

Caulfield & Gopalla Partnership

Riverside House

Inspection report

The Annex, 337A Seven Sisters Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Riverside House is a residential care home providing personal care to nine people with mental health conditions. The care home accommodates people over three floors in one adapted building. There were nine people living at the home at the time of the inspection.

People's experience of using this service and what we found

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. People were supported by staff who were appropriately inducted, trained and supervised.

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. Where required people were safely supported with their medicines. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

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's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. People had staff support to access activities in the home and the community. People's communication needs were identified. However, people's end of life wishes were not explored and recorded. We have made a recommendation in relation to people's end of life wishes being explored.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

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

Rating at last inspection

The last rating for this service was Good (Published 26 May 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?

Good ●

The service was 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 House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Riverside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, the deputy manager, and one support worker. We also spoke to a health and social care professional who was visiting the service on the day of our inspection.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- People told us they felt the service was safe. One person said, "Yes, I feel safe living here. The care workers make you safe." Another person commented, "I feel safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "If there was abuse the first point of contact would be my supervisor and my manager. If it was still happening I would go to the safeguarding board in [local authority] and CQC. If serious you need to whistle blow."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. People were included when risks were reviewed.
- People were supported to take positive risks and to be as independent as possible. For some people this included them accessing the community, taking control of their money and budgets. One person said, "I am a spending addict. The staff try give me a positive feedback and it makes sense. You need to save it and when you get your flat you don't spend your own money."
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "The risks assessments are updated every three months. You update the risk assessment [sooner] if a matter of urgency." A health and social care professional told us, "If there was a crisis they would let me know."
- The environment was checked regularly to ensure that it was safe and appropriately maintained.

Staffing and recruitment

- People told us there were enough staff available to support them and meet their care needs. One person said, "There is enough staff. There is always someone to cover if someone is going to college or something important and appointments." Another person told us, "There is loads of staff."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and on annual leave. One staff member told us, "Definitely [enough staff], because we have people doing one to one and you still have spare staff for the needs of the [other] people."
- Appropriate recruitment checks had been undertaken. Records showed that checks had been made to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support.
- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.
- This meant the provider had systems in place to ensure the safe management of medicines.

Preventing and controlling infection

- The home environment was clean and free of malodour.
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. One staff member told us, "You wear protective clothing like aprons and gloves. We also have shoe covers."

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform the senior management team.
- Accident and incidents records did not show lessons learnt when things went wrong. We discussed this with the registered manager who told us they would review lessons learnt moving forward.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the home. One person told us, "[Registered manager] came out and [staff member] to do an assessment. They asked how I was doing. They wanted to hear what I was doing in the hospital and find out how I was behaving and how best they could support me."
- People's needs and choices were assessed and documented. Staff were heard giving people choices and respecting their wishes. One person said, "You have choices when you can eat and what we want to cook." Another person told us, "Sometimes I get upset and [staff] can read me and [ask] what is wrong. My keyworker is very good at spotting my feelings."
- Staff we spoke with knew people's preferences, likes and dislikes. One staff member told us, "Usually you will get a file transferred with [person's] background. In team meetings when we have a new [person] we always talk about their background, their risks and everything."

Staff support: induction, training, skills and experience

- People told us staff were good at their job. One person told us, "The staff are good and supportive." Another person said, "[Staff] are nice."
- Staff told us they received regular support and supervision to enable them to undertake their role and staff records confirmed this. One staff member said, "I get [supervision] every two months or when required. I talk about training, work issues, and how I can be supported with my development plan."
- New staff had received an induction into their job role. Records confirmed this. One staff member said, "I shadowed shifts. I had to answer some questions."
- Staff received appropriate training for their roles. Staff also received training specific to people's needs and mental health conditions. These included bipolar disorder, cognitive behaviour therapy, depression alcohol misuse, and anxiety.
- Staff told us the training provided helped them to perform their role. One staff member said, "The training is good." Another staff member told us, "Training is now online. We get to have classroom training as well."

