

# The Riverside Group Limited

# Laurel Court

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

The inspection of Laurel Court took place on 31 July and 2 August 2017 and was announced. We told the provider that we would be coming because we needed to be certain there would be people in the service for us to talk with. The service was last inspected on 2 March 2015 and at that time was meeting the regulations.

Laurel Court is a supported living environment for adults who have learning disabilities, physical disabilities or sensory impairment. It has 26 flats which, on the day of the inspection, were occupied by 19 permanent tenants and two were for emergency or respite use.

At the last inspection the service was rated Good overall and Outstanding in well-led. At this inspection we found the service remained Good and Outstanding in well-led and the service met all relevant fundamental standards.

Staff understood how to keep people safe and were aware of the process to follow if they had any concerns. Risks had been assessed and recorded to ensure people were protected from harm without overly restricting people's freedom.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received on-going support from the management team through a programme of regular supervision and appraisal and they had been trained to ensure they had the knowledge and skills to care for people.

Food and drink was tailored to people's individual needs and we observed staff supporting people appropriately to maintain their nutritional and hydration needs where required.

Positive relationships between staff and people who lived at Laurel Court were evident. People's independence was promoted well by staff who understood how to maximise their independence.

People spoke highly of all the support staff and enjoyed living in Laurel Court. We saw lots of evidence that people were actively involved in arranging their support and staff facilitated this on a daily basis.

There was clear evidence of person-centred care. People were involved in activities based upon their established routines and preferences. Care records contained detailed information on how to support people.

We saw evidence of strong governance with robust systems in place to address any concerns and promote improvement. The service was led by an enthusiastic registered manager whose values were reflected in the quality of the support provided.

The registered manager embedded reflective practice within the team to drive forward quality improvement within the service

The registered manager was visible in the service and communication was open, honest and transparent. Staff had clear direction and were sure about their roles and responsibilities. Systems and processes for ensuring the quality of the service were securely and effectively in place.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Outstanding.	<b>Outstanding</b> ☆

# Laurel Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 31 July and 2 August 2017 was announced. The provider was given 48 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be in.

The membership of the inspection team consisted of one adult social care 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. Their area of expertise was in mental health and learning disabilities.

We reviewed information we had received from the provider such as statutory notifications. We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service. The registered provider had completed 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.

We spoke with the registered manager, the service manager, two care officers, one care assistant and the care services manager on the day of the inspection. We spoke with five people using the service on the day of inspection. We received feedback from two professionals following our inspection. We looked at four care records, three staff files, accident and incidents and quality monitoring systems.

## Is the service safe?

### Our findings

People told us they felt safe and supported at Laurel Court. One person said, "I live by myself in my flat, staff check on me a few times a day." Another person's said, "I feel safe, nobody can get in and there are cameras." A further person said, "I feel safe, not bullied, helps that there are cameras around."

All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were able to describe the signs to look out for which would indicate a person was being abused and the service had dealt with many complex safeguarding issues and protected people's autonomy and human rights. One staff member told us they had raised a concern about a colleagues practice and the company dealt with it really well.

Risks to individual people were documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. Risk assessments were detailed and contained clear directions for staff to ensure risk was managed well.

Every person has a security fob which allowed them access to certain areas of the building, and security cameras were in use throughout communal areas. Tenants had consented to this as part of their tenancy agreement and told us they appreciated this extra security.

We reviewed the staff rota which showed sufficient numbers of staff were deployed to support people safely. Each person had been assessed for the number of hours they required support and the registered provider facilitated this. One staff member said, "We don't use a lot of agency staff here, but when we do they are usually the same ones. We generally use them as holiday cover."

We looked at three staff files and found safe recruitment practices had been followed.

One person said, "We usually have a fire drill when somebody burns the toast." Fire safety measures were in place, and people had personal emergency evacuation plans in place. Regular fire drills were held including when a new person moved into a flat and people were aware of the procedure to follow.

