references had been obtained and recorded, and checks with the Disclosure and Barring Service

(DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands and can help employers make safer recruitment decisions. Care workers had completed application forms, interviews and health checks which ensured they were fit and healthy and understood the expectations of their role.

Our observations confirmed high levels of cleanliness and infection control around the home with no unpleasant odours. A relative told us, "When I visit, the areas that I go into are always clean and tidy; I can't speak for the rest of the place because I haven't seen it. There have always seemed to be enough staff around; I've certainly never felt it was understaffed."

Requires Improvement

# Is the service effective?

## Our findings

People and their relatives told us they felt care workers had the appropriate skills and knowledge to meet their individual needs. One person said, "They [care workers] and the service really help me. They understand and help with my disability, and they have helped me through a lot of problems. I don't know where I'd have been without them." A relative said, "I feel they [care workers] all have different skills and they are all very effective in their own ways. They are all experienced and the registered manager provides good leadership."

Care workers completed an induction to their role. This included an initial one day induction where they were introduced to the home, the policies and procedures and completed training in health and safety and fire safety. Care workers were introduced to people and shadowed to ensure there were no concerns or compatibility problems. The registered manager said, "Shadowing can be for as long or as short as required to help the worker settle in." The registered manager told us, "[Person's name] was involved with recruitment of new care workers, it is difficult to always get people to be involved, but it helps to make sure we recruit a good match for people."

All care workers had started the care certificate and three out of nine had completed the qualification. The care certificate is a set of basic standards in providing care and support for care workers to adhere to in their daily role.

The registered manager showed us a training matrix which provided a breakdown of training completed for care workers during or prior to 2017. Ticks were in place against the care worker where training had been completed. However, the matrix did not record the date the training had been completed, the date refresher training was due or, where the training had not been ticked as completed, if it was planned. The registered manager showed us a separate list of planned training for infection control and learning disability. However, infection control was not included on the matrix.

The registered manager showed us a training and development plan, but this was not reflective of the matrix. The development plan included areas where refresher training was not required and identified competency in those areas would be assessed as part of care workers continued professional development. This included medication and autism. It was not clear from the matrix where this had been completed by care workers. Care workers provided mixed feedback on training. They said, "Training is improving with some now planned in" and "Training is okay, but supervisions need improvement."

We checked the providers 'performance analysis and supervision policy'. The policy recorded care workers should receive as a minimum, an annual performance analysis, formal supervisions three times a year and informal supervisions conducted on a day to day basis. We looked at files for four care workers. They all recorded a supervision had been completed in January 2017 and two had received a supervision in March 2017. There was no evidence that care workers had completed an annual appraisal. Care workers said, "We often have a daily chat with the team leader or manager over a cup of coffee, but nothing formal" and "We don't have many supervisions, but the manager is very approachable." The registered manager told us, "We

are currently promoting a care worker to the role of manager and they will have responsibility for ensuring supervisions and appraisals are carried out in line with our policy."

The above concerns meant the provider had failed to follow their policy and procedure to ensure any training, learning and development needs were identified, planned for and supported. Care workers did not receive regular, appropriate supervision and appraisal of their performance in their role from an appropriately skilled and experienced person.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection, there was no one living at the home who had restrictions in place. We looked at training records for care workers, but found completion of specific MCA training had not been recorded as completed for all care workers. However, the registered manager and care workers had a good understanding of the MCA and knew when to apply the Act and when follow the requirements of a DoLS. A care worker said, "We encourage independence and do not focus on restrictive practices. People are encouraged to be independent which we strongly support." One person said, "I don't feel held back. I can do as I choose, within reason obviously."

People's care plans included records to evidence the provider had sought their consent and agreement. For example, we saw a capacity assessment had been completed where the provider used the person's photograph. This recorded the person had capacity and we saw they had signed to agree to the decision.

People told us they were supported with meal preparation and to eat healthily. People were able to make themselves a drink or a snack, which were readily available. A care worker said, "We encourage people to buy their own food and to cook." Another care worker told us, "There is a regular evening meal on offer, but these are all young lads and they have young lad's appetites for crisps, sweets and junk food. We do offer meals, but it's hard to stick to a regimented system as their needs change each day. What they like one day, they may not the next. Some do their own shopping and cook it for themselves." We saw food was labelled with people's names and stored in the cupboards and fridge in the kitchen area.

On the day of our inspection, two people were around at lunchtime who told us they were not very hungry. A care worker interacted well with the person and made some suggestions and they all had a laugh at the same time. One person told us, "Most of the time there is a choice of things to eat here. I can eat where I like. If I eat in my room, I just have to bring my plates and cutlery downstairs afterwards. I enjoy cooking. I've prepared steak, fajitas, enchiladas, pasta, and I'm currently writing out my own dietary planner."

