

## Making Space

# Rivacre House

## Inspection report

47a Seymour Drive  
Ellesmere Port  
Cheshire  
CH66 1LZ  
Tel: 01925 571680  
Website: [www.makingspace.co.uk](http://www.makingspace.co.uk)

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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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Rivacre House on 5 October 2015 and this was unannounced.

Rivacre House was last inspected on 20 August 2014 and we found that the service met the regulations we inspected against.

Rivacre House is a purpose-built care home for people who have mental health needs. The home is a two storey building located near Ellesmere Port town centre, close to shops and local facilities. The home has twelve single

bedrooms. At the time of our inspection there were 11 people who used the service. There is a large lounge and dining area and a separate conservatory on the ground floor and a smaller kitchen and lounge on the first floor.

There was a registered manager in place. 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.

# Summary of findings

During our visit we saw that the registered provider provided a safe environment for people to live and staff to work in. There was a warm atmosphere that was enabling and inclusive. People were able to come and go as they wished and staff supported them to make arrangements for appointments or social events.

Staff and the registered manager explained to us what they would do to keep people safe and how they protected their rights. Staff had been provided with training and showed an understanding about safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People said they liked living at Rivacre House and the staff were kind and caring. They said staff provided the support they needed to encourage them to be independent. Staff demonstrated an understanding of disability and how factors such as personal history and gender identity impacted upon mental health. People were encouraged to discuss their health and worries with staff. They had access to community based health professionals as required in order to help keep them well. There were opportunities for people to take part in group activities but they were also encouraged to develop personal interests.

Staff protected people from the risks associated with poor nutrition and hydration as they encouraged them to

eat and prepare a balanced diet. People were able to choose meals that met their likes, dislikes and preferences. They were positive about the choice and quality of food available and liked being involved with shopping.

Records that we looked at were comprehensive and kept up to date. Support plans contained detailed information on each person and how their care and support was to be delivered. The information was regularly reviewed with the person who used the service. This meant that people received personalised care in line with their wishes and preferences.

People received support from staff that had gone through the appropriate recruitment processes to that ensure they were of suitable character to carry out their job. The staff were knowledgeable about the people they supported and knew all about their social, physical and mental health needs. They had the appropriate knowledge, skills and qualifications to do the job. Staff had had access to an induction, training programme and ongoing support.

The management team were approachable, responsive, and encouraged feedback from people who used the service. They also monitored the service provided in order to improve on its quality and effectiveness.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff to meet people's needs and they were deemed of suitable character and skill to work within the service.

Staff were able to tell us about safeguarding adults and what they would do to protect someone or report concerns. Risk assessments were in place to identify and manage risks to health and safety.

Medication was managed safely and people were given the right medication at the correct time.

Action had been taken to improve infection control processes and the living environment.

Good



### Is the service effective?

The service was effective.

People were offered a choice of meals which they enjoyed. People with specific dietary requirements were supported to access support from appropriate professionals.

Staff had training and support which enabled them to carry out their role effectively.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which meant that people's rights were protected.

Arrangements were in place to support people to access health and social support to keep them safe and well.

Good



### Is the service caring?

The service was caring.

There was a positive relationship between staff and the people who used the service. Staff involved people in discussions and decision that affected them. Staff knew people well and what their preferred routines were.

Staff showed compassion towards people and treated people with dignity and respect. People's confidentiality and privacy respected at all times. People were asked before any information was shared about them.

People were supported by an advocate where they did not have a family member to speak on their behalf.

Good



### Is the service responsive?

The service was responsive.

There were varied activities to support people's social and well-being needs. People who used the service were supported to maintain or develop links with the community and their family and friends.

Outstanding



# Summary of findings

The care and support that people received was individualised. Staff valued difference and ensured that the needs of people with protected characteristics were met. People were involved in the writing and review of all their support plans.

When people moved into or out of the service, this transition was planned and people supported to manage change.

People were aware of how to raise concerns and were confident that they would be resolved.

## Is the service well-led?

The service was well led.

The registered manager knew the service well and staff felt valued and supported by them.

Regular audits were carried out by the registered provider, registered manager and deputy manager in order to monitor the quality and effectiveness of the service.

There was positive partnership working with other professionals who supported people who the service.

Systems were in place to seek the views of people who used the service and others and to use their feedback to make improvements.

