Care Quality Commission

Hereward Care Services Limited

Riverview House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Riverview House is a registered care home which provides support and non-nursing care for up to 14 adults who have a learning disability. People live in two separate houses which are located in a residential suburb of the city of Peterborough. At the time of our inspection there were 11 people living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 inspection was unannounced and was carried out on 24 November 2014 by one inspector. The last inspection was carried out on 29 July 2013 when we found the provider was meeting all the requirements.

During this inspection of 24 November 2014 we found that people were kept safe because they were looked

Summary of findings

after by enough staff to support them with their individual needs, which included going out and about in the community. Pre-employment checks were completed on staff before they were judged to be suitable to work at the care home. People were satisfied with how they were supported to be kept safe and were also happy with how they were given their medication.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual communication needs were understood and were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. However, improvements were needed to ensure that people were supported with making decisions, which included those in relation to the management of their health and personal finances. People took part in a range of work and recreational pastimes and were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that some of the people's rights may not necessarily have been protected and improvements in relation to this should be made.

People were treated well by kind, respectful and attentive staff. People and their relatives were involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. There was an informal process so that people's concerns and complaints were listened to and these were acted upon.

A registered manager was in post and the care home was well-led. Staff enjoyed their work and were supported and managed to look after people in a caring and safe way. People and their relatives were able to make suggestions on an informal, day-to-day basis and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Staff knew how to recognise and report incidents of harm. Recruitment practices and numbers of available staff made sure that people were looked after by enough, suitable members of staff. People were supported to take their medication as prescribed and their health and safety risks were well-managed.	**Good**
Is the service effective? The service was not always effective People were satisfied with how they were looked after and they had enough to eat and drink. Staff were supported and trained to provide people with individual care. People's rights in making decisions about their support and care were valued although improvements were needed. People's health and well-being was maintained as they were supported to access a range of work, health and recreational activities.	**Requires Improvement**
Is the service caring? The service was caring. People's care provided was based on their individual needs and choices. People were treated well by members of staff who were attentive and caring. People's rights of privacy and dignity were valued.	**Good**
Is the service responsive? The service was responsive. People's individual choices and needs were responded to. They were also supported to maintain contact with their relatives, the community and were enabled to make friends with other people living at Riverview House. People and their relatives were involved in reviews of their care plans. People's suggestions and comments were listened to and acted on.	**Good**
Is the service well-led? The service was well-led. Staff were supported and managed to safely do their job, which they enjoyed.	**Good**

Summary of findings

There were informal arrangements for people and their relatives to make suggestions and comments to improve the quality of people's care.

Monitoring procedures were in place to review and improve the standard and quality of people's support and care.

Riverview 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 November 2014 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also reviewed the provider information return. This is information that the provider is required to send to us to which gives us some key information about the service. What the service does well and any improvements they plan to make. We also made contact with a local authority contract monitoring officer and a health care professional.

During the inspection we spoke with six people who live at Riverview House and a relative. We also spoke with four members of staff and the registered manager. We looked at three people's care records and reviewed records in relation to the management of the service such as audits and policies and staff records. We also observed activities taking place throughout the home and how staff supported people.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

People told us that they felt safe because they liked the staff. One person said, “I feel safe here. Oh, yes, I do.” Another person said, “Now we have the hand rails, I feel safer now.” They also told us that, with the support from staff, “I am not falling as much. They (the staff) make sure I am safe when I cross the road.”

Staff were trained and they were knowledgeable about their roles and responsibilities regarding safeguarding people from harm. They were aware of the correct reporting procedures and records of safeguarding incidents showed that these procedures had been followed. Staff were also aware of the whistle blowing policy and said they had no reservations in raising their concerns. This demonstrated to us that people could be confident that staff would report any concerns if they identified them.

People told us that they were satisfied with how they were supported with taking their medication. One person said, “If I don’t take my eye drops I will get the pain again, and I don’t want that.” Regarding their medication, another person said, “They (the staff) get it out for me and put it in my hand and then I take it.” We were also told that people got their medication when they needed it, including medication for relief of pain. One person said, “I had two (pain killers) yesterday morning and they did the trick.” Local authority and health care professionals told us that they felt people were safe whilst living at Riverview House.

We found medicines were stored safely for the protection of people who used the service. We also found there was a record of the temperatures of the areas where medicines were stored and the quality of the medicines was maintained.

