

Riverside Healthcare Limited

Neville Lodge

Inspection report

109 Thorne Road
Doncaster
DN2 5BE

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Neville Lodge is a residential care home providing personal care and support to people with learning disabilities and/or autistic people. There were two people living there at the time of the inspection. The service can support up to six people.

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

Right support

People were supported in a safe environment. Staff supported people in a safe way. Staff followed safe practice to reduce the risk of COVID-19 spreading within the service. Staff encouraged people to live full lives and meet their goals which included learning new skills. The provider, management and staff team developed the service in way that ensured they had the resources and knowledge to support people when they experienced periods of distress. Restrictions were minimised and people had the freedom and choice in how to live their lives.

Staff received the right training for their role, and this included training for specific complex needs people had. People were supported to communicate their needs, views and choices. Communication plans and tools were personalised to enable this. People were supported to personalise their rooms.

People were supported to access the community and to join in with activities and days out in their local area. People were supported by staff to live healthy lifestyles and access health and social care support. This helped improve people's wellbeing. Medicines were managed safely and were regularly reviewed.

Right care

People received support and care that was kind, compassionate and reflected people's own culture and preferences. Staff promoted people's equality and diversity, supporting and responding to their individual needs. People's care plans were an accurate reflection of the support they needed and what people could do independently. They included strategies and plans to help people reach their aspirations and goals.

Staff had received training on safeguarding people from the risk of harm and abuse. Staff knew how to recognise and report abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported by staff who had a good understanding of people's needs, how people communicated and what their preferences were. Staff listened to people. People received care which supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right culture

The provider, registered manager and staff monitored the quality of service provided to people. People, their relatives, staff and professionals were involved in the process. People were supported by staff who had a good understanding of best practice and how to implement this into their roles. Staff put people's wishes, needs and rights at the heart of everything they did.

People and their relatives were involved in planning their care. This helped to ensure people had a service that was tailored and personal to them. Staff respected people and their views. People had been put at the forefront of all they did. The risk of a closed culture was minimised as people received care and support in line with their wishes, and staff were open and inclusive.

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

Rating at last inspection and update

This service was registered with us on 23 March 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Neville Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

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

Registered Manager

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We needed to make sure relevant staff were available and records were accessible.

The Inspection activity started on 18 July 2022 and ended on 28 July 2022. We visited the location's office on

18 July 2022 and ended on 28 July 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2021. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, five support staff and one nurse. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures. An Expert by Experience spoke with two relatives about their experience of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and told us they felt safe. One person told us, "I feel very safe. The staff are always nice to me." A relative said, "[Person] used to self-harm and now not as much, there are always staff about and [person] feels secure."
- Staff received training and understood their responsibility to safeguard people from the risk of abuse. One staff member told us, "Keeping residents safe and happy is paramount. We are building relationships and know people so we would spot any changes that might be a concern. If we were to see anything which we don't agree with we would take it to the manager or external agency."
- The registered manager understood their safeguarding responsibilities and had made safeguarding referrals to external professionals when necessary.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their risks and how to keep them safe.
- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected current needs. These included information about risks associated with managing emotions and behaviour, personal care, eating and drinking, medicines and doing things people enjoyed in the community.
- Risks were managed in a way that did not restrict people's freedom and right to independence.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
- The service worked closely with other health and social care professionals in order to adapt and change the way the person was supported if issues arose.
- Emergency plans were in place outlining the support the person would need to evacuate the building in an emergency. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- Staff were safely recruited. Pre-employment checks including the collection of references and Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Individual support plans were in place for staff where development needs had been identified. This supported staff to meet their full potential and feel confident in their working roles.
- Staff were given a thorough induction, including shadowing experienced members of staff. We observed the support in place for a new member of staff during the inspection.
- People were supported by the appropriate number of staff. This meant they were able to live the way they

chose, which included going out and about as often as they liked. People living in the home had one to one care provision to promote their safety.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood the principles of STOMP (stopping over-medication of people with a learning disability and/or autism) and ensured people's medicines were frequently reviewed.
- People could take their medicines in an area that was appropriate and safe. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff provided information about medicines in a way people could understand. Staff also monitored the effects of people's medicines on their health and wellbeing and worked collaboratively with other healthcare professionals to manage people's medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Internal and external medicine audits were carried out to ensure medicines were used safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's IPC policy was up to date.

Visiting in care homes

- People could have visitors whenever they wanted.
- The provider's visiting policy and practice followed national guidance for visiting people living in care homes.

