Partnerships in Care 1 Limited

Riverbank

Inspection report

2a Park Road
Hull
North Humberside
HU3 1TH

Tel: 01482223406
Website: www.partnershipsincare.co.uk

Date of inspection visit:
16 February 2017
17 February 2017

Date of publication:
24 March 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We completed this comprehensive inspection on 16 and 17 February 2017 and it was unannounced.

Riverbank provides accommodation and rehabilitation to people with complex mental health needs. The service is situated close to local amenities and is within walking distance of public transport. There are 24 bedrooms; 12 en-suite rooms providing high level support and 12 apartments with en-suite and kitchen facilities to aid daily living. There are also 12 independent flats attached to the service where people are supported by the staff. At the time of this inspection, there were 16 people living in the residential service and eight people living in the independent flats.

The service had a registered 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.

At the last comprehensive inspection in June 2016, we rated the service as Requires Improvement overall and found concerns in risk management, staff training and notifying us of issues that affected people who used the service. At this comprehensive inspection we found improvements had been made in all these areas and had been sustained.

How staff assessed, identified and managed risk had improved. A new system of risk management had been implemented and we saw there was more guidance for staff in the steps to take to support people when they made choices that carried a risk.

Staff had received training in how to manage conflict and de-escalate situations. There had also been improvements in staff training regarding people's mental health conditions and needs. Staff told us the training had helped them to feel more confident when supporting people. We saw staff completed other training considered essential by the registered provider and they received supervision and appraisal.

Staff knew how to protect people from the risk of harm and abuse. They had completed safeguarding training and knew what to do if they witnessed abuse or poor practice.

We found staff were recruited safely with employment checks carried out before they started work. New staff received an induction and were introduced to people who used the service.

There were sufficient staff on duty during the day and night to meet the needs of people who used the service. People told us staff were friendly, caring and had time to sit and talk to them. We observed the staff approach encouraged independence and there was a friendly banter between them and people who used the service. We saw staff treated people with respect and as individuals, and supported them to maintain links with their family and friends.

We found people's physical and mental health needs were met. Staff supported people to attend appointments with their GP or mental health worker. Staff ensured people had their medicines as prescribed to help them maintain their mental health. We found medicines were managed well, stored safely and appropriately and ordered in a timely way so people did not run out of stock.

People's nutritional needs were met. There was a chef on duty each day and menus provided choices and alternatives. The menus were reflective of the younger age group of people who used the service and when asked they told us they liked the meals provided.

People were supported to live as independently as possible. Staff encouraged people to participate in activities of daily living such as laundry, cleaning, shopping and cooking. They also assisted people to access community facilities such as support groups, leisure activities and college courses. Staff provided a range of activities for people to participate in within the service.

The culture of the service was open and inclusive. There was a quality monitoring system which consisted of audits and checks to make sure the service was safe. There were also meetings and surveys to enable people who used the service and staff to express their views and make suggestions. We saw suggestions were listened to and acted upon. The service had a complaint procedure and people told us they felt able to raise concerns and said these would be addressed.

We found the service was clean and tidy. Equipment was maintained to ensure it was safe to use.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received safeguarding training and knew how to keep people safe from the risk of harm and abuse. They used policies and procedures and risk assessments to guide their practice.

Staff recruitment was safe with checks completed prior to new staff starting in the service. There was sufficient staff employed with the right skills to ensure people's needs were met.

People received their medicines as prescribed and there were systems in place to support and encourage people when they were able to manage this themselves.

Is the service effective?

Good

The service was effective.

People's health and nutritional needs were met. They were supported to access community health care professionals and attend appointments when required.

People told us they liked the meals provided and there were menus with choices and alternatives.

People who used the service had capacity to make their own decisions; they were supported and encouraged to do this. Staff were aware of the actions to take if someone lacked capacity and important decisions were required.

Staff received appropriate induction, training, support and supervision to enable them to feel confident in meeting people's needs.

Is the service caring?

Good

The service was caring.

We observed the staff approach was friendly, kind and caring. It was also an approach that encouraged people who used the service to make their own choices and to be as independent as

possible.