Only trained staff members were authorised to handle medicines. Members of staff told us that they had attended training in the management of medicines and their records confirmed that this was the case. However, we found that for one person their medication was not given as directed by the manufacturer. Staff had access to the manufacturer’s information leaflet although staff confirmed that this advice had not been followed. This could result in the person experiencing unwanted side effects.

Recruitment practices were in place and staff were only employed at the service once all appropriate and required checks were satisfactorily completed. Staff told us that they had these checks carried out and had attended a face-to-face interview before they started their employment.

All of the people said that there was enough staff available to meet people’s needs. A relative said, “There seems to be always enough staff when I visit. They always have the time to talk even though they are busy.” One of the people told us, “I went to the hospital and someone came with me.” We also found that people had received individual, one-to-one support from staff to attend GP and dental appointments and that they had gone on holiday with support from staff members. On the day of our visit there were enough members of staff to support people with their individual needs.

People’s health and safety risk assessments had been completed and appropriate actions were taken to minimise these risks. The risks included, for instance, risks of managing their own medication and the use of kitchen appliances. One person told us, “I used to be able to do my own medication, but sometimes I drop things, so I get help with this (medication) at the moment.” A relative told us that their family member is supported to make their food, but, “They (the staff) make sure [my family member] doesn’t use the electrical appliances as they wouldn’t be safe.” They also told us that the home was secure because when they visited, the door was always locked.

Staff told us that they were aware of people’s individual risks, which included risks in relation to people managing their own medication and going out of the home alone. Where people had experienced an accident or incident actions were taken and measures were put in place to minimise the risk of a similar occurrence. This included incidents in relation to medication and falls.

Requires Improvement

Is the service effective?

Our findings

One person told us, “Staff are very good. They understand what I want and what I like.” Another person showed us where they had previously experienced the pain and told us, “One person, while pointing to areas of their body, told us, “I went to the hospital because I had a pain here and here

Both local authority and health care professionals had positive comments about how people were supported to keep well. We were told that staff had called the GP surgery, on behalf of the people, when this had been necessary. We found that people were supported to access professionals employed by health care services, which included GPs, dentists, chiropodists and well-women screening and substance misuse services.

We saw how people’s sense of wellbeing was promoted; staff talked to people in a conversational way and shared a joke and stories with each other. We saw people laughing, smiling and they were comfortable in joining in with the conversations.

Members of staff told us that they had the right level of training and support to do their job, which included meeting people’s individual communication needs. We saw how staff applied their training and skills into practice when they communicated with the people they looked after. This included the use of picture symbols, sign language and a language interpreter.

Staff had attended induction and other training, which included the safe use of medication and safeguarding people from abuse. Staff advised us that arrangements had been made for members of staff to attend training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); we were told that this training was due to take place during December 2014 and January 2015. We found that staff were supervised and supported to do their job, which they said they enjoyed.

People’s rights to make decisions about their support and care were valued. This included decisions about what they liked to wear and following their cultural and religious beliefs. However, we found that people had not been assessed in relation to their mental capacity. This included, for instance, the capacity to make decisions about their support with going out alone and management of their finances and health conditions. We found that some of the people went out only with a member of staff. Therefore, people’s rights may not be fully protected. The registered manager advised us that no DoLS applications had been made until she had increased her understanding of the application of the MCA. She told us that she had recently completed her training in the MCA.

People told us that they had enough to eat and drink. A person said, “I love my food. I do.” A relative told us, “The meals are nice and [my family member] sometimes makes his own food with the staff helping.” We saw people were offered choices of what they would like to eat at lunch and tea-time. One person told us that they liked their choice of beans on toast that they were eating. Another person said that they had chosen to have a bowl of soup. We found that people’s individual food likes and preferences were catered for, which included halal and vegetarian foods.

Good

Is the service caring?

Our findings

Local authority and health care professionals told us that staff were caring. A person told us that staff were, "All very, very good. They're very kind", and, told us that they knew their individual needs. Another person said, "The staff are lovely here. I do love them. I love them all." A relative told us, "I think [family member] is being looked after very well. Now [family member] is going out more and really enjoyed the holiday."

Members of staff demonstrated that they understood people's individual needs and making decisions about managing their health needs. They told us how they had supported people to assessed and treated by people employed by health care services which included substance abuse and well-women screening services. A person told us that they wanted help to get better and staff had helped them with this. Another person told us that they could choose what they wanted to wear. They told us, "I get them (clothes) out the night before." A relative confirmed that their family member's choices were valued. This included their choice of when they preferred to be on their own.