Learning lessons when things go wrong

- The provider and staff learned lessons when things went wrong and improved the quality of the service.
- There was a system in place to identify learning and share lessons. This included processes for recording, reviewing and auditing accident and incidents. The procedures in place helped management and staff notice patterns in things that had gone wrong.
- Lessons learnt and actions for staff were shared with staff in staff handovers, supervision, staff meetings, updates to people's care records and messages in workplace social media groups.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Senior staff completed comprehensive assessments of people's physical, mental health and social needs during the admission process. People's views and those of their relatives and professional support network were central to the assessment. A relative said, "Staff are welcoming and out of all the places [person] has been this is the best, there is consistent staff and no agency. The transition helped as the [registered] manager visited in the last setting, then [person] went to visit and family visited too, then there was a day visit, and then a weekend visit before moving in."
- People's diversity needs, including their background, personality, life experiences, beliefs, and communication styles were assessed to ensure the service was right for them.
- The registered manager said compatibility was a key issue during the admission process. The people at the service had good relationships with each other and it was important that new people fit in well with them. The admission process gave full consideration to this.

Staff support: induction, training, skills and experience

- People received their care from trained staff who received the support required from management and the provider.
- Staff consistently told us they received an induction, tailored to their own skills, and levels of care experience. New staff confirmed they were required to complete the care certificate. This is a set of induction standards that care staff should be working towards.
- The induction programme included shadowing experienced staff and getting to know people and their care and support needs. New staff had to complete a probationary period before being permanently employed. This included management carrying out checks to make sure they were suitable for the role.
- All staff regularly completed core training, including refresher training. The provider used a staff training matrix to monitor staff training and ensure it was up to date.
- Staff received regular supervision and management carried out staff competency checks.

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

- People had personalised care plans for nutrition and hydration. Some people had additional needs relating to their diet and these were well-managed. The emphasis was on encouraging people to make choices about their food and balance that with maintaining a healthy diet.
- Staff used weight charts and food and fluid charts where necessary to ensure people had enough food and drink to meet their needs. Food diaries showed people had a varied diet and ate meals at the service and out in the community in line with their preferences.
- Relatives were satisfied with meal arrangements. Comments included, "Food is nice, there seems to be a

choice," and, "I have been asked to Sunday Lunch which was very nice. There is a choice of meals and they eat what they want, food that they enjoy."

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

- People had regular access to health and social care professionals. Staff supported people to appointments. Where people preferred to attend with a parent, this was respected.
- Information about healthcare needs was communicated in a way that suited people's individual needs. Oral care assessments were completed to help support people with dental care.
- Staff worked with health professionals to help promote healthy lifestyles and promote people's wellbeing. Professionals were positive about the support provided for people at the service. One feedback to the service stated, "As a result of the work you and your team have put in to making sure all of the boxes are ticked, we have [person] and family who are confident and happy within this placement and aspect of the journey from inpatient to community."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- People had mental capacity assessments in place and best interests meetings were held when decisions needed to be made for specific matters.
- The provider had made DoLS applications when it was necessary to put restrictions in place to protect people from harm and staff applied related conditions appropriately.
- Staff sought people's consent where possible and the provider sought the consent of people's families when it was appropriate to do so.

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.

This is the first inspection since registration of this service. This key question has been 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

- Staff provided kind and compassionate care in a calm and welcoming environment. They had an excellent rapport with people and understood their communication preferences and individual needs.
- There were many caring and respectful interactions between staff and people. Staff had a genuine interest in people's well-being and quality of life. A relative said, "It is always very welcoming and friendly, the staff are friendly, and I feel they go beyond the call of duty. They are always available, this is the best place [person] has stayed in." Another relative told us, "Staff are very nice and there are plenty of staff. They make me welcome. The positive is [person] isn't self-harming as much. It is a much better place for [person], not being in a hospital."
- People's individual 'likes and dislikes' were recorded so staff understood them and incorporated them into people's daily lives. For example, one person told us, "I chose everything in my room, wallpaper, bedding, everything. It's an amazing place with lovely staff, I really love it here."