People told us staff supported or prompted them to take their medicines if needed. One person said, "I self-medicate but I get prompts from members of staff so that I do not forget." Another person said, "I have medication four times a day, staff help me take it. My medication is kept in my flat locked up."

All staff had been trained to manage people's medicines safely and completed a medicines competence assessment every three months. Medicines were stored and administered in line with good practice. Each person had a detailed medicines care plan including photographs of medicines and details of how people liked to take them. We saw this was delivered as instructed.

The service employed a cleaner for communal areas, as well as night staff completing cleaning tasks. People were supported to clean their own flats and there was a good supply of personal protective equipment for

staff.

# Is the service effective?

## Our findings

One person said, "I'm really settled here, it's a stable environment, and the staff are brilliant, staff are effective."

Staff had been trained to gain the knowledge and skills they needed to care for people. One staff member told us they had requested training in diabetes awareness and this had been booked on-line within a day. One community professional told us they felt staff were caring, but perhaps needed more confidence and training in supporting the person they were involved with at that time whose behaviour may challenge others. We saw this training had been embedded in the service since that time.

Staff told us they felt supported. The registered manager had introduced a continuous professional development file for staff, including relief staff, which included reflective learning as well as training opportunities, supervision and appraisals. All staff completed the Care Certificate, including the management team. Team reflective practice sessions were also held on specific issues.

People told us they had been consulted about the care provided for them and we saw staff asked permission before delivering care. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection. No applications had been made.

We found people had their capacity assessed where required in order to determine their ability to provide lawful consent. People's involvement in all decision and signed consent was evidenced throughout all documentation. The registered manager and staff member we spoke with had an excellent understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted.

Communication throughout the whole staff team was strong and effective. We saw staff updated one another verbally as well as more formally in handover meetings and regular staff meetings.

People prepared their own meals with staff support if required. A cooking session was held in the communal kitchen bistro once a week. 'The rusty chef' was the name chosen by vote for the communal kitchen and one person who worked in a supported print workshop had been commissioned to create personalised aprons for the 'chefs' who used it. The service was also developing an easy read recipe book to promote independence. Some vegetables and herbs grown by people at the service's allotment had been used in the recipes.

Referrals were made to other health care professionals such as GPs, dieticians and psychiatrists and people were supported with making or attending appointments if required. This showed people received additional health care support when appropriate.

## Is the service caring?

### Our findings

People told us the staff were caring and they enjoyed the privacy and independence of having their own flat. One person said, "If I want to be on my own I can. I'm allowed my privacy." Another person said, "It's like being in my own home." And a further person said, "Staff are lovely. I get on with all of them. If I have a problem I can go to any of them for help." "Staff respect how I am, but help me if I need it. [Name of staff] helps me tidy my flat." A further person said, "They are nice. The kindest people I ever knew."

Positive caring relationships were developed through staff understanding people's needs and their personalities. It was clear from our discussion with staff they knew all about the people they supported. One staff member said, "I love it." Another staff member said, "I enjoy talking to the customers." And "It's all about freedom of choice."

Staff emphasised the importance of ensuring people's privacy and dignity. Staff told us they would only use the master key to a person's flat in an emergency and in line with their care plan protocols. Staff spoke with people respectfully and in tones of voice which suggested equality and fairness. Each person had a letter box on their door to promote the security of their private post.

One staff member told us they gave people lots of praise when they had made steps toward achieving their independence goals. Another staff member said, "It's nice when you can see progression."

Staff understood how to communicate with people and information was presented in easy read formats to promote good communication. It was evident through conversation with people and the care records that people were encouraged to help shape the service.

People's diverse needs were catered for and equality was promoted within the service. Staff understood how to reduce the barriers for people with physical or sensory impairments, for example; one person preferred to communicate via text messages due to hearing impairment and this was documented in their communication care plan. People were supported to maintain their legal rights such as voting if they wished to do so, with information and support on how to register and what to do at the polling station.