Care plans included an initial assessment of people's health and any associated needs. Records included people's weight, diet, physical ability, and eye sight and hearing. People were supported to maintain their health and wellbeing. People confirmed they had access to their GP when required and we saw care plans

recorded involvement with other health professionals.

The home was easy to navigate with a large spacious hallway leading to a communal kitchen/dining room and a large living room. The communal areas were clean and tidy and appropriately furnished. People's own rooms were decorated to suit their own individual needs. There was nobody using the service who required any specialist equipment or facilities to be in place.

Good

# Is the service caring?

## Our findings

It was clear from our observations and conversations that care workers showed empathy and had developed positive caring relationships with people. A care workers we spoke with said, "We can have a good laugh with people, there is always plenty of friendly banter." One person said, "Care workers are great and I have known most of them a long time. The manager is always there if I need a friendly ear." Another person said, "I know all the staff and the manager; they provide good support." A relative told us, "I think they are a really caring staff. We know [person's name] is well cared for and if the provider has any concerns, then we get to find out without delay."

People who used the service and their relatives had been involved in developing and reviewing their care plans. We saw information was recorded in a way which assisted care workers in developing caring relationships with people.

We saw that people's bedrooms were respected as entirely their own private space; everyone had a key to their bedroom, which were kept locked at all times. Encouragement and support was provided for people to maintain their own rooms. However, a care worker told us, "One person doesn't have bedding and prefers to sleep on their mattress." The manager told us, "We try and encourage and support people to maintain their rooms in a safe and habitable way. Where we need additional support we contact other health professionals to review the service we provide to ensure it meets the persons needs and we will then update the person's care plan and any risk assessments to ensure appropriate guidance is recorded for care workers to follow." We saw contact had been with a health professional to review this person's care and support. Another care worker said, "We try and be innovative and we have introduced a weekly rota to try and structure a day when people can clean their rooms and we then offer a take away evening as a reward. However, their rooms are their own space and we can only make suggestions and recommendations on how they choose to live even if they might not make the right choice."

During our walk around the home, we observed how care workers knocked on people's doors and waited for their permission before entering their rooms. Where people did not want to be disturbed, care workers respected their decisions. One person told us, "They [care workers] always knock before coming into my room. If I have my headphones on, they open the door and just stick their hand in and wave until it gets my attention. They have cared for me a lot since I've been here and I can go to the manager's office at any time and just chat if I'm feeling low. They will all listen to me and talk to me and help me through things."

Care workers understood the need to respect people's privacy and dignity. A care worker said, "If someone wants a long soak in the bath or shower, then we respect that. We do help one person to dry their back and always make sure they are fully covered with a towel to protect their modesty."

People we spoke with confirmed they were supported to live as they choose to. They told us they could get up and go to bed when they wanted and were supported to spend their time where and how they wanted to. We saw care workers worked to agreed and set boundaries, but were fair in their approach to people that used the service and with supporting them with their diverse needs.

Care workers routinely engaged people in conversation asking them how they were, if they needed anything and what their plans were for the day. Our observations confirmed people were encouraged to live independent lives. A care worker had a discussion with a person going out for the day; they ensured they had appropriate clothing, their phone was charged and they had some money. The person was responsive to the guidance and went back to their room to pick up a phone charger. It was clear they were appreciative of the caring prompts they received. The care worker said, "We have just been shopping for some new footwear for [person's name]; I hope they will be okay. The people who live here are very independent, but need some support and guidance."

Care workers told us how they ensured people's confidentiality was maintained. A care worker said, "I would always respect a person's confidentiality and wouldn't repeat conversations I have with people, unless the person raised concerns or was unhappy with something."

The registered manager understood the importance of ensuring people understood their options regarding their care and support. A care plan included the involvement of an advocacy service to help one person make informed choices. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances and health.

Good

# Is the service responsive?

## Our findings

People and their relatives told us the provider understood and was responsive to their individual needs. A relative said, "When [person's name] first started staying at the home, the provider rang us up and visited our house. They went all through [person's name] likes and dislikes and got a really good knowledge about them. I haven't a bad word about any of the staff; they've been really helpful from day one." Another relative told us, "I feel that at Riverside, they go out of their way to make sure [person's name] has the right support. At first they didn't seem to like it, but they have blossomed in the time they have been there and I believe it is down to a good staff team who have worked hard with [person's name]."

Care workers worked well as a team to ensure people were supported according to their individual needs and preferences. One care worker said, "We are good at working together as a team, it is a small team and that means people receive consistent care and support from people they know and can trust."

Care plans for people's care and support were centred on the person and provided information to enable care workers to provide holistic care tailored to people's individual needs. Records included a one page profile with prompts should the person go missing and a pen picture which provided information on people's background.