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

- People were effectively supported with nutritional intake and advice. One person told us, "Sometimes we write a rota down what food we are going to cook, and we show the staff but you don't have to show them. Sometimes the staff do cook for you. [Staff member] makes some good food." Another person said, "Today I decided to cook. We take turns to cook. I have cooked fish and chip and roasts."
- We observed one person cooking in the kitchen on the day of the inspection. They said, "I am making lasagne for the whole house."
- People told us about the food choices they made and about the mealtime arrangements. Staff confirmed

people chose and cooked meals for themselves but were also encouraged to follow healthy options. Records showed specific dietary needs for medical or cultural reasons were supported.

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

- People had access to health care professionals and staff contacted them for advice and guidance. One person said, "I have got an occupational therapist that worked with my key worker." Another person told us, "The staff books my dentist and GP appointments. If my back or arm was hurting I would tell staff and they would book [appointment] for me."
- People's oral health care needs were met. Records showed people visited a dentist regularly. One person said, "If you have a toothache [staff] book an appointment."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff asked their permission and gave them choices. One person said, "[Staff] will ask if they can come in [bedroom]." Another person told us, "[Staff] ask my permission to go to my room."
- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what they needed to do when decisions were made in people's best interests.

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

- People were involved in decisions about the premises and environment. Records confirmed this.
- The home environment was homely and the atmosphere warm and friendly. People had personalised their bedrooms to their own tastes.

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 rated 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 said they were treated with kindness and were well supported. One person said, "[Staff] are caring and supportive." Another person told us, "[Staff] are caring. Every [staff member] is caring. When I get mad or worked up. I will go to my key worker and say I am a little upset. We will have a one to one together. After that I am ok."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "To me [people who used the service] are my everything. Some of them don't have family members. We are the only people they see on a regular basis. I enjoy working with them. I try to make them feel like they are living their life like every other person." Another staff member told us, "[People] find it always easy to talk to me and I enjoy their company."
- We saw staff took time to chat with people on a social and personal level and their conversations demonstrated staff knew about people's lives.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager said, "I have worked with LGBT people previously in other services. Our criteria for admission is about whether we can meet the needs of the people. We don't discriminate." One staff member told us, "You meet their needs and respect them for who they are."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in care planning and review. Records confirmed this.
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. One person said, "I have a say in [the] care plan." Another person told us, "The care plan is in the office. [Staff] sit down and go through the care plan."
- People told us privacy and dignity was respected. One person said, "[Staff] respect my privacy a lot by basically not going to your room and they knock on the door." Another person told us, "[Staff] respect people's privacy."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us,

"We never go into [person's] room without their permission. Their bedroom is their personal space. We do have people we support with personal care. We ensure they are covered when going into the bathroom. We don't enter the bathroom until they give us permission. They get to choose whether they want a shower or bath." Another staff member said, "[People] can go to their rooms any time they want. We don't restrict anyone."

- Staff promoted and encouraged people's independence. One person told us, "I am independent but still working on it. I'm learning skills here. [Staff] help me with money. They take me out. If I go to a Chinese restaurant I will order myself." A staff member told us, "We had a [person] who couldn't do anything even putting on his socks. Slowly and gradually we encouraged him. He could not even shower. We explained to him this is what you do. They [person] now can shower and dress himself now. It is about choice and allowing them to try first."

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. This meant people's needs were met through good organisation and delivery.

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

- The service met people's needs in a person-centred way. People received care and support with their personal, social and psychological needs. This was because staff followed care plans that were reflective of people's needs.
- Key workers were assigned to a set of people and reviewed the care plans. Key workers are care workers appointed to take responsibility for a small group of people who used the service. One person said, "[Staff member] is my key worker. I meet once a month. Talk about loads of things. If I am happy in the house. What I want to do." Another person told us, "[Staff member] is my key worker. I have regular meetings where I speak to her. When you ask her to do something she will get it done. They make sure I am doing well with everything."
- People told us they were fully involved in developing their care plans. One person said, "I have got a care plan about my spending." Another person told us, "I have a say in my care plan."

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 service responded well to people's communication needs. These were appropriately assessed and met.
- Strategies were used to enable people to receive information in a format they understood. For example, one person told us, "I can't read so [staff] read [care plan] to me and explain it. There are pictures [in the care plan]. They made a menu and activities [timetable] for me with pictures." A staff member told us, "[Person] you need to simplify things for him. I try and use pictures when possible. In his [care] folder I have created an activity chart in picture format. He is unable to read. In his care plan there is pictures."

