

Interact Care Limited

River View

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

River View 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. The home provides accommodation for up to three people with a learning disability. On the day of our inspection there were three people using the service.

The home is a semi-detached house that has been adapted to meet the needs of the people living there. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place, who were responsible for two locations owned and run by the provider. 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. Both locations are adjoining each other and the larger property River Cottage is used to store some records relating to the staff team at River View.

River View was last inspected by CQC in March when the service was rated as Good. At this inspection we found the service remained Good and met all the fundamental standards we inspected against.

At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service Good.

Family members told us they felt their relatives were safe and there were sufficient staff to meet people's needs. There was now a more stable staff team following recruitment and we saw that people were supported by a consistent staff team.

Medicines were safely stored and the registered manager immediately addressed two minor issues we found in relation to medicine records.

People had risk assessments that described the measures and interventions to be taken to ensure people were protected from the risk of harm. The records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP and care manager.

Staff told us they felt well supported in their role; they received induction and training. Staff had not always

received supervision in 2017 due to management changes at the service but we saw from the start of 2018 with a new registered manager and team leader recruitment that supervision occurred regularly and was planned for the rest of the year.

People had choice and control of their lives and staff supported them in the least restrictive way; the policies and systems in the service supported this practice.

Staff were aware of the importance of supporting people with good nutrition and hydration. Staff told us they supported them to eat healthily and reduce weight where this was a concern. We saw that people were encouraged to shop for and prepare their own meals with staff support.

People had access to healthcare services, in order to promote their physical and mental health. We saw that people were supported to have annual health checks and to attend health screening appointments.

The premises were homely and suitable for people's needs. People were involved in decisions about the decoration and the provider had taken steps to make the environment more accessible in response to changes in people's needs. The environment and equipment was regularly checked and serviced.

There were detailed, person-centred care plans in place, so that staff had information on how to support people. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs, and choices are taken into account.

People were able to take part in a range of activities of their choosing and which were meaningful to them. People were supported to look for volunteering roles and training to support them to develop the skills for employment. People were supported to play an active role in their local community, which supported and empowered their independence.

There was a complaints procedure in place, should anyone wish to raise a complaint. There were opportunities for people to raise concerns through meetings and discussions with the staff team. Staff knew how to access advocacy services if they needed them.

There was a quality assurance system, which enabled the provider to monitor the quality of the service provided.

We received positive feedback about the registered manager, staff and the service as a whole. Comments from people, relatives, staff and other professionals indicated there was a positive, person centred culture within the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

River View

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 registered 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 inspection took place on 29 June 2018 and was unannounced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting for people who used the service, including commissioners, college support staff and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a 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.

During our inspection we met with two people who used the service although they could not directly communicate with us for any length of time and we spoke with two family members. We also spoke with the team leader and three members of support staff. We spoke with the registered manager by phone after our visit when they had returned from holiday leave.

We looked at the care records of two people who used the service and observed how people were being supported. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

Relatives we spoke with told us they felt the service kept their relatives safe. Their comments included, "Yes my relative is absolutely safe, I have never had any bad feelings about the service, I'm perfectly happy they are safe." And, "Yes, they are safe, and the manager is very visible too so they are looking out so things are right."

Two of the three people using the service were supported to receive prescribed medicines. We saw two minor omissions in relation to medicine administration records. Immediately following the inspection, the registered manager sent us evidence that they had completed actions to correct these.

We saw staff were trained to administer medicines and stock was held securely.

There were sufficient numbers of staff on duty to keep people safe and contingencies were in place to ensure that staff knew people's needs. One relative told us, "Yes there are enough staff and that enables my relative to keep very active." New staff had been recruited to ensure that there was enough management support so they had dedicated time to oversee the running of the home. We observed that there were enough staff on duty to respond to people's requests promptly and support them with activities.

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and references. These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. We saw there was a system for updating checks in-line with good practice.

We saw that the provider had policies and procedures explaining how staff should respond to whistleblowing and safeguarding concerns. Staff told us they knew how to recognise abuse, what action to take and how to report their concerns. Staff had received training in safeguarding and told us they were confident that the managers would act on any concerns they raised, however, they had not needed to report any.