**Good**



# Rivacre House

## 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 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 5 October 2015 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Prior to the inspection we contacted a number of organisations for their views on the service. These included the local authority commissioners, the safeguarding unit and the community mental health team. Following the inspection we spoke with the Infection Control Team and the advocacy service. All were positive about the service.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No visit had yet been undertaken by Healthwatch.

During the inspection we spoke with six people who used the service, and a visiting relative. We also spoke to three professionals who were visiting the service at the time.

We spoke to four members of staff and this included the registered manager. We looked at the records of four people who used the service and also records relating to the management of the service. These included quality audits, training records, and records relating to the recruitment and support of staff.

We conducted a full tour of the premises. This was done to ensure that standards of hygiene and decoration were being maintained.

# Is the service safe?

## Our findings

People who lived at Rivacre spoke warmly of their experiences of living there, telling us they felt safe. Comments included: “It’s great. I feel well at home here.” “I feel safe here and I like that feeling”. Those who visited the service made comments such as [name] feels unsafe and uncomfortable unless they are in Rivacre” and “They maintain a balance between keeping people safe yet allowing them to take risks”.

Staff had training in safeguarding adults and demonstrated knowledge of the different forms of abuse and what signs a person might show that could be indicative of abuse. They were aware of what processes and procedures should be followed if any concerns arose; “I would take my concerns straight to the manager, or failing that I would go to the regional manager”. The registered provider had its own safeguarding policy that reflected that of the local authority and staff were aware of it. There were posters placed around the service that indicated to staff and people who lived there what to do in the event of any concerns. Records kept by the service highlighted that safeguarding concerns had been reported to the appropriate authority and that action had been taken to ensure that individuals were kept safe. The registered manager showed us a monthly return that was submitted to the local authority where they reported any incidents that occurred. This demonstrated a culture of transparency within the service.

There was close circuit television (CCTV) that monitored the lobby areas and the corridors. The registered provider had followed the appropriate guidance and consultation before this was installed and was aware of the Care Quality Commission document “Using Surveillance”.

People who used the service told us that their medication was very important and that it kept them well. They confirmed that they “Always had it when they needed it”. Staff who supported with this task had undertaken training to ensure they were competent. Medication was stored securely and safely within locked cabinets to ensure that it was not misused. Some medications required storage in a refrigerator and there was evidence that this was maintained at the correct temperature. We looked at the medication records for four people. Medication administration records (MARs) were clear and accurate and showed that people had been given their medicines correctly by checking the current stock against those

records. Some people were prescribed medicines to be taken only when required (PRN) such as pain killers or sedatives. Whilst these were referred to in the medication risk assessment, we found there was insufficient information available to guide staff (who did not know the person well) as to when and how these medicines should be given. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and with regard to their individual needs and preferences. We spoke with the registered manager who advised that they would introduce a PRN care plan for each person to whom it was applicable.

There were enough staff working at the home to keep people safe and to meet their support needs. People who used the service commented: “Yes there are enough staff; someone is always on hand to help”. The registered manager told us that they have their own “bank staff” that support where additional staffing is required or when absences need to be covered. This ensured continuity of care and support.

People were supported by staff deemed suitable in character and skill for employment within the service. We reviewed three staff files and records showed that there was a thorough recruitment process in place. A minimum of two references were obtained from staff prior to being employed and they were also subject to checks from the Disclosure and Barring service (DBS) before they commenced work. DBS checks form a vital part of the recruitment process, enabling employers to assess if an applicant is suitable for a particular role.

People’s files contained risk assessments that enabled them to take acceptable risks and fulfil their lives safely. The risk assessments included relevant aspects of their health, daily living and social activities. Staffs were aware of the risks associated with individuals and how to appropriately manage these. Records showed that risk assessments were kept up-to-date and where required alterations were made in order to improve the effectiveness of risk management. There were more generalised risk assessments for activities that involved all persons who used the service such as domestic chores or using the kitchen areas.

## Is the service safe?

Where accidents or incidents had occurred these were recorded by staff and reviewed by the registered manager and registered provider. This ensured that themes and trends were picked up and appropriate remedial action taken.

