

Linkage Community Trust Limited(The) 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

We inspected Riverside 12 May 2016. The inspection was unannounced.

Riverside provides accommodation and personal care for up to nine people who experience needs related to learning disabilities. It is a purpose built home situated in Louth, Lincolnshire and is within easy reach of public transport and shops. Nine people were living in the home on the day of our inspection.

There was a registered manager in post at the time of the inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. During the inspection we found the registered manager had acted in accordance with this legislation and people's rights had been protected.

People were supported to stay safe by staff who understood how to report and manage any concerns for their safety and welfare. People's medicines were managed safely and they were helped to avoid the risk of accidents occurring, whilst maintaining their independence.

People were supported to access appropriate healthcare services and their nutritional needs and wishes were met.

People were treated with kindness and dignity and their privacy was maintained. They were involved in planning and reviewing the support they received. Their decisions and choices about their life and the support they received were respected by staff.

There were enough staff employed with the appropriate skills and knowledge to provide the support that people wanted and needed. People were confident that staff knew how to support them appropriately.

People were encouraged to enjoy a range of hobbies and social activities. They were supported to maintain relationships that were important to them.

Systems to monitor and improve the quality of services people received were in place. People views and opinions about the quality of the services were taken into account.

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.

People were safe living in the home and risks to their health, safety and welfare were minimised. Staff knew how to report any concerns for people's safety.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions where they were able to. Appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

People had access to appropriate healthcare and their nutritional needs were met.

Staff received training and regular support to meet people's needs, wishes and preferences.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness. Their privacy and dignity was upheld.

Staff took account of people's wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning for their support needs care needs where they were able to be.

People were supported to engage in activities and interests of their choice.

People knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good 

- The service was well-led.
- There was an inclusive and positive culture within the home.
- People were able to voice their opinions and views about the services they received.
- Systems to assess and monitor the quality of the service provided for people were in place.

Riverside

Detailed findings

Background to this inspection

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

The inspection took place on 12 May 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with five people who lived in the home and we looked at three people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with three staff members and the registered manager. We looked at three staff personnel files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People told us they felt safe living at Riverside. One person told us, "I'm safe here because staff know about me and my [health need] and keep a close eye." Other people told us how staff supported them to keep safe. One person said, "We had the community police come to talk to us, that helped us to know what to do." Another person said, "They talk to us about bullying and what to do. I would report it." We saw that information about keeping safe was available for people in formats they were able to understand such as pictures and symbols.

We saw that people's personal money was held securely by staff. Each time they were supported to spend money it was recorded and staff checked that remaining cash balances were correct. People's financial affairs were further protected by the use of care plans and risk assessments that showed staff how to support them in the right way.

Staff understood the importance of helping people to keep safe within the home and when they were outside of the home. A member of staff described to us how they promoted one person's safety when they went out alone to local shops. Staff told us, and records showed they received regular training about how to keep people safe. Staff were able to describe clearly the actions they would take if they were concerned that a person may be at risk of harm. They told us they were confident that the registered manager and senior staff would respond quickly and appropriately if they reported their concerns. They also knew how to contact external agencies such as the local authority if their concerns continued.

We noted that risks to people's safety had been identified, assessed and were regularly reviewed. Individual care plans had been developed to reduce risks whilst maintaining people's independence. An example of this was a person who liked to go out around the local area by themselves. The person and staff members had developed a plan to ensure they could do this at appropriate times and in a safe way.

Records showed that everyone had a personal evacuation plan in the event they would have to leave the building in an emergency. People described to us what they would do in the event of a situation such as a fire and where they would evacuate to. Staff also knew what actions to take in emergency situations and what help each person needed.

Records showed that the provider had carried out background checks on staff before they had been employed and staff confirmed this. The provider checked areas such as employment history and obtained referenced from previous employers. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

People who lived in the home told us there were enough staff on duty to help them with everything they wanted and needed. The registered manager told us that staffing levels were determined by people's needs and wishes. An example of this was a person who required an individual staff member to help them rise in the morning, take breakfast and prepare to go to their daily occupation placement. Rotas showed that an extra member of staff was on duty to provide this support each morning. We saw that those people who

stayed at home during the day had their needs and wishes met promptly and were supported to go out for shopping trips and other activities they wished to engage in. Rotas showed that staff numbers increased during the evening when everyone was at home.