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

- People were involved in decisions about their care. We observed staff explaining things, choices and plans to people to get them involved in their daily decisions. Staff encouraged this by using open questions and repeating where needed. All interaction was calm, patient and focused on the person they were supporting.
- People's care plans showed easy read records which were in place to capture people's preferences and views about their care. We saw people had participated and their views were reflected. Relatives said care was being provided as agreed. Care plans were amended as needed and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. Where required, staff supported people to have personal care tasks provided in the privacy of their bedrooms and bathrooms.
- People were supported to maintain high standards of personal hygiene and appearance to promote dignity and independence.
- People were encouraged to be as independent as possible with areas of their daily routines, and to participate in meaningful activities they enjoyed, helping people to develop new skills and relationships.
- Staff respected people's wishes and personal space. They knew their routines to ensure privacy was not disturbed. We saw staff knocked on doors and asked permission before entering their space. We also saw that people's flats which faced the garden, had some frosting on the windows to give privacy from other people and staff sitting in the garden.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care was planned to ensure they had choice and control and their needs and preferences were met.
- People had detailed and personalised care plans in place. They included information for staff about people's life history, care and support needs, interests, likes, dislikes and preferences and people that were important to them. They also included information for staff about how people wanted to receive their care and support.
- People's care plans were reviewed with them and their families regularly to make sure they were up to date and reflected their current choices and decisions.
- Staff knew people well and had a good understanding of their individual needs and preferences because they worked closely with them on a daily basis and read their care plans and updated their care records. Staff communicated well with each other about changes to people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood the AIS. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.
- Staff were familiar with people's assessed communication needs. We observed staff to use appropriate language and individualised techniques to support people to communicate their needs and wishes.

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 supported to develop and maintain relationships, follow their interests and participate in activities. People's care plans contained information for staff about their interests, activities they liked to do, and which people were important to them.
- People had an individual activities programme, which they were involved in creating. One relative told us, "There is a gym and one of the staff is qualified as a level two instructor so gives exercises to follow. [Person] hasn't a huge number of hobbies but likes to go for a walk with staff. There is an ice cream place they like to

go to with another resident."

- People were supported to visit their families. Relatives told us, "[Person] comes home for Sunday lunch and I also cook for the staff who come" and, "[Person] is only five minutes away now, and they come here once a week and stops the night."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints procedure was available in easy-read format. Families confirmed they were aware of the procedure, "I would speak to the manager if I had a complaint."
- The service treated all concerns and complaints seriously. The service had not received any complaints at the time of our inspection.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager said people's care and support preferences and choices would be discussed with people and those close to them if this became necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff understood their roles and responsibilities. There were effective quality assurance systems and processes in place to monitor quality performance and ensure good governance.
- Managers carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- Staff had clear job descriptions and the service had a mission statement and a set of values. Staff were made aware of these.
- Lessons learned and updates to guidance and practice were shared with staff in various ways and management regularly checked staff competencies and provided staff with the support they needed.
- The registered manager understood their legal obligations and knew what incidents had to be reported to the local authority and CQC and when to submit notifications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were clear of the important roles they had in ensuring people led meaningful lives. Staff demonstrated their passion for providing person-centred care. This was particularly apparent in the way staff engaged with people and the inspection process.
- Staff told us they felt the registered manager was open and approachable, with one staff member describing them as, "A fantastic and knowledgeable manager." The leadership of the service had a positive influence on the performance and caring approaches taken by the staff team.
- The registered manager was passionate about the service, the people and their relatives. Feedback from relatives included, "The manager is very nice, I am kept informed. The staff let me know what is happening, and I can call any time" and, "The manager is very visible. Out of all the places this is a breath of fresh air, compared to some staff in some places. The staff there are lovely."

Continuous learning and improving care

- The service promoted a learning environment, and this improved the care and support people received.
- The registered manager attended local authority forums for providers and care managers. They also received email updates from the local authority about infection control and COVID-19. The registered manager said these support networks were very helpful for keeping up to date with guidance and sharing good practice.

- Management cascaded information and learning to staff and staff acknowledged updates to guidance and practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

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

- People were involved in all aspects of their care. Records showed staff ensured people's views were always taken in account.
- The registered manager and staff were in close contact with relatives and always willing to discuss the service and people's care and support. They were available online, by telephone, and in person if relatives wanted to meet with them.
- The service employed a diverse staff team who understood equality issues. There were regular staff meetings and supervisions to help ensure staff were supported and involved in how the service was run.
- Staff felt well-supported by the registered manager. A staff member said, "The manager's lovely, really supportive of staff, and listens to us. We can raise anything we like."

Working in partnership with others

- The management team worked with external professionals to achieve good outcomes for people. For example, local authority, social workers and GPs. One external professional's feedback to the registered manager read, "It was nice to hear how positive the transition to Neville Lodge has been. [Person] was able to articulate their positive transition and how effective the staff support has been in helping them settle quickly. From the initial contact with yourselves, we have worked together to provide clear outlines of what a placement would need to look like for [person]; the impact of the collaboration is evident as [person] was able to choose their placement based on knowledge of the service from their visits and discussions with staff."