People were treated with respect and their dignity maintained.

Staff maintained confidentiality and held private discussions with people, or telephone calls of a personal nature, in an office. People's records were held securely and electronic information protected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans produced. People were involved in this process which helped staff to deliver support tailored to their needs and preferences.

There was a range of activities within the service for people to participate in. Staff also supported people to access community facilities and to maintain contact with friends and relatives.

There was a complaints process in place and people who used the service told us they felt able to raise concerns and that these would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture within the service was one of openness and valuing people.

The registered manager provided an environment where staff and people who used the service felt able to express their views and were involved and included in how the service was run.

There was a quality assurance system which included audits, checks and meetings. Any shortfalls were addressed quickly.

Riverbank

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 16 February 2017 and was unannounced. We also returned on the 17 February 2017 for three hours to speak to more people who used the service. The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector for the second day.

The registered provider had completed a Provider Information Return (PIR) in March 2016, prior to the last comprehensive inspection. 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. We looked at the PIR and also checked our systems for any notifications that had been sent in as these tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with the local authority contracts and commissioning teams about their views of the service.

During the inspection we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with three people who used the service and left some brief questionnaires for 10 others to complete. We spoke with one relative. We spoke with the registered manager, the deputy manager, two nurses, five support workers, (one of which was a senior), the chef, the administrator and a housekeeper. We also received information from a team leader and four other support workers.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service, such as 12 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included one staff recruitment file, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

At the last inspection in June 2016 we had concerns about risk management. Some people who used the service had behaviours which were challenging to themselves, other people, staff and property. The risk assessments in place at the time were insufficient to guide staff in how to support people safely and staff had not received appropriate training. At this inspection, we found improvements had been made to risk assessments and staff training. Some people had moved to alternative placements and we found a calm atmosphere in the service. The deputy manager said, "We have taken things on board, listened and reflected and we totally get what needed to be done. How we manage and document risk has been changed; we have a new system and have had lots of training in it."

People who used the service told us they felt safe living there. They said there was sufficient staff available and they received their medicines on time. Comments included, "I get the right support here; they step in and put boundaries in place. The staff are always available to talk to day and night", "Yes, I do feel safe here; I enjoy living here. There is enough staff although sometimes I have to wait to go out" and "When there were incidents last year I didn't feel safe." Other people told us, "It's great living here; the staff are very approachable", "Yes, it is safe; there's normally always someone on shift who I can trust and talk to", "It [the service] makes me feel safe and secure. I can talk to staff about how I am feeling and try to work out what it [anxiety] has been caused by" and "The nurses do them [medicines]."

A relative told us, "They have told me the team are always available if they need them which has given them a more positive attitude to life because they feel settled in their surroundings and completely safe."

Staff had received training in how to safeguard people from the risk of abuse or harm. In discussions, they were clear about what constituted abuse and what they should do if they witnessed poor practice or had concerns. There were safeguarding policies and procedures in place to provide additional guidance to staff; those staff spoken with were aware of the organisation's whistle blowing procedure. They said, "I'm really confident people are not abused. We are doing as much as we can to prevent it." The administrator described how a small number of people were supported to manage their money which helped them to budget and also helped to minimise the risk of them being financially abused in the community.

Staff completed assessments to identify if there were any risk issues in relation to people. These were highlighted in documentation and measures put in place to guide staff in how to minimise risk. Staff told us they felt much more confident in supporting people when there were risks indicated or when people had behaviours which were challenging to others. Comments included, "We've had training in mental health and managing conflict and aggression training; I feel a lot more comfortable now."

We found recruitment practices were safe, with employment checks carried out prior to new staff starting work in the service. These included an application form to explore gaps in employment, references from previous employers, an interview was held and a check made with the disclosure and barring service (DBS). The DBS check highlighted any criminal record and whether the potential candidate had been barred from working in care settings.