People who used the service had risk assessments that described potential risk, the safeguards in place to reduce the risk and action taken to mitigate the risks to the health, safety and welfare of people. We found that these managed risks in the least restrictive way, sometimes using technology to help keep people safe. For example, people had mobile telephones with unlimited data packages so that they could always contact staff for help. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date. Fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. Electrical testing, gas servicing and portable appliance testing records were all up to date. Equipment was checked and serviced and water temperatures were checked. This

meant that checks were carried out to ensure that people who used the service were in a safe environment.

The service had not had any recent accidents, incidents or safeguarding concerns however, we saw that systems were in place to log these should they occur. We saw some historic accidents/incidents had been logged and followed up in keeping with the provider's policy. We also saw that staff meetings and handovers were used to discuss any practice issues and ways of learning from these. We also saw the service responded to potential financial abuse by changing procedures and bringing in increased checks and oversight following a safeguarding incident.

Staff protected people from the risk of infection by following the provider's infection control procedures. We observed the home to be clean and tidy and deep clean routines were in place which were recorded by staff.

Is the service effective?

Our findings

Relatives told us they felt staff had the skills and knowledge to carry out their roles. One relative told us, "Yes, they know everything about [Name] and how to manage them the best way." and "They manage [Name's] behaviours really well and give [Name] a good life."

New staff underwent an induction, which included spending time with other experienced staff; shadowing them to enable them to get to know the people, they were supporting. Staff told us, and we saw records to demonstrate, they were up to date with their training, including training to meet the specific needs of people living in the service, such as autism awareness and Positive Behaviour Support.

Staff told us that they felt well supported and that the registered manager was available on a daily basis if they needed to talk with them. They told us, "We talk daily through handover sessions anyway but yes, we have the formal supervision route and the manager or team leaders are always there for support." We saw during 2017 that supervision meetings had not been consistent as there were management changes within the home. In 2018 with the new registered manager being appointed we saw that one to one meetings were well established. We spoke with the registered manager via phone after our visit and they told us, "When I came into role I recognised we needed to improve the structure of staff support."

We spoke with the team leader who told us the management team had reviewed the supervision format so it better reflected the needs of the service. This meant that staff were encouraged to be more reflective about how they worked and supported them by discussing what had gone well and what staff members could improve on.

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. We checked whether the service was working within the principles of the MCA.

People's care files had guidance for staff about asking for people's consent and we observed that staff asked for people's permission and agreement before assisting them with any support. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority and to monitor when these were granted.

We discussed with the registered manager after our visit regarding when an urgent referral may need to be made regarding a DoLS application and they were clear on when and how this should take place.

We saw people were supported with meal planning and preparation. We saw pictorial menus and people

told us how they chose menu items, shopped for and assisted to cook meals. One person was being supported to choose healthier options and to reduce the number of snacks they had as they were trying to lose weight and they had a visual chart in place to encourage this loss.

The service was designed to be as homely as possible and therefore any signage was kept to a minimum. The home contained many personal items chosen by the people who lived there and photographs of people who used the service taking part in leisure activities.

Is the service caring?

Our findings

We asked relatives of people using the service about their experiences of the care and support their family members received. Their responses were all overwhelmingly positive. Relatives we spoke with said, "[Name] calls River View home now and that's great, I know they are really happy." And, "They ensure [Name] has a really good life."

People were supported to maintain relationships by a service committed to involving those close to people. One relative we spoke with said, "They are good at communicating with us. They update me if there are any issues and if I ring and they don't know the answer to something, they always find out and call me back." One staff member told us, "It's really important that we support people to have positive ongoing relationships with family and friends."

Staff told us the provider and management team were caring and they felt this promoted a caring environment. One staff member told us, "We are all looked after and supported and it feels like one big family working here, in fact it doesn't really feel like work." Another staff member we spoke with said, "I'd like to live here, I think people have a great life."