There were reliable arrangements in place for the ordering, storage, administration and disposal of medicines. Records showed, and people told us, they received the right medicines at the right times. One person said, "I can't do my tablets myself, the staff give them to me when I need them and I tell them when I need a tablet for pain." We saw people were supported with their medicines in an individual way. An example of this was seven people had secure medicine storage within their bedrooms as this was where they preferred to take their medicines. Two people preferred their medicines to stay in the control of staff and secure storage was provided in the administration area of the home for these medicines. People we spoke with told us that staff discussed their medicines with them and helped them to understand what the medicines were prescribed for. Some people were supported to take control of their own medicines where they wished to. Records showed that staff supported those people with the use of risk assessments and assessed training programmes to ensure they were able to manage their medicines safely.

Is the service effective?

Our findings

People showed us and told us they felt well supported by staff. One person told us, "I trust them; they know me and what I like." Another person said, "They're very, very good. They help me a lot."

Records showed, and staff confirmed to us that they had completed introductory training when they started work at home. This included time to get to know the people who lived there and to learn from experienced staff members. The registered manager told us the induction programme was based around new nationally agreed standards for induction training. Staff told us that there was also a varied and on-going training programme available to them, which was related to people's needs. We saw they undertook training in key subjects such as managing behaviours, moving and handling people, diabetes awareness and epilepsy awareness and they were supported to undertake nationally recognised training courses about caring for people. Staff demonstrated their underpinning knowledge and how the training helped them to be more effective in their roles. They did this by describing how they had managed situations in which people had experienced, for example, epilepsy or poor mobility.

Staff told us they were well supported by the registered manager. They said they could ask for support or advice whenever they required such and they received regular, planned supervision. We saw that the registered manager had a planning tool to ensure everyone received regular supervision. Staff told us they were able to discuss their role and plan for their development during supervision.

Throughout the inspection we saw staff encouraging people to make decisions about topics such as what they wanted to wear, what they wanted to eat and where they wanted to go. We also saw they gave people the information they needed to make certain decisions. An example of this was staff helping a person to decide how much money to take on an outing by telling them how much they had available and encouraging them to think about the cost of what they wanted to buy.

Arrangements were in place to ensure staff followed legal guidance when supporting people with decision making. Records showed that staff had received training about the Mental Capacity Act, 2005 (MCA) and they demonstrated to us that they understood how to support people to make their own decision wherever possible. People's care plans clearly recorded what support if any, people needed to make decisions about key areas of their life such as their health or personal care. Records also demonstrated that people were asked for their consent to receive care and support. A person told us, "They always ask me before they do anything, if I'm not ready or don't want help they listen to me." Where people were not able to make a decision for themselves, records showed that the registered manager and staff had worked with others who were important to the person, such as their family or their GP, to ensure decisions were taken in the person's best interest.

Arrangements were in place to ensure people were not unlawfully deprived of their freedom and that they were protected by legal safeguards. People can only be deprived of their freedom to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

registered manager confirmed that legal authorisations were in place for five of the people living in the home and three were currently being reviewed for renewal. This meant that the people concerned were supported to stay safe whilst ensuring their legal rights were protected.

People told us they were supported to eat and drink enough to keep healthy. They said they had meetings to choose the type of foods they wanted to eat and a flexible menu was developed. We saw a recipe folder and healthy eating information was available to help people make their choices. People told us they helped to shop for food and cook meals. They also said they could decide on the day if they wanted to eat something different and staff would make sure they had the right foods to cook. We saw in the kitchen that there was a wide range of foods and hot and cold drinks for people to choose from. A person told us they could help themselves to drinks whenever they wanted one.

Staff told us that no-one who lived in the home at the time of our inspection had any complex nutritional needs or cultural preferences for food but they felt confident that they could cater for whatever people needed or wanted. Staff knew if people had any food allergies and took this into account when supporting people with their diet. We saw two people were being supported with healthy eating because they wanted to lose some weight. They had been offered the opportunity to be weighed so that they could monitor their progress.