One person told us that they had the information that they needed in relation to managing their health needs. They told us, "I know when my next (dental) appointment is. It's not until next year."

People also said that they got involved in making decisions about how they wanted to spend their day. We found that they were included in drawing up their daily programmes and showed that they were happy with following this information. Where it was possible, people had signed the majority of their records which indicated that they had agreed to the decision about their care and support.

We saw that people were treated with respect when members of staff shared stories with them and when they asked people what they would like to eat for their evening meal. We also saw that people were looked after by kind staff. One person requested a hug from a member of staff and we saw that they enjoyed having this physical contact.

We found that people's independence was respected with going out into the community and with preparing food. One person said, "I get a taxi and I like to go shopping." Another person told us when they were next due to make the evening meal for the people they lived with. A relative told us that their [family member] had become more independent with bathing and making a sandwich since moving into Riverview House.

The premises maximised people's privacy and dignity because people had access to a range of communal areas where they were able to sit with each other or be on their own. One person told us that they preferred to sit on their own and said, "I like coming into this room and watch [name of television programme]." In addition, bedrooms were used for single occupancy only.

The registered manager advised us that at the time of the inspection general advocacy services were not used but said this would be discussed at the next residents' meeting to gain people's views about this. Should people require other support to represent them, we noted that staff had access to information in relation to the independent mental advocacy services.

Good

Is the service responsive?

Our findings

We found that people took part in voluntary work and attended craft, gardening and music sessions. One person told us that they enjoyed going to the gym and to clubs where they could dance. They told us that they preferred going to the gym because, “I don’t sweat as much as I do when I dance.”

People told us that they had been involved in the planning of their care. They understood their daily programmes and enjoyed showing and explaining these to us. One person told us that, while pointing to their programme, they had cleaned their room, had done their personal laundry but had to yet clean the bath. While emptying the washing machine they held up one of their laundered tops and said, “This needs to be hung up now” and took it away to hang up.

Links were maintained with the local community. People were supported to have access to religious services and to go out shopping and eat out. We heard one person say to a member of staff, “I’m going out Christmas shopping now. I really enjoyed the party on Friday.” People were supported to attend community held religious services and were supported to follow their beliefs in relation to eating, drinking and their personal care.

We saw that people had made friends with other people living at Riverview House. Some of the people were joining in to sign someone’s birthday card and we saw that people talked to each other in a friendly way.

The provider told us in their provider information return that there had been no complaints made about Riverview House in the last 12 months. People told us that they knew the names of the registered manager and senior care staff and said that they would speak with them if they were unhappy about something. One person said, “I sometimes go over and talk to the manager.” Another person also said, “I have a key worker and I can talk to them.” A relative told us that they had a concern which had been raised with the previous registered manager and had been satisfied with the response. They told us that they had since seen an improvement in the standard of their family member’s care. A complaints procedure was in place and this was in an easy read format.

Good

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and found her to be accessible and approachable. One person told us, “I go to see her and she’s okay.” Staff told us that they found the registered manager to be, “fair” and she had joined in with people and staff when they went to see a pantomime and had dined out afterwards.

People were part of the local community where they lived, worked and shopped. One person said that they had enjoyed walking to the local shop. Another person said that they liked working as a volunteer to help other people.

Staff told us that they enjoyed their job in supporting people to live a life meaningful to people they supported. Staff also told us that they were supported to develop their roles through training and supervision and were aware of their responsibilities regarding their job roles and who they would report to.

At the time of our inspection there was a registered manager in post.

Learning had taken place in response to people falling or not having their medication as prescribed. This learning included following advice from a health care professional and providing an increased level of support for individual people with taking their medication.

Staff advised us that the provider was carrying out reviews of the format of questionnaires before these were to be sent out. A relative confirmed that they had completed a questionnaire but was unable to say when this was. However, they told us that they had been able to make suggestions to improve their family member’s care. They said, “With me, the staff explained to my [family member] the reason why they needed the support. Since then, it is much better for my [family member].”

We found that staff were enabled to share their suggestions to improve the quality of people’s support. They told us that that this included supporting people to go on holiday to improve their quality of their care.

The registered manager completed monthly reports for the provider to review. Accidents, incidents and attendance in staff training were reported on and action was taken where this was needed.

The provider had completed their provider information return where improvements to the management of the service were identified; this included the reviewing of staff training records and ensuring that all staff were to attend training that they needed to do their job.