The registered provider had undertaken the required checks in order to ensure that the premises were safe: these included checks on the fire, water, electricity and gas systems. They also had appropriate emergency measures in place to ensure the safety of people if there were a fire. This meant that the risk of harm was minimised. Individuals

had a personal emergency evacuation plan (PEEP) which informed staff of the safest way to evacuate in the event of a fire. Both staff and people who used the service had undergone fire safety training.

Improvements were being made to the fabric of the building. We saw that some areas were in need of remedial decoration and some bedrooms required refurbishment. An infection control audit carried out on the 11 March 2015 by Cheshire & Wirral Partnership NHS Foundation Trust identified some "corrective actions". The registered provider had an action plan in place towards which they had made good progress.

# Is the service effective?

## Our findings

People who used the service liked the food provided and said they were involved in shopping and menu choice. The dining room was a large and open space and people were encouraged to lay the tables for themselves. A menu option was displayed on the notice board in the dining area and if people wanted an alternative option they could write this on the menu card next to their name. There was ample fruit, drinks and snacks available for people to help themselves to throughout the day. Some people had specific dietary requirements which were included their support plan, along with advice and guidance from the dietician. In cases where people found it difficult to adhere to advice from the dietician, there was evidence that staff had explored suitable alternatives which they may prefer.

People who used the service said that staff had the correct skills and training to deliver effective care. Comments included "They must be well trained to do the job they do", "You couldn't ask for better staff", "They are on hand to help but let me do things myself because I prefer this." From the start of their employment there was evidence that staff were engaged in training to keep their knowledge up-to-date and inform best practice. There was a comprehensive induction for new staff and this had recently been reviewed to meet with the requirements of the care certificate. This is an identified set of standards for new health and social care workers. Training records showed that staff received training relevant to their role and this included: safeguarding, mental capacity, conflict management, dignity and respect, and food hygiene. Copies of certificates awarded at the end of each training session were kept on file as proof of staff attendance. The effectiveness of training was reviewed within supervision.

Staff received regular supervision from management which identified any issues, training needs and set objectives. Issues around performance were actively addressed within supervision where required, which was in line with the registered provider's performance management policy. Staff said that they felt supported by this process. Staff files also showed that new staff received supervision during a probation period to monitor performance, set objectives and address any concerns.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Discussions with the registered manager, deputy manager and staff showed that the principles of the Mental Capacity Act 2005 were being followed in their delivery of care and support. There was evidence within individual support plans that people were assumed to have mental capacity which was in line with legislation and guidance. We observed that staff sought permission and consent from people to share information held about them and to lock away information safely. Support plans also indicated times where a person's capacity may fluctuate (such as during periods of ill health) and what decisions may need to be taken in a person's best interest at that time. In one situation the registered manager had organised a best interests meeting with health and social care professionals to discuss concerns around an individual's capacity to make choices around dietary requirements and what options were least restrictive for the individual.

The registered manager informed us that there was no-one at that time subject to Deprivation of Liberty Safeguards, however during discussions with staff they were able to accurately describe where these may need to be considered. A number of people who used the service were subject to the Mental Health Act 1983 which imposed conditions or restrictions upon them. These were documented within their support plans and staff had an understanding of this.

During the inspection we saw that people were supported to access health care services. One person was waiting to go to the dentist, and a psychologist also arrived for an appointment at the service. Care records evidenced support from a number of different professionals including health care consultants, Dietitians and GP's. Health and social care professionals that we spoke with said that staff were very proactive in seeking help, support and guidance.



# Is the service caring?

## Our findings

Staff provided a caring and supportive environment for the people who lived there. Although the atmosphere was relaxed it also provided routine and structured daily living for those people who required it. People were very complimentary of the staff and comments included “Staff help me but only if I need it”; “The staff are all very good and I get on with everyone” “It’s like living with lots of friends”.

People had positive relationships not only with staff but with each other and friendships were evident. Throughout the inspection we saw people and staff were relaxed in each other’s company. There was lots of chat and conversation about people’s well-being and how they planned to spend their day.

Staff knew people well including their preferences for care and their personal histories. They told us that “This was really important as past experiences had such a major impact upon some people’s mental health”.

People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. They also helped them to review the care and support they needed. One person told us how staff had encouraged and supported them to take on new responsibilities in the kitchen as cooking had been such a large part of their past before they became unwell. They were now proud of that achievement.