Arrangements were in place to ensure people received all of the healthcare support they needed from their GP or other health professionals. They were supported to attend 'well woman' or 'well man' clinics so that any specific healthcare related to their gender could be provided. Records were kept to show when people had seen a healthcare professional and what the outcome of the appointment was. Each person had a document that they could take with them if they attended a healthcare appointment or a hospital. This meant that health professionals could see how people wanted their healthcare provided and how the person communicated their needs and wishes. People's personal records contained information about specific medical conditions people may experience so that their care and support could address their specific needs. Staff demonstrated their understanding of people's healthcare needs and ensured that specific monitoring was carried out, such as a person's temperature.

Is the service caring?

Our findings

People were universally positive about living in the home. They made comments such as, "I'm really happy here", "They're really nice, I like the company I've got here" and "The best thing about it is 'chilling', it's a chilled place to live." All of the people we spoke with told us they were supported to make their own choices about the way they wanted to live their lives. One person said, "we can choose what we want to cook or where we want to go." Another person said, "I choose whatever I want to do."

Throughout the inspection we saw people engaging freely with staff. There was a jovial and relaxed atmosphere. One person told us, "We have a good time with staff, they're fun." We saw staff treated people with respect and kindness. They spoke with people about how they were feeling; they used the titles and names people said they preferred and they gave people praise and encouragement when they achieved a personal goal.

People were encouraged to maintain contact with their family and friends. A person told us how they enjoyed their family visiting the home. They also told us they enjoyed visiting their family member at their home and staff supported them to do this. We were told how staff encouraged and supported people to invite their friends to social occasions or have friends round for dinner.

People told us they felt staff treated them fairly and with respect. They also told us that staff helped them to understand and respect the other people they lived with. We saw that staff had received training about topics such as equality, diversity and cultural awareness. Records of meetings people joined in with showed they discussed topics such as having respect for other people's property, sharing household chores equally and respecting other people's lifestyle choices. One person told us, "It helps us all get on with each other better."

People told us staff respected their privacy and dignity. A person told us that everyone could have a key for their bedroom but some people chose not to have one. Other people told us staff knocked on their bedroom doors and waited to be invited in. Staff understood the importance of protecting people's privacy and dignity. We saw examples of this throughout the inspection such as, making sure they had discussions with people about their needs in private and supporting people with their intimate care needs in private areas. Staff also made sure that information about people's lives was kept in a secure manner. People's personal files were stored in a locked cabinet. Computers used to store personal information were password protected so that only appropriate people could access them. Staff told us they would only share people's personal information on a need-to-know basis or if the person had asked them to do so.

When people indicated through their behaviours they were upset or frustrated staff responded quickly to help them become calm. An example of this was a person who became upset before leaving to go to their day occupation centre. A staff member supported them with calm voice tones and clear explanations about the situation they were experiencing. The staff member's body language was relaxed and indicated to the person they were listening and wanted to help. The person calmed quickly as a result of the support and was able to continue with their day in a more settled frame of mind.

People told us they met regularly with their keyworkers. They said that as part of these meetings they could talk about how they were feeling and if they had any issues they wanted support with. There were also arrangements in place to support people who could not easily express their needs, views and wishes. A picture based communication system and sign language were in use for those who needed this support. Staff also knew how to help people engage with professional and lay advocates and information was available in the home about these support networks. Professional and lay advocates are independent of the service and can assist people to express their views and opinions.

Is the service responsive?

Our findings

People told us staff helped them with a variety of needs such as intimate personal care, daily activity planning and healthcare. Each person's support needs were recorded in a support plan which showed staff how to provide the support in the way the person wished. People told us they were involved in planning their own support and said they met with their keyworkers on a regular basis to discuss and review their plans. Records confirmed that people were involved in developing and reviewing their support plans on a regular basis.

