



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Riviera Court

**Riviera Court
Hunsdon Road
Torquay
Devon
TQ1 1QB**

Lead Inspector
Judy Cooper

Unannounced Inspection
17th November 2005

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Riviera Court
Address	Riviera Court Hunsdon Road Torquay Devon TQ1 1QB
Telephone number	01803 215559
Fax number	01803 200953
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Stephanie Margaret Bryan
Name of registered manager (if applicable)	Mrs Stephanie Margaret Bryan
Type of registration	Care Home
No. of places registered (if applicable)	22
Category(ies) of registration, with number of places	Mental disorder, excluding learning disability or dementia (22)

SERVICE INFORMATION

Conditions of registration:

1. One named person over the age of 65 years.

Date of last inspection 22/16/05

Brief Description of the Service:

Riviera Court provides care for up to twenty-two adults with mental health problems. It is a large Victorian house on a residential road in Torquay. Access is up a drive with parking spaces, and then up several steps to the front door. There is a large terraced area to the front of the house that can be accessed from outside, or through the lounge and one of the bedrooms. The front garden area has been tastefully landscaped. The home has a lower ground floor, a ground floor, and a first and second floor. The lower floor has a swimming pool, and lounge area that is for the clients' recreational use. There are also two toilets. The ground floor has a communal bathroom, and a separate toilet, a lounge where smoking is permitted, a dining room, an office, and a main kitchen with an area that clients can use to make drinks and snacks, a laundry room, and 6 bedrooms. All bedrooms are single and have an en-suite shower and toilet. The first floor has more 10 bedrooms and a staff toilet and the second floor has an additional 6 bedrooms. There is also staff sleeping in facilities.

SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection took place on a Thursday afternoon. Opportunity was taken to tour the premises, examine some records and policies, talk with the manager, assistant manager, the majority of the residents and staff present.

Staff on duty were also observed, whilst in the course of undertaking their normal duties.

The majority of required core standards were inspected at the last inspection in June 2005 and, except one, were concluded as met or exceeded at that time.

Those inspected on this occasion concentrated on resident welfare on a day to day basis, the review of the one shortfall from the last inspection as well as inspecting the two outstanding remaining core standards.

What the service does well:

The home continues to provide a relaxed yet structured environment where clients have the time, and the space, required to address their mental health problems.

The routines of the home remain very flexible and relaxed to accommodate individual clients' lifestyles which are again upheld and respected at all times.

The management continues to run the home in such a way as to ensure that the clients are always involved and that an open and honest approach is promoted within the home.

Riviera Court maintains its broad range of activities that are available to all clients, and in which they are both encouraged and supported to participate in. Being situated near the town centre, many clients make good use of the easy accessibility and consequently the clients are not, in any way, isolated.

Friends and family contacts are again encouraged and supported with visitors welcomed.

The staff group continue to be well trained and work well together as a team, which ensures that clients' needs are known and well met.

Clients continue to make good use of the services of a regular volunteer. This volunteer is highly valued by the clients, having a personal understanding of mental illness, which clients find very helpful.

What has improved since the last inspection?

The home's assistant manager (who is the owner's husband) has successfully completed his registered Manager's Award in August 2005 and has almost completed the NVQ level 4 award in care. Well done.

Additional training in medication (Foundation Drugs Training) has been provided for all staff, whilst an additional, fuller in-depth training session on medication generally, is also due to be provided for the senior carers within the near future.

The management now undertake regular risk assessments on clients' ability, or not, to self medicate.

Both of these two measures ensure that clients are protected in respect of the drugs that they are prescribed, being administered in a manner that is safe and appropriate.

The registered provider has recently registered a separate Domiciliary Care Agency. It will now be possible to offer an outreach service for any clients that leave Riviera Court, that need such a service, and so provide a continuity of care.

Four new carers, within the home, registered in July and commenced the initial induction award, which provides some specific work related units in Mental Health, which can count towards the recognised NVQ level 2 award in care.

The home's cook and domestic are also accessing appropriate training. The effect of this provision of training is that staff are skilled and aware, and consequently able to perform their role confidently, which ensures the clients receive the best possible care.

What they could do better:

The management of the home should undertake a risk assessment in respect of a second floor landing at the rear the home, which opens onto a stair case that connects the second floor to the first. The management should then record and identify any measures that may need to be taken to minimise any such identified risk.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

2

The individual needs and aspirations of any prospective client are assessed and well known by both the manager and staff prior to any client's admission.

EVIDENCE:

By looking at the records for two clients, who have recently been admitted to the home, it was noted that a full and detailed admission procedure was undertaken which had ensured that Riviera Court was an appropriate placement for both of the clients.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7

Management and staff remain very skilled at ensuring that residents are involved in planning for all aspects of their overall needs and personal goals.

EVIDENCE:

Each client has in-depth personal information, held by the home, which identifies any care given. The client can see this information if they wish. Each client has two appointed workers who work specifically with the client which therefore allows each client the opportunity to make close bonds with these staff.

Clients spoken with were again articulate as to their illness/needs, and how best they thought they could be met. The clients confirmed that the management and staff do their best to meet these, as well as provide support in every day living tasks. All were able to confirm that their individual choices were upheld, and that the staff respected and treated them with dignity. Educational and recreational opportunities continue to be made available. A client comment received, following a respite stay stated the following: "Food is excellent, named staff gave good care, allowing me to talk as needed." and another stated " I liked everything in the house and the people in the house

are very friendly too, as are the staff” This client also stated that they had been happy with the care and support provided.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

- 11.** Service users have opportunities for personal development.
- 12.** Service users are able to take part in age, peer and culturally appropriate activities.
- 13.** Service users are part of the local community.
- 14.** Service users engage in appropriate leisure activities.
- 15.** Service users have appropriate personal, family and sexual relationships.
- 16.** Service users' rights are respected and responsibilities recognised in their daily lives.
- 17.** Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,17

The management and staff remain committed to ensuring all aspects of daily living within Riviera Court, is determined by client choice, which allows clients to maintain control over their own lives within a supportive environment. Clients continue to enjoy and benefit from well planned, well cooked meals.