Each person had their own room and own key so they could keep their door locked if they wanted privacy. Staff were observed knocking on doors and waiting until they were invited in. One person was asked by a staff member if they would like to speak to us and given the time to decide for themselves. Staff had received training about respecting people’s rights, dignity and treating them with respect. It was clear from our observations that this underpinned their care practices. Staff understood the need to maintain confidentiality, sought the consent of individuals before sharing information and files were stored within locked offices.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. People told us, “I have friends come and visit me here.” People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. The service was spacious with plenty of room for people to receive visitors. There was also a separate comfortable conservatory where people could entertain their visitors if they wished and provide them with drinks and snacks.

There was active involvement from the local community into Rivacre House. Volunteers from the Princess Trust had worked with people who used the service to design and landscape the garden area in order to meet their needs for somewhere to relax and to smoke outside of the building. A well-known cosmetics company had also been recently to provide a spa afternoon and treatments to people and families.



# Is the service responsive?

## Our findings

Before people came to live at the service their needs were assessed to ensure that they could be met and this took into account their own needs but also that of the other people who used the service. The registered manager or deputy met with other health and social professionals to plan and discuss a person's transfer to the service. We discussed this with professionals currently supporting someone to move into Rivacre House. They confirmed that the transition period was planned very carefully and that the person was encouraged to spend time at the service to see if it was suitable and if they would like to live there. A health professional who supported someone at the service told us "Staff went that extra mile to ensure that they were able to bake cakes on an introductory visit as that is such an important part of their life". This enhanced their sense of wellbeing and provided reassurance as to the level of support they would receive. The service consistently focused on providing person centre care.

People's needs were discussed with them and a support plan put in place. Staff said the aim of the service was to help people develop skills to live more independently in the community. Support plans included information that was specific to the individual and included information about the person's health, medication, likes, dislikes and preferences. They also provided staff with detailed information about how a condition presents itself for that particular person. There was information about how to best support people if they were showing triggers and symptoms that indicated that their mental health was deteriorating. People we spoke with said they had been involved in their support plan and had signed to say they agreed with them.

People sat with their keyworker on a regular basis to review their support plans and they were asked if they would like their friends and family attend. They were also involved in the upkeep of their care files and could access them at any time. This meant that the care provided by staff was up to date and relevant to people's needs. Where a person's mental health deteriorated, professionals from the mental health team said that the service responded quickly in a crisis. They also were invited to attend team meetings to discuss individual concerns with staff, to share ideas and coping strategies.

Some people at the service were or had been subject to the Mental Health Act 1983. A number of people had been subject to a community treatment order (CTO). This meant that they had supervised treatment after leaving hospital. Conditions included where they had to live or where/how they received treatment for their mental health. People had been supported at Rivacre House to stay well and an important part of this for some people was to maintain concordance with their medication and treatment. Staff had taken the time to explain what medications people were taking, why they were needed and how best side effects could be managed. The registered manager and staff had provided effective support that had enabled people to be discharged from community treatment orders as they had remained compliant with their care.

The registered provider used a system known as The Mental Health Recovery Star. The Recovery Star is a tool that measures change and supports recovery by providing a map of a person's journey to recovery and a way of plotting progress and planning actions. People were involved in this process and told us that they found it helpful to sit with staff to discuss their achievements and concerns. They told us that staff understood their needs and were proactive in suggesting how things could be improved. One person told us "It's like they have helped me get a part of my life back". Staff had worked in conjunction with other professionals to support and enable this person to re-establish contact with a family member who was very important to them. Staff had accompanied them at first on their visits and helped them overcome their fears of public transport. They gradually reduced the amount of support and now the person said they felt skilled and confident enough to make these visits independently.

Staff valued difference and understood, recognised and responded to people's social and cultural diversity. They were aware that these factors could influence how a person wanted their care, treatment and support to be provided. For example: staff showed an awareness that, in terms of identity management, a positive sexual identity was associated with better mental health-related quality of life. Staff sought appropriate support groups to meet people's specific needs and facilitated their attendance.

Staff had been creative and responsive in making people feel safe. The registered manager told us that when a particular person who used the service was unwell they made allegations against staff and others that were false.