We observed staff and people who used the service interacting and saw that staff treated people with dignity and respect. We saw that staff took care in the way people were dressed and presented. For example, ensuring they were dressed appropriately for the weather and encouraging people to discretely change a top when it became marked after lunch. Staff told us how they respected people's dignity and one staff member told us, "We ensure that there is always female staff on to support female service users because it's really important we uphold their privacy and dignity."

When we observed staff providing support, we saw they used the techniques and approaches described in people's support plans. For example, one person communicated with the aid of a pictorial exchange system [PECS]. We saw the service had supported staff members to be trained in this method. This meant the service supported not only staff but other people using the service to communicate with someone in a way they could understand.

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. People were involved in "My Say" meetings with their keyworker to review what had gone well for them and to discuss any concerns or issues they had with living at River View. One relative told us, "[Name] had a 'My Say' recently so I know they try and involve them as much as they can." We saw that one young person had recently asked for a basketball hoop in one of the meetings as we saw this had now been installed in the garden.

We saw the service promoted people to develop skills in relation to independent living. One relative we spoke with told us, "The registered manager who has known my relative many years, is focusing now on independent living skills so this is supporting [Name] to do more which is great for their future."

We discussed with the team leader issues relating to promoting equality and diversity within the service. They told us that there was some literature available in the home and they knew about external services which could support people around issues of sexuality. However, we found that support plans did not detail how people's preferences could be upheld in terms of supporting people to acquire and develop an understanding about their own sexuality.

Is the service responsive?

Our findings

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and living skills, and activities.

Support plans were in place to support people with all their identified needs, including for example, anxiety and repetitive behaviours. Records were reviewed regularly and were well maintained.

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's support and welfare was clearly documented and communicated to staff. One staff member told us, "Its key that we ensure information about people and their mood is shared. It means there is a consistent approach from staff."

On the day of our visit, people had gone to college, the cinema and to their gardening project. We saw people also attended fitness classes, work placements and social activities. The service worked well with the local college to provide learning opportunities for people.

The Accessible Information Standard was introduced by NHS England in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Staff promoted people's understanding by using pictures to help people make choices.

Due to the age profile of people in the service the difficult issue of end of life arrangements had yet to be addressed. People had detailed care plans in place about their health needs and there was clear involvement of family members in their plans to look at what was in each person's best interests.

There was a clear policy and procedure in place for recording any complaints or concerns. There was easy read information around the home on how to make a complaint and monthly meetings were held where people were given updates and asked about their satisfaction with the service.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We met with the team leader during the course of our visit as the registered manager was on holiday leave. We spoke with the registered manager via phone after our inspection visit. Staff spoke highly of the registered manager. Relatives we spoke with told us, "I have known [Name] the registered manager for many years and she knows everything about my relation, I am happy she is the manager there now." One relative spoke about the registered manager and said, "She is very visible and focused on supporting people to develop."

We saw the team leader engaging positively with people and staff throughout our visit as well as ensuring the service ran effectively and smoothly throughout the day. The service had a positive culture that was person centred and inclusive. Staff members told us, "Everyone here is supportive and helpful," and "I have been able to ask about anything and not felt stupid in doing so, it makes you feel good."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and staff we spoke us told us they felt supported by the provider and management team. They told us, "We work as a team here."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the management team had conducted regular checks on issues such as staffing, support plans, medication, health and safety and the environment.

The service had just been assessed by the National Autistic Society's accreditation service. This is an autism specific quality assurance programme for services for people on the autistic spectrum. The team leader told us the headline feedback had gone well and the service was awaiting the outcome of the report from the assessors.

We also saw a report from May 2018 by the National Youth Advocacy Service who worked with the young people at River View. This was an independent report that consulted with people, staff and relatives and that reviewed the key regulations that CQC assesses. We saw there were no recommendations from their visit.

The provider's nominated individual also carried out regular visits to the home where they carried out quality checks and spoke with staff and people using the service to obtain their views.

The service maintained good links with the local community, local services and statutory providers. People attended a huge variety of activities including voluntary work, college and social activities.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.