Support plans were detailed and clearly highlighted any associated risks and the person's capacity to make decisions regarding the plans. The plans also recorded information about people's hopes, wishes and dreams for their future life and how they wanted to be supported to achieve them. We noted throughout the inspection that staff had a detailed understanding of people as individuals and supported them in line with the plans that had been developed. Examples of this were seen when staff ensured people had the opportunity to engage in their preferred routines which helped them to enjoy a relaxed day. Staff also demonstrated a proactive approach to supporting people by quickly noticing very subtle changes in a person's physical appearance. They supported the person to take the early actions required to prevent them becoming unwell.

Where people had been assessed as needing special equipment to help them stay safe and maintain their independence, the appropriate equipment had been provided. We saw equipment such as a hoist, bedrails and a specially designed wheelchair were in place for a person who required such. Staff followed up to date guidance when using the equipment.

Each person had their own daily activity plan. People were supported to attend a day occupation centre during parts of the week. They also had time at home during the week so that they could be supported with developing independence skills such as shopping. One person told us they liked to go out for their daily paper and staff supported them to do this. Another person said they liked to help with dusting and cleaning the house.

People were supported to enjoy a varied social life. One person told us, "It's good living here, there's loads to do." Other people spoke with us about enjoying cinema trips, gardening, taking holidays and going swimming. We saw people were also supported to engage in their own hobbies such as writing poems and sewing. A range of information about different social activities and outings was available so that people could make an informed choice of what they wanted to do. Some of the gentlemen who lived in the home told us they enjoyed evenings out with male staff to go to a local pub or play snooker. We saw that ladies were also supported by female staff to enjoy 'beauty evenings' where, for example, they could do their nails or make-up.

There were arrangements in place to ensure people were able to make a complaint or raise concerns if they needed to. The provider's complaints policy was available in words and pictures so that everyone was able to access the information. People we spoke with told us they felt able to make a complaint if they needed to

and were confident that they would be listened to and their complaints resolved. In the 12 months prior to the inspection three complaints had been received from people who lived in the home. Records showed that the registered manager had resolved the complaints in a fair and timely manner, in line with the provider's policy.

Is the service well-led?

Our findings

The registered manager was responsible for the management of two residential homes within close proximity to each other. They had clearly defined their time to ensure they were able to fulfil their management role within each home. Throughout the inspection we saw that the registered manager was freely available for those who lived or worked at Riverside to engage with. People who lived in the home told us the registered manager was very supportive and always made time to listen to them and help them with any issues they had. One person said, "She's a lovely person." Another person said, "She knows me and what I like, she's my friend."

Staff described the registered manager in terms such as, "Really approachable" and "Fantastic." They told us they felt well supported by the registered manager. They also said that they received appropriate support through the registered provider's on-call manager arrangements when they needed it.

We noted that the registered manager promoted an inclusive and positive culture within the home. They made sure that people who lived in the home and the staff team were able to fully contribute to how the home was run. People who lived in the home and staff told us the registered manager listened to what they had to say, respected their views and acted upon any suggestions they made. Staff told us they were aware of the registered provider's whistleblowing procedures and said they would feel confident to use them if they had issues or concerns that were not otherwise resolved.

People who lived in the home, those who were important to them and the staff team were also invited to give their feedback about the quality the service by way of regular quality surveys. We saw the results of the last survey showed a high overall satisfaction with the services provided. In addition, people told us they had regular meetings where they could discuss their views and opinions about topics such as menus, household chores, activity plans and how they wanted their home decorated. We also saw that people were encouraged to take a role in the recruitment of new staff. People were able to spend time with candidates before they were employed and give their views as to their suitability. Staff told us they also had regular meetings where they could openly discuss any issues they had or contribute ideas to improve the quality of the services provided.

The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. Records showed they regularly reviewed the incident records so that they could ensure the risks of them happening again were minimised.

The registered manager had systems in place to monitor the quality of services provided within the home. They carried out regular checks of areas such as medicines management, support planning and people's finances. Where any issues or shortfalls were identified the manager had developed an action plan to make improvements. The registered provider also had a quality assurance system in place whereby a manager from another of their services would carry out quality checks within the home. However, we saw that this

system had not been regularly implemented at Riverside. We spoke with the registered provider's representative about this following the inspection. They told us they were conducting a review of the system having identified themselves that improvements were required.