EVIDENCE:

Clients continue to have a wide variety of recreational opportunities made available and are able to come and go from the home as they so wish, which was seen on the day of inspection with several clients seen letting staff know they would be going out, out of courtesy.

Visitors are welcomed to the home and a visitors record kept, evidenced that clients continue to be able to have visitors at times to suit them.

The management, as well as the clients of the home, have good links with the local community, which helps ensure that clients are facilitated in any chosen appropriate activity. One example of this is that, currently, some clients enjoy going to the local pubs and night-clubs.

Staff confirmed that they felt their role was to support clients and help them with every day living, which sometimes necessitated building up their confidence gradually.

The cook was again spoken with during the inspection and obviously maintains a pride in the meals provided, as well as having a clear understanding of what foods were popular and beneficial. Clients confirmed that the meals provided was always of a good standard and that they enjoyed them. The meal on the day of this inspection was roast lamb with all the trimmings. Clients also benefit from having their own training kitchen, with their own fridge, which they can use as required.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

20

Clients are protected by the home's medication policies and procedures.

EVIDENCE:

Since the last inspection the management have implemented tighter controls within the home to further protect the clients from any form of risk regarding medication allocation. Risk assessments are put in place on each admission as to whether it would be appropriate for the client to self-medicate, or not and these are reviewed regularly. Additional medication awareness training has been provided to staff with further planned. The home's pharmacy inspection was undertaken on the 20th July 2005 and all was noted as in order.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

None inspected on this occasion.

EVIDENCE:

Although no standards were inspected, it should be noted that there have been no complaints received by CSCI, in respect of this home, since the last inspection.

Environment

The intended outcomes for Standards 24 – 30 are:

- 24.** Service users live in a homely, comfortable and safe environment.
- 25.** Service users' bedrooms suit their needs and lifestyles.
- 26.** Service users' bedrooms promote their independence.
- 27.** Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
- 28.** Shared spaces complement and supplement service users' individual rooms.
- 29.** Service users have the specialist equipment they require to maximise their independence.
- 30.** The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

The clients at the home continue to benefit from a comfortable, safe, clean, and well maintained environment, with a good standard of furnishings and fittings provided.

EVIDENCE:

The tour of the building again evidenced that the accommodation is comfortable, clean and welcoming and is well used by the clients. There are adequate designated maintenance hours to ensure that the home continues to provide accommodation of a good standard.

The manager and staff maintain the home's fire precautions in line with the requirements of the local fire department with the fire log book being inspected on this occasion and being seen to be in order.

Clients' bedrooms continue to be very individually furnished according to individual residents' wishes.

The manager and staff maintain the required health and safety procedures and policies, within the home appropriately.

Following the tour of the building a good practice recommendation was given regarding undertaking a risk assessment in respect of an open second floor landing at the rear the home, which leads to the stairs that connects the second floor to the first. The management should then record and identify any measures that will be taken to minimise any identified risk.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

32

Staffing levels at the home remain such that clients' needs are well met. Staff receive adequate and appropriate training, which again supports them in providing a good service to the clients.

EVIDENCE:

Staffing levels were again seen to be in sufficient numbers to ensure that clients' needs could be met at all times.

Clients spoken to also, again, confirmed that they felt well looked after and supported, liked the staff and that staff were always available if needed.

Staff were noted as interacting in a friendly, respectful manner with the clients.

Training continues to be well planned and supports the staff in providing for the varied needs of the clients. Four day care staff hold NVQ level 2 as do two night care staff. 1 staff member is now working towards her NVQ level 3 in care and the assistant manager, who already had NVQ level 3 in care, now has achieved the Registered manager's award and is completing his NVQ level 4 in care. Other role related training is provided regularly to ensure staff are competent within their role and able to provide the necessary support to the clients.

It was particularly pleasing to note that training is also made available to other ancillary staff such as the home's cook and the home's domestic to enable them to also fulfil their potential at work.

Staff again stated that they felt supported in their role and it was evident, from watching the verbal communications and other interactions that took place between the clients and staff, that the staff and residents continue to have good, meaningful relationships.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users' rights and best interests are safeguarded by the home's policies and procedures.
41. Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

37

The registered owner/manager is professionally qualified and very experienced with working with this client group as is the home's assistant manager. The home has a clear management structure.

EVIDENCE:

The home is managed in such a way that clients' needs are known and met by a supported and well informed staff group.

The management of the home helps create a welcoming, open and positive place to live and work.

The Registered Provider is a Registered Mental Health nurse, holds the Registered Manager's Award, as well as the certificate in education and is a qualified NVQ assessor.

The deputy manager (the provider's husband) holds NVQ level 3 in care, the Register Manager's Award and is working towards completing his NVQ level 4 in care.

Both continue to undertake other work related training to ensure that they are up to date on current thinking and so are able to lead staff in the best manner to ensure appropriate and correct care is given to all clients.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	X
7	4
8	X
9	X
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	4
13	X
14	X
15	X
16	X
17	4

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	X
19	X
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	X
23	X

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	X

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	4
33	X
34	X
35	X
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	4
38	X
39	X
40	X
41	X
42	X
43	X

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP24	The management of the home should undertake a risk assessment, in respect of an open second floor landing at the rear the home, which leads to the stairs that connects the second floor to the first. The management should then record and identify any measures that will be taken to minimise any identified risk.

Commission for Social Care Inspection

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