

# Linkage Community Trust

# Riverside

## Inspection report

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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 provides accommodation, care and support for up to nine people who experience learning disabilities and/or autistic spectrum disorder. There were nine people living at Riverside on the day of the inspection visit.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- People received safe and effective care.
- People were involved in planning and reviewing the care and support they received.
- People were supported to develop their independence whilst remaining safe.
- Staff knew how to recognise and report issues of concern and potential abuse.
- Staff were well trained and supported to provide personalised care.
- Staff understood people's choices and preferences and how to support them with decision making.
- The registered manager promoted a culture of openness and partnership working in which everyone's views and opinions were respected.
- There were clear systems in place to monitor the quality of the services provided and actions were taken to improve services when any shortfalls were identified.

Rating at last inspection:

Riverside was last inspected on 12 May 2016 (report published 28/06/2016) and was rated good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. Riverside remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about Seaton House until we return to visit as per our re-inspection programme. If any concerning information is received 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

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Riverside 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.

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

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, we received a completed Provider Information Return (PIR). This 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 took the information in the PIR into account when we made our judgements in this report.

We reviewed other information we held about the home such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

During the inspection visit we spoke with four people who lived at Riverside and observed how staff interacted with them. We also spoke with two staff members, the registered manager and briefly with a visiting family member.

We looked at the care records for two people and we undertook a tour of the premises with the registered manager. We also looked at records in relation to the management of the service such as quality assurance checks, staff recruitment and training records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at Riverside. One person said, "Very safe thank you." Another person told us, "I feel very safe here; they [staff] know when I need a bit more help like when I'm going out."
- The registered manager and staff we spoke with knew how to identify if people were at risk of abuse and how to report any concerns.
- Records showed when any issues had been identified, the registered manager had worked closely with the local authority safeguarding team to ensure people stayed safe.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise those risks.
- We noted how risks were managed so as to maintain people's independence wherever possible. One person told us about the risk management plan in place for when they went out of the home. The plan detailed the equipment and information the person needed when they went out. This was because their health condition could change quickly and cause them to be unwell if they did not have the right equipment and information with them.
- Personal emergency evacuation plan's (PEEP) were in place should people need to evacuate the building in an emergency, such as a fire. A recent practice of evacuation procedures highlighted that some people may need extra support at night time. The registered manager was reviewing people's PEEP arrangements as a result of this.

Staffing and recruitment:

- There were enough staff on duty, with the right skills and knowledge to provide the care and support people required. Staff told us they had enough time to support people as individuals and people we spoke with confirmed this.
- Some people had one to one support from staff at specified times. This enabled them to develop their personal and social skills in a way that suited them. Staff duty rotas showed that one to one hours were consistently covered by staff who people knew well.
- The provider had systems in place to ensure new staff were recruited safely. Records showed that checks had been made about, for example, the person's identity and their previous employment history. Disclosure and Barring Service checks had also been carried out.

Using medicines safely:

- People continued to receive their medicines in a safe way. Medicines were safely stored where people preferred them to be, such as their bedroom.
- Records showed that staff were trained to administer medicines safely and staff confirmed this when we spoke with them. They also told us they were trained to administer emergency medicines which people may need if they had an epileptic seizure.
- Arrangements for the administration of people's medicines were in line with good practice and national guidance.
- During the inspection visit the registered manager carried out an audit of medicines arrangements in line with their quality assurance processes. We saw, for example, they checked that medicines administration had been accurately recorded and the right amounts of medicines were available for people.

#### Preventing and controlling infection:

- The home was clean and tidy on the day of our inspection. People told us they took part in keeping their home clean. We saw, for example, they were encouraged to wash dishes after lunch. One person told us they liked to keep their bedroom clean and tidy and said staff helped them to do this.
- There was information around the home to help people understand how to prevent and control the risk of infection.
- Staff understood the principles of infection prevention and control and had received training about the subject.

#### Learning lessons when things go wrong:

- There were systems in place to review and analyse any accidents or incidents which occurred in the home. This enabled the registered manager to identify any themes or trends and take action to minimise the risk of reoccurrences.
- Staff meeting records showed, and staff told us, that the registered manager shared the lessons learned from the analysis of accident and incidents.