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

- People were encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community.
- Where possible people were supported to access voluntary work, work experience and education. One person told us, "I go to the college three times a week. I am doing a healthy living course and studying to get ready for work. In my future I want to be a chef. I have a [qualification] in catering." Another person said, "I go to college two days a week."

- People's activities organised was based on each person's preferences. One person told us, "We have got activities. We go to the cinema and bowling. Sometimes we go to museums. All depends where we want to go." Another person said, "We go every two weeks on trips. [Staff member] got us [football] tickets."
- People were supported to attend spiritual services. One person said, "Friday and Saturday I go to [place of worship]."

Improving care quality in response to complaints or concerns

- The registered provider's complaints policy was displayed within the home.
- People told us they knew how to make a complaint or raise a concern. One person said, "I would speak to the manager. If they didn't get [it] resolved, then I would get a complaint form for the head boss in charge of the whole service." Another person told us, "If I am not happy I would go to my key worker and say I would want to make a complaint. They would sit down with me and help write it out."
- The registered manager told us there had been no complaints since the last inspection.

End of life care and support

- The provider had an end of life care policy that detailed how to support people receiving palliative and end of life care.
- Currently no one was being supported with end of life and palliative care.
- The registered manager told us end of life care training was available to staff.
- Records showed the service was not recording people's end of life wishes during the initial assessment and care planning stages. This meant there was a risk people did not have a chance to explore their end of life wishes and where they would like to spend the last stages of their life.

We recommend that the service seek advice and guidance from a reputable source, about the end of life care for people.

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. 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

- People told us person-centred care was provided. One person said, "I like it. I have my freedom." Another person commented, "The best thing of living here is basically you get support."
- People told us they got on well with the registered manager. One person said, "[Registered manager] is nice. Some of us go for a walk and [registered manager] takes us every Monday. He is really good as he comes on holiday with us and [we] have fun together." Another person commented, "[Registered manager] is good and friendly. He is very good to chat too. He will notice when I don't say good morning. It is good to be like that. He will ask what is wrong. He is very supportive."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The current CQC rating was on display in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was registered with CQC. They were clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. They told us they felt well supported by the provider with access to support and resources to manage the service effectively.
- Staff told us the registered manager was supportive and approachable. One staff member said, "[Registered manager] supports you and you can talk to him. The good thing about him he is up to date [with] what is going on in the home. He reads the daily notes and he will pick stuff up. He supports staff and he listens to us." Another staff member told us, "He is a good manager to me."
- The provider had effective systems and processes in place to enable the registered manager to have oversight of the management of the regulated activity.
- The registered manager conducted a bi-monthly audit of the home. The audit looked at care records, medicines, premises, safeguarding, complaints, staffing, record keeping, and quality assurance. Records showed an action plan with outcomes was completed when concerns were found.
- The provider conducted a bi-monthly audit of the home which looked at such things as recruitment,

staffing, supervision and training, feedback from people who used the service, medicines, finances, care records, accidents and incidents, activities, health and safety, food, and the home environment. Records showed an action plan with outcomes was completed when concerns were found.

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

- Systems were in place to enable people and staff to give feedback. The provider carried out surveys with people and staff.
- The latest annual survey for 2019 showed that people and staff were happy with the service provided
- House meetings were used to encourage people to raise suggestions regarding activities, cleanliness, holidays, new furniture, and day to day running of the home. One person told us, "They have [house] and staff meetings. They always ask if you have a problem in the house or the house needs fixing. If you had a complaint, then the staff will write it down. Most of the times they fix the problems like with leaks." Another person said, "We have house meetings. We always discuss what we want. If happy with activities. Where we want to go on holidays. Next year we are going to Spain to chill out."
- Staff meetings were held monthly. Records confirmed this. Topics included record keeping, medicines, health and safety, health appointments for people, fire safety, updates on people who used the service, and team building. One staff member said, "They are once a month. We talk about if any staffing issues, health and safety, any new [people]. We talk about [people who used the service]. We do talk about how we can improve."

Working in partnership with others

- The registered manager and the service worked in partnership with health and social care professionals to achieve good outcomes for people. One health and social professional told us, "I think it's quite a tight ship. The staff interact well with [people]. I think [staff] are very helpful."
- The service had good links with the local community, such as colleges, mental health support groups, spiritual services and other key organisations, reflecting the needs and preferences of people in its care.