People had been consulted and their feedback recorded. For example, information included 'what people like about me', 'what is important to me', and 'how to support me'. A care plan noted a person found education to be important in their lives. Guidance was recorded for care workers to spend time studying with the person and outcomes were evidenced for evaluation. Discussions with care workers confirmed this guidance was followed.

People were supported to maintain loving relationships and were supported to spend time with their partners. Care plans included guidance for care workers to ensure they could provide people with relationship guidance and advice about safe sex. A care worker said, "People who live here have capacity and are able to make their own decisions; we are here to support them and make them aware of any risks so they can make an informed decision."

Care plans included information on people's routines and the type and amount of support the person required. A daily progress record included prompts for care workers to document people's motivation, living skills, mobility and social interaction. This information was used to evaluate recorded care and support plans to ensure they were responsive and met people's current needs.

Care workers confirmed the information was useful for them to follow. A care worker said, "Care plans are updated when people's needs change. We also review the information routinely and we involve people as much or as little as they would like to be." Care workers showed an excellent knowledge of people's support needs and could describe in detail how people liked their care and support needs met. They were aware of people's individual routines and the importance of these to people.
People had assessments in place to record where they required support from the provider with their

medicines. Care workers understood people's needs and encouraged people to be as independent as possible. One person was encouraged to sign their own medication administration record (MAR). A care worker told us, "[Person's name] signs their own MAR, we encourage them to take control and to remain as independent as possible; they are really responsive to this."

Care workers recognised people as individuals with individual needs and aspirations. We observed people were called by their name of choice and that they dressed as they choose to. A care worker said, "People living here are encouraged to make choices; they can be who they choose to be and we don't tell them otherwise. We are very accepting of people's individuality." Another care worker said, "[Person's name] likes to express themselves in an individual way and it's great. They have the confidence to wear what they want and we wholeheartedly support them."

People's communication needs had been assessed and recorded. Care workers, relatives and people we spoke with confirmed they knew how to communicate with each other effectively and were able to respond to people's needs.

People were supported to follow their interests and hobbies and were involved in the community, education, employment and a wide range of activities. One person told us, "I like chatting with care workers and doing things in my room. I work at the Waterways Museum where we do woodworking and other work on the boats. I help as part of the crew when we take the boats out on trips. I really enjoy it." A care worker confirmed this and added, "They really like [person's name] down there and often phone up if they need someone because he's popular and is good at the job." A person said, "The sports centre is just up the road where I go and do Archery. I've been going for a while and I'm getting better at it."

A care worker told us it was sometimes difficult to arrange group activities. However, they said, "We have one takeaway night a week on a Saturday, of course if people have the money, they can get one whenever they want, but Saturday night is a special night and we try and put a film on and make an evening of it as a group." One person confirmed this and said, "I love films, sometimes we have a film night here with staff and I often watch them in my rooms as well."

A relative we spoke with told us, "[Person's name] enjoys going to the charity shops when he's there, and he gets more chance to go with the provider because we are often busy at the weekends; so he loves it. He also enjoys photography and they help him with that as well. He always comes home happy, and that's the main thing." Another relative told us, "They [provider] have gone out of their way to involve my son in things; he's definitely improved being there."

The provider had a policy and procedure to ensure people understood how to complain and that care workers could respond to and investigate any concerns. Any complaints were taken seriously and fully investigated. Care workers told us, "People who live here know how to raise their concerns. People have their preferences and might prefer to talk to one member of staff. We would support anybody with any issues" and "People do know how to complain, we had one person who was quite noisy and would get up at all times of the night; this disturbed others and they made their feelings known. We improvised and implemented an alarm clock in the person's room. They know not to get up until the alarm sounds; it has worked and everybody is a lot happier." Another care worker told us, "We can tell if people are not happy, they tell us verbally or their body language and mood will change so we talk to them to find out what's wrong. We deal with daily concerns as they happen. There is a process for formal complaints but we don't really get many."

Requires Improvement

# Is the service well-led?

## Our findings

During our previous inspection on 5 November 2015, we found people who used the service were not assured a quality service, because there was not an effective system in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. The provider submitted an action plan where they recorded actions would be implemented and completed by March 2016.

At this inspection, we checked and found despite the implementation of some quality assurance checks in January, March and May 2017, the provider had not completed all the actions we asked them to take.

The provider told us on the PIR, 'Quality auditing has been a problem for some time and Riverside House are not efficient in this area. Much effort has been made to find the correct system for the whole company.' The registered manager said, "We started some quality assurance (QA) based against the CQC standards in January 2017, but stopped them in May 2017 as I wasn't happy with the process. We are looking at alternative methods."