# 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

Good: ☐ 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's needs were assessed and regularly reviewed to ensure their needs continued to be met.
- Protected characteristics under the Equality Act were considered in assessments so that, for example, any identified cultural or religious needs could be met. Staff completed training in equality and diversity and demonstrated they were committed to ensuring those needs were met.

Staff support, induction, training, skills and experience:

- The registered provider had a package of induction training for all new staff to undertake. This included completion of the Care Certificate which sets out common induction standards for social care staff.
- Records showed that staff had completed training in subjects such as epilepsy awareness and behaviour management. Staff also told us they were supported to complete nationally recognised qualifications in social care.
- The registered manager provided regular support and supervision for staff. Staff said the registered manager was available at any time if there was something they wanted to talk about. When describing supervision sessions staff said they were an opportunity for them to discuss their training and development and keep up dated with topics such as keeping people safe. One member of staff told us, "[Registered manager] is good at following up with any issues you've brought up."

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

- People were fully involved in deciding what they wanted to eat. They were encouraged to plan menus and take part in cooking.
- During the inspection visit we saw people were supported individually to choose and prepare their lunch. Two people were also supported to prepare the chosen evening meal. One person told us, "We take turns to cook; we have healthy eating recipes."
- Drinks were freely available and staff were aware of how much people should drink to stay hydrated.
- Staff understood people's dietary needs and preferences. Advice was sought from specialist healthcare professionals when people needed extra support with their nutrition.

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

- All areas of the home, including outside spaces, were accessible to the people who lived at Riverside.
- People had their own bedrooms which were personalised to their tastes.

- The fire alarm system had been adapted to include flashing lights and vibrations. This meant that people who had sensory needs would be alerted to the need to evacuate the building in the event of a fire.

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

- People told us they were supported to see their GP and other healthcare professionals whenever they needed to. For example, care records showed when people had visited dentists, chiropodists and specialist consultants.
- Information about people's health needs was clearly recorded in care plans so as to ensure they received the right support at the right times.
- Two staff members acted as health and well-being ambassadors. They supported people to learn about, for example, healthy eating, good mental health and exercise.
- One person described how staff supported them with their complex healthcare needs. They said, "If it wasn't for the staff and [relative] I don't think I'd be here. They can see I'm not well even when I don't see it." They added, "I needed to go to hospital [recently]; the staff knew I wasn't well and they explained everything to me."

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA; whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were working within the principles of the MCA. They were trained and understood how to support people with their decision making. Decisions that had been taken in people's best interests had been recorded and demonstrated the involvement of those who were important in the person's life.
- Three people were subject to DoLS authorisations at the time of the inspection visit. The authorisations had been regularly reviewed and the conditions were met.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us the registered manager and staff treated them with kindness and respect. One person said, "The way staff treat you is like having good friends; a family feeling. We have a lovely home and everyone helps to make it like that." Another person told us, "I like living here, it's nice, all the staff are good." One person used pictures on a special communication board to show us they were happy living at Riverside.
- Staff understood and supported people's diverse needs. An example of this was the support offered to a person who liked to dress creatively in order to express their interests. Staff ensured the person had the time and personal space to do this, and they supported the person to purchase the clothes they enjoyed wearing.
- We saw staff knew people well and responded warmly when they needed emotional support. An example of this was where staff spent time talking in private with a person when they expressed frustration about a particular issue they were experiencing.

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

- People told us they were encouraged to express their views about the care and support they received. One person told us, "Staff respect my choices; we're all able to say what we want."
- People told us they regularly spent time with their key workers to discuss their care and support. We saw their views and decisions had been recorded and acted upon.
- Where people needed support to express their views and decisions, they were assisted with using, for example, picture boards or easy read documents.
- People we spoke with knew about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain and develop their independence. One person told us how the registered manager and staff had helped them to find employment opportunities. We saw another person was supported to develop independence with taking their medicines. A member of staff told us, "It's all about developing independence and helping people achieve their goals."
- People's privacy and dignity was respected. We saw staff spoke with people in private about their personal needs. One person said staff knew when they wanted time on their own and did not intrude on their privacy.
- People had keys to their bedrooms where they wanted them. Staff sought permission before they entered people's rooms.