Most people told us they did not have any specific spiritual or cultural needs, although one person attended church occasionally. Staff told us they would respect people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their cultural choices. We saw from care plans people were supported with their gender and sexuality needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. This demonstrated the service respected people's individual preferences.

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

## Is the service responsive?

### Our findings

People told us they were supported to make decisions about their daily life and were consulted on every aspect of their support.

We looked at four people's care records in detail. We found care plans contained information to enable staff to provide effective care and support to people and these were reviewed regularly. These reviews help to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage.

Sections in the care plans included "Things that are important to me" such as; "Having someone to talk to." And, "Being involved in decisions about my life." Photographs were used throughout care plans to make them personal and accessible to people.

The service was focused on the person's goals and wishes and a keyworker session was held monthly with each person to go through their support plans and timetables and make any adjustments they wished to make. For example, one person wished to change their drinking habits and support hours were adjusted accordingly which helped them to achieve this goal. People also met to complete their weekly plan. We saw a detailed daily log was completed by staff for each person throughout the day.

People told us they had a choice of activities. "I try to balance my time so that I have time on my own and mixing with others." Another person said, "Staff come and chill with us when we are smoking outside." A further person said, "I can do my own thing, much of the time, but when I can't think I go to staff for some ideas of what to do."

The team had received excellent feedback from a family member for their exceptional efforts in encouraging a person to try a new activity, which they now enjoyed, following many years of living with a health condition which made non-routine activities anxiety inducing.

We saw people were supported to take part in a range of activities. On the day of our inspection some people were visiting the Yorkshire Sculpture park. Karaoke, bingo and arts and crafts sessions were held in the communal area and trips to bowling or for meals out were also offered. Baking sessions were held on Friday evenings for the weekly coffee mornings, which were held to promote socialising. An easy read poster was displayed advertising each activity.

One staff member suggested activities could include more activities suitable for younger people such as music related activities, sport and gaming to engage younger men more. The registered manager told us they would take on board this suggestion.

People told us they were confident to raise any concerns or complaints. The service had an easy read complaints procedure which was included in each person's contract agreement when they started using the service. People we spoke with and staff were aware of this and the procedure to follow. We saw where

complaints were raised these were recorded and dealt with appropriately and thoroughly and any learning had been implemented to improve the service.

## Is the service well-led?

### Our findings

At our last inspection the service was rated outstanding in well led and the service remained outstanding. The registered manager provided us with excellent evidence to demonstrate they were implementing innovative systems and best practice and had sustained the positive achievements we found at our last inspection.

People consistently told us the service was well led and they liked living there. One person said, "It's very nice, they look after me well." Another person said, "I like the manager. See her around every day." A further person said, "They take our ideas into consideration."

One community professional said, "I am happy with the service. It is caring, flexible and works well with myself and [name of colleague]."

There was a registered manager in post who had been registered since May 2016 and had previously been the service manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff told us they felt supported by managers who always acted on their concerns. One staff member said, "It's a good staff team and we have a really good relationship with customers." Another staff member said, "We work well as a team and we all want the same outcomes for the people who live here."

It was evident both through audits we saw and through the conversations we had, that the service had a continual cycle of self-improvement at its heart as ideas often stemmed from people living at Laurel Court, and these were implemented with staff support.

Innovative methods were used to involve people in their support, such as weekly informal "chit chat sessions" and action was taken following feedback from people to make the improvements they wanted. The visitor policy was compiled with input from people and produced in an easy read format including equality and diversity issues. This showed the registered provider was keen to have a true user voice ensuring that people using the service had an active role in shaping the service.

The registered manager embedded reflective practice within the team to drive forward quality improvement within the service.

Regular and robust quality assurance checks and audits took place with overview from the registered provider and any issues were acted on.

The registered provider recognised the outstanding contribution of the registered manager and staff at the service with an employee of the month and national awards ceremony.

The registered manager was clearly able to demonstrate how the organisation was continually striving to improve their service by partnership working at a local level with commissioners, the police and health professionals and at a national level through good practice events and forums.