We found there were sufficient staff on duty to support people in a safe way. The staff rotas for the residential side indicated there was one nurse on duty day and night. There were three support workers of various grades on duty during the day and two support workers at night. In addition, there was a support worker on duty 8am to 8pm to oversee the people who lived in the independent flats; the night staff in the residential unit were available for any emergency situations for them. The registered manager and deputy manager were available Monday to Friday with on call arrangements at the weekend. There were separate catering, domestic, maintenance and administration staff, which enabled support workers to focus on the delivery of care.

Medicines were managed safely. There was a separate treatment room where medicines were stored in lockable trolleys, secure cupboards and a fridge when required. The temperature of the room and fridge was monitored to ensure this did not exceed manufacturer's instructions regarding the safe storage of medicines. Staff had a system which enabled them to obtain medicines promptly and made sure people did not run out of stock. Medication administration records showed people received their medicines as prescribed. Only qualified nurses administered medicines to people and they worked within the Nursing and Midwifery Council (NMC) code of practice. Some people who used the service in both the residential side and the independent flats were able to self-medicate. People's ability to self-medicate had been assessed to ensure they were safe to do this and supervision arrangements were in place. There were some minor recording issues found on the day which were discussed with the nurse on duty; they organised a meeting to be held with the nursing team to ensure these were addressed.

The service was safe, clean and tidy. Staff had completed training in infection prevention and control and they had access to personal, protective equipment, such as hand gel and disposable gloves, to use when required. The house keeper told us they had sufficient equipment to carry out their role and they had cleaning schedules to maintain. Equipment was serviced and maintained to ensure it was safe, for example the lift, gas and electrical appliances, the fire alarm and nurse call system.

Good

Is the service effective?

Our findings

At the last inspection in June 2016, we had concerns about areas of training where some staff had not received sufficient development to enable them to confidently support the people who used the service. At this inspection, we found improvements in staff training, development, supervision and appraisal. Records showed us staff had completed a range of training which included courses considered essential by the registered provider and additional training specific to the service. Essential training, for example, included safeguarding, health and safety, infection control, fire safety and food hygiene; nurses had completed emergency first aid and defibrillation training. Service specific training included the Mental Health Act 1983, mental health awareness, conflict resolution and breakaway techniques. New staff completed a twelve week induction which was linked to the Care Certificate and included a work booklet, observations, mentoring and probation meetings. The Care Certificate is a set of standards that social care and health workers work to. It is the minimum standards that should be covered as part of induction training of new care workers. Staff confirmed they had received relevant training and management support. Comments included, "They [registered manager] are supportive. You can walk into the office anytime and raise concerns", "There has been lots of training recently and you can request training" and "We have regular supervisions and yearly appraisals."

People who used the service told us staff helped them to access medical services when required. They also said staff gave them the right support when they needed it and always ensured their consent was given before completing tasks with them. People liked the meals provided. Comments included, "I've learned a lot about my illness since I've been here and they've kept me out of hospital", They [staff] get in touch with my psychiatrist and get my meds increased until I feel better again. They get me to verbalise rather than keep things in, which helps", "The staff ask before carrying any caring tasks out", "They [staff] help me to manage my weight", "Meals are well balanced with a wide variety", "The meals are very good; yes, we can make suggestions" and "There's always an alternative if we don't like what's on the menu; my favourite is fish, chips and mushy peas."

A relative said, "It's a great facility. The routine has helped them stay out of hospital; they were in and out before to the point of being institutionalised."

We found people's nutritional needs were met. The dining room was a bistro area where people who used the service could meet at meal times and any other time. Individual tables and chairs were set out and people chose where to eat their meals. There were coffee and tea making facilities available for people to help themselves. There was also a self-service aspect to breakfast with cereal dispensers; the chef also prepared toast or cooked items. The menus were displayed and were suitable for the younger age group of the people who used the service. We saw the individual needs of people were catered for, choices were available and alternatives made if required. The chef confirmed menus ranged over a four week period and they made sure people had access to fresh fruit and vegetables. Staff supported people to monitor their weight and provided advice and guidance when required.