- People's private information was stored securely and computers were password protected. Staff understood the principles of confidentiality and only shared information on a need to know basis.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had detailed care plans which included needs such as physical health, preferred activities and communication needs. Care plans were available in words and pictures to help people fully understand them.
- We saw people were involved in regularly reviewing their care plans and deciding how they wanted their care to be provided. Care plans were updated to reflect people's changing needs.
- Staff demonstrated a clear understanding of how best to support people's needs and preferences. A member of staff told us, "Everyone has their own personality and we have to respond differently at different times; checking they understand everything; sometimes changing the way you say things to help people understand."
- People were encouraged and supported to engage in a range of social activities as well as their choice of hobbies and interests. One person told us how they liked to write poems and often wrote them for staff. Another person told us about their love of music and how they enjoyed going to concerts.
- We also saw how one person had been supported to continue their love of gardening when they were no longer able to tend plants outside. Staff had developed an 'indoor garden' area in the person's bedroom at a height the person could comfortably reach their plants.
- People were supported to maintain and develop relationships with their family and friends. They were encouraged to invite them for meals and social occasions in the home as well as spending time with them outside of the home.
- The registered provider was aware of the new Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. We saw information around the home was presented in words and pictures to aid accessibility.

Improving care quality in response to complaints or concerns:

- The registered provider had a complaints procedure which the registered manager and staff followed. Since our last inspection, one complaint had been recorded and managed in line with the registered provider's policy.
- People we spoke with told us they knew how to make a complaint if they needed to and were confident it would be resolved. One person said, "You complain to [the registered manager]; she'll sort it; always does."

End of life care and support:

- Arrangements were in place to support people when they were ready to express their wishes for the care

they wanted at the end of their life. At the time of the inspection visit no-one who lived at Riverside had chosen to discuss this issue.

## 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered provider had in place a clear vision and a set of values which reflected the principles of high quality person-centred care. The registered manager and staff demonstrated and understanding of and a commitment to the vision and values of the organisation.
- People who lived at Riverside spoke highly of the registered manager. One person said, "[The registered manager] is there for me." Another person told us the registered manger was, "A very good person." Staff also spoke highly of the registered manager and how they ran the home. One member of staff said, "I can't sing [the registered manager's] praises enough; they're very flexible; will come in when someone goes sick; will come in to do the driving if everyone wants to go out at the same time. I'd recommend this as a place to work."
- Staff told us the registered manager promoted an open and fair culture within the home. They told us they felt listened to and their views were valued. They said the registered manager promoted team working, clear communication and consistency to ensure people who lived in the home received high quality care and support.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived at Riverside.
- The latest CQC inspection report rating was on display in the home and on the registered provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- There were effective systems in place to monitor the quality of the services provided. Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety.

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

- The registered provider had systems in place to gather people's views about the quality of services they received, including house meetings and the use of surveys. Records showed the outcomes of surveys were used to develop and improve the services provided for people.
- House meeting records showed a range of issues were discussed. Topics included shared social activities, any planned changes to the environment and menu planning. One person told us, "We are able to say what we want; they [registered manager and staff] listen to what we say; if we want something to change they'll do it."
- Staff had regular opportunities to meet as a team with the registered manager. One member of staff said, "[The registered manager] keeps us up to date with everything that is going on. [The registered manager] invited a relative to one meeting to talk about [person's name] needs so that we could keep consistency." Another staff member said, "[The registered manager] encourages us to share our ideas and views."

#### Continuous learning and improving care:

- When quality audits highlighted any shortfalls the registered provider and registered manager had action plans in place to drive improvements which were shared with staff and people who lived in the home.
- The registered manager attended a regular, local adult social care network meeting which kept them up to date with good practice and service development. They also attended regular meetings with other managers in the registered provider's organisation. This enabled shared learning across the organisation.

#### Working in partnership with others:

- The registered manager had developed good working relationships with commissioners and local health and social care professionals.
- The registered manager and staff had developed connections within the local community to broaden work and leisure opportunities for people who lived in the home.