The registered manager told us they had an action plan to address the shortfalls and had identified two staff members from other areas of the company who would become internal auditors. We were shown a 'Quality Audit Policy' dated February 2012, this had been amended annually. In September 2016 the policy had been reviewed, but not updated to include the proposed actions.

We found concerns regarding the management and administration of people's medicines. The registered manager showed as an audit that they intended to implement that was in use at another service. They confirmed audits had not been completed to maintain standards and identify areas for improvement for people's medicines.

We saw no evidence that staff meetings were held and care workers confirmed this, or how the provider sought and acted on the views and feedback from key stakeholders. The registered manager showed us a 'stakeholder and service user questionnaire policy' which was dated February 2012. The policy recorded consultation should be carried out bi-annually and include people at the home, their parents, GP's, psychiatrists and social workers. However, we found this had not been completed. The policy had been reviewed in September 2016 and identified a new stakeholder questionnaire required development in the next 12 months. This meant the provider had failed to follow their policy and procedure to seek and act on feedback to evaluate and improve the service provided.

The provider had a variety of policies and procedures in place which included guidance for care workers on areas of service. Examples included a 'medication policy', 'quality audit policy', 'training and development plan', 'stakeholder and service user questionnaire policy' and a 'performance analysis and supervision policy'. Audits of these documents by the provider were found to be ineffective in ensuring they were suitable in providing guidance to the overall management of the activity. We found they were not reflected

in current practice.

Other records were maintained to document care worker's training and development needs, but these were incomplete and not reflective of the associated policy document. For example, where observations and competency checks were required, these had either not been completed or were inconsistently recorded.

The registered manager told us and we saw they completed at least monthly reviews of people's care and support and daily walk around checks were completed to ensure the safety of the premises. However, at the time of the inspection, the provider did not have effective governance in place including assurance and auditing systems or processes to continually evaluate the service provided. There was no evidence of oversight or input to the scrutiny of the service. We saw no evidence to record visits from the provider to check standards and the quality of care being provided or where actions were required to improve the service people received.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were supported during our inspection by a registered manager who was registered with the Care Quality Commission (CQC). The registered manager understood their responsibility to ensure the CQC was informed of events that happened at the service which affected the people who received a service. The manger told us they had applied to remove their registration from the home. They said, "I am the registered manager at another service for this provider. We are promoting a team leader to the role of manager and they will then apply to be registered with the CQC."

There was a clear staffing structure and everybody understood their roles and responsibilities and when to escalate any concerns. The registered manager was supported by a team of care workers that included seniors with additional responsibilities.

Everybody we spoke with spoke positively of the registered manager. Comments from care workers included, "The manager is down to earth and approachable." "[Registered manager's name] is supportive; both on a personal and professional level and is always approachable." The registered manager spoke highly of the team who worked at the home. They said, "The Staff team are a good gang. They don't come to me with problems; they come to me with solutions. They aren't perfect, but nobody is. They work well."

The registered manager was visible for the whole of the inspection. They told us they spent most of their time at their other service, but care workers confirmed they were always available when required. People at the home told us they knew the registered manager very well. One person said, "Yes, I know the manager, everyone knows [registered managers name]; we have a laugh together." Another person said, "Yeah, [registered managers name] is great, they have really helped me; as have all the Staff really. I can go to the manager anytime and most Wednesdays I sit in the comfy chair in the office and we have a good chat."

A relative that we spoke with told us, "The Home keeps us fully up-to-date and the registered manager is very easy to talk to. We can ask them anything at any time. We can visit whenever we want to and we are always made very welcome by [registered manager's name] and the care workers."

The provider encouraged people to maintain appropriate community links. We saw from information available to people so that they could access support from the National autistic Society, MIND, advocacy services or local charities and organisations.

The provider had a generic 'statement of purpose' which included all five of the provider's services registered with the CQC. The aims of the service included to provide a safe environment, develop people's potential, encourage self-determination, offer protection and implement the best possible outcomes for people. The objectives were to provide community based support for people with an autistic spectrum disorder and to strive to provide people with every opportunity to lead as fulfilling a life as possible.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems and processes were ineffective to ensure staff responsible for the management and administration of medication were suitably trained and competent and that this process was kept under review.<br><br>Staff failed to follow policies and procedures about managing medicines.<br><br>Breach of Regulation 12 (2)(a)(b)(g) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had failed to follow their policy and procedure to ensure care workers received regular, appropriate supervision and appraisal of their performance in their role from an appropriately skilled and experienced person and to ensure any training, learning and development needs were identified, planned for and supported.<br><br>Breach of Regulation 18 (2)(a) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to establish and implement systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).<br><br>The provider had failed to ensure that their audit and governance systems remained effective.<br><br>The provider had failed to establish and implement systems or processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;<br><br>Breach of Regulation 17(1) (2)(a)(e)(f) |

**The enforcement action we took:**

Requirement