## Is the service responsive?

Reports to the police had escalated and the person's mental health continued to decline. They arranged a multi-agency meeting with the police and as a result CCTV was installed it was felt that this would make the person feel secure but also protect others. Since this was out in place, there has been a vast reduction in calls to the police and the person feels safer. The mental health professional supporting the person told us that this had been effective in stabilising the person's mental health.

People were active and enjoyed varied pastimes that were meaningful to them. They were encouraged to engage with services and events outside of their home. One person told us, "I like to go in Chester and to visit the markets." As well as having active hobbies and social lives, people were also expected to improve their life skills by taking responsibility for tasks such as purchasing food items, laundry, cooking, clearing the table after meals and keeping their rooms tidy. One person commented "I hate doing my chores but if I

am ever going to live on my own then I am going to have to get used to it!" Staff had enabled people who used the service to receive food hygiene and general health and safety training in respect of this.

People knew how to make a complaint and felt confident that they would be listened to. There was a copy of the complaints procedure in each person's care file as well as in the communal areas. This guided people as to what to do if they had a concern. The registered provider also had a hot line called "Safe call" and this enabled people who used the service to report a concern directly to the service provider should they feel unable to speak to a member of staff. Posters were displayed prominently around the service and people confirmed that they knew what it was for. No one we spoke to had used it as they said they could go directly to the registered manager or deputy with their concerns.

# Is the service well-led?

## Our findings

People told us that they “Liked the manager and she always got things sorted”. We were informed by both staff and people who used the service that there was a low staff-turn over; “Staffing is consistent. I have a good relationship with the staff here. “There is a low turnover because it is a good place to work. Health and social care professionals who visited the service told us that there was a culture of openness, honesty and transparency.

Monthly meetings were held with the people who used the service so that they could share ideas, concerns and express their views. Action plans were drawn up following the meetings and an audit trail kept of actions completed. For example, people who used the service requested a pool table during a discussion about activities. This had been purchased and regular pool competitions were held as part of the social activities. There were also suggestion boxes in the dining room where people could put suggestions about decoration, meals, activities etc. As a result of these activities such as a DVD night with popcorn and snacks and a curry night have been planned.

Regular staff team meetings were evident and there was good staff attendance. These reviewed the progress towards the overall performance plan for the service, highlighted new areas of development, valuing successes, as well as exploring issues regarding people who used the service. Staff commented that they felt “supported” in their role by management. The deputy manager stated they were working towards a level 5 national vocational qualification (NVQ) and felt that their skills and interests were being used effectively by the registered manager. Team meetings were sometimes attended by health and social care professionals who provided advice and support to the service. These enabled staff to discuss concerns, seek advice and look at how best to work collaboratively to meet the needs of a person being supported.

The registered manager had also introduced a new letter on a quarterly basis and people who used the service and staff contributed to its production. This provided general information as well as celebrating the achievements of individuals and the service. People had participated in national events such as Mental Health Awareness and Dignity days.

The registered provider carried out an annual quality assurance survey that asked for feedback from people who used the service, relatives, staff and external professionals. The last survey was carried out in September 2015 and all areas scored positively. Comments about staff and management included “Staff always greet me in a nice way”, “I am always kept informed” “I have never had a complaint” “I usually enjoy making own choices”. Staff also were positive in expressing their views: “My opinions and contributions are valued by my manager” “It is excellent, there is good morale and communication”, “support and training is of a high standard”. The only negative comments were in regards to the overall living environment and people felt that “Bed room furniture needed replacing and rooms needed decorating”. The registered provider has already started on a programme of refurbishment and decoration.

The registered provider ensured that there were regular quality audits (checks) carried out. The registered manager and the deputy manager undertook these at the service and covered areas such as health and safety, environmental issues, accidents and incidents and fire systems. The management of medication was subject to daily, weekly and monthly audits. This meant that concerns around the service were quickly identified and actions taken to resolve them. We saw that the service was subject to a senior manager's visit periodically. This involved a manager from another Making Space service coming to Rivacre and reporting on the quality of support provided. Again, where action was needed, an action plan was devised and issues addressed. The registered manager also had to assess her service using the key lines of enquiry used by CQC in our visits. This demonstrated to us that she had an understanding of the fundamental standards and how to meet the requirements of the Health and Social Care Act 2008.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC and saw that we had been notified about serious injury, safeguarding, police incidents etc. This meant that the CQC was able to monitor the events that affected the health, safety and welfare of people who used the service.