The care files indicated people were supported to access community health and social care professionals

when required. These included GPs, consultant psychiatrists, community psychiatric nurses, mental health workers, dieticians, care coordinators, emergency care practitioners and dentists. Staff told us they would encourage people to see their GP when they observed any health concerns. In discussions with staff, they were clear about how they recognised when someone's mental or physical health was deteriorating and they action they needed to take to obtain support and treatment for them.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found no-one was subject to a DoLS and staff told us every person who used the service had capacity to make their own decisions. Staff were clear that if people had temporary lapses in their capacity due to deteriorating mental health, then any major decisions would be put on hold until their capacity was regained. Staff had received training in MCA and DoLS and were aware of the criteria used to determine if a person's liberty was deprived.

In discussions, staff were also clear about how they obtained consent from people prior to carrying out care and support tasks. They said, "We give explanations and make sure people understand the choices", "People have capacity and can make their own decisions", "The care is person-centred and you can't force, only advise; some people make risky choices and vulnerable decisions" and "Everyone has capacity and is able to consent when asked."

We found the residential environment was purpose-built and had good facilities suitable for younger people's needs. People had their own bedrooms with en-suite shower and toilet facilities; bedrooms were located on the first, second and third floors and were accessed by a passenger lift or stairs. Twelve of the bedrooms in the residential side were equipped with a two-plate induction hob, a fridge and a microwave to assist people with developing their independent living skills. There was a large wet room on the second floor which had a walk/wheel in shower and a bath with easy access, and equipment to support people as required. There were communal areas for people to mingle, watch television or join in activities, as well as quiet areas for them to sit and be alone. There was a laundry on site which people were able to use independently or with staff support as required. The garden had an area for people to smoke. There was a secure entrance and people who used the service all had their own key fobs. One person who used the service said, "The facilities and my room are very nice."

Good

Is the service caring?

Our findings

People who used the service told us the staff approach was very positive and they had built up good relationships with them. They also said staff respected their privacy. Comments included, "The staff are caring", "They always ask if you are alright", "Staff are very approachable", "It's very friendly", "We come and go as we please", "They are really helpful and don't judge you as a person", "I have really good relationships with the managers and nurses", "They don't disturb you when you are in your room", "They usually knock on the door before walking in and they are discreet with private topics" and "Yes, they ask if they can go in my room before they do."

A relative told us they were very happy with service. They said, "I can't fault it at all. I have known some of the staff for quite a long time; they are really lovely, supportive, kind and caring. They are pleased to see you and greet you warmly. When things are going well, it enables me to take a step back and just be 'mum'; it has enabled our relationship to get better."

A social worker told us, "Overall the staff seem caring and approachable and I would think that the place offers a good service for the right client."

We observed staff had built up relationships with the people they supported. They knew people's needs well and chatted easily with them and encouraged them to join in conversations. Staff spoke to people in a friendly and professional way. We saw staff had time to sit down and have a coffee and a chat with people in the bistro.

We saw staff promoted people's privacy and dignity. In discussions, staff described how they promoted privacy and dignity and delivered person-centred care. They said, "We have a laugh and a joke with people but we work in a professional way", "We work with service users every step of the way during care planning; they have choices in every aspect here", "We get to know the person, what their likes and dislikes are, listen to what they are saying and have an awareness of whether they need space or support" and "Care plans are person-centred."

The environment supported people's privacy and dignity. Each person had their own bedroom which had en-suite shower and toilet facilities. There were also quiet areas for people to sit if they wished to be alone.

We saw staff encouraged people to maintain their independent living skills and involved them in decisions. They also supported people to budget their finances when required. Staff told us they discussed plans with people and helped them to develop the areas of their life which were important to them. Staff said, "We do more with service users and have weekly planners, which include shopping, cooking each week and tidying bedrooms" and "We support with daily living, GP appointments, shopping, cleaning. We are there to support if they need help and we dust if they are hoovering and offer encouragement; some need more support than others." Other staff said, "Our role is to offer prompts, promote independence, get people into the community with college courses and groups or classes" and "We encourage people to do as much as they can themselves." We saw people who used the service had been involved in the recruitment process for

some staff by planning questions and by taking part in the interview panel.

The environment and facilities enabled people to maintain and develop their skills. Twelve bedrooms had small kitchenettes and there was also a separate kitchenette for communal use; staff supported people to shop, prepare and cook meals as part of their support plans. A new initiative had just started prior to the inspection whereby people who used the service shopped for vegetables at a local supermarket to be used the next day; the chef was involved in advising them with decisions when planning the choices of vegetables and meals. There was a laundry on site which had coin operated washing machines and driers. Those people who lived in the residential side used the machines free of charge and either used them independently or with assistance from staff. There was a nominal fee for the machines for people who lived in the independent flats and they were able to use them at the weekend. One person had paid employment within the service.

We found people who used the service were provided with information around the service. There were notice boards which included information about the menus, meetings, how to make a complaint, advocacy services, community facilities, college courses, scheduled activities and the last inspection report.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's care needs in private in the staff office or the registered manager's office. People's reviews were held in their bedroom or a quiet lounge. People's health and care files were held securely in the staff office and medication administration records were kept in the treatment room. Records were also held in computerised form and the registered manager confirmed the computers were password protected. The registered provider was also registered with the information commissioner's office, a requirement when computerised records are held. Staff records were also held securely in the administrator's office.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs; they said staff supported them to manage when their needs changed and they had been involved in planning their care. Comments included, "I'd give it full marks; it has kept me out of hospital and I can have a normal life here", "I struggle with anxiety but my weekly planner and structure helps me; just knowing what I'm doing each week" and "They are very responsive with medical treatment and they are good at explaining my mental health." Another person said, "I struggle with paperwork and they help me with this and to manage my condition; they helped me get my life back together. This is the best place I've ever been and an onward journey towards regaining my independence."

A social worker told us, "I have no experience of having a client placed there for a protracted period, however I have referred people to the resource and have been impressed with the efficiency and quality of their assessments. I have mainly dealt with [deputy manager's name] who is extremely good at making assessments and identifying whether prospective residents are appropriate for their service."

We saw people had assessments of their needs completed, and risk was identified as part of this process. There was a specific tool for staff to use to assess risk and to record how and in what way they were to support people to minimise risk. There were risk triggers identified so staff were aware of signs to look out for so they could intervene in a timely way to support people. We saw some people had risk and relapse plans which had been completed by external health professionals involved in their care and treatment. Assessments were used to help formulate care plans. We saw staff had recorded details of people's agreed 'recovery and health goals'. These analysed people's strengths and vulnerabilities and the support required from staff. Staff completed a 'positive behaviour support plan' for each person. Those we looked at described how to identify when the person required additional support, indicators to look out for and how staff were to intervene to help reduce risk.

Documentation showed that people who used the service were involved in the assessment and care planning processes. The recording system was computerised and staff sat with people to go through sections together; this also enabled those people who were able, to type in the information in their own words. There was space for people who used the service to record their views about their mental health needs and risks, and to discuss any differences between this view and that of staff. This system was confirmed in discussions with people. There was a care plan review process and we saw people who used the service were also involved in this; there was scope to record which health professionals attended people's reviews and their comments about progress. Staff told us the recording system was new and was a big improvement on the previous one. They said the system enabled them to link information and to get a more comprehensive picture of people's needs, risks, their support plans and progress. Comments included, "Information is discussed with each person to identify what is working for them. It gives residents so much more involvement and they can type things themselves if they want" and "The information before wasn't joined up; the new system enables this."

We found people were provided with support that was individualised to their needs. For example, staff told

us about the signs and symptoms for one person who needed support at specific times and how they assisted the person when they recognised their mental health was deteriorating. One person had requested a change in time for their medication to avoid a clash with a television programme, which was respected. Those people who were able to manage their medicines were encouraged to do so. One person described how living at Riverbank, and having staff responsive to their needs, had prevented them from being admitted to hospital.

People told us they were supported to access community facilities such as a local MIND service, courses at colleges, shops and cafes, local parks, the cinema, bowling and swimming. Some people went out in groups and some met up with their family and friends. We saw there was a range of occupations and activities to participate in within the service. These included cooking, cleaning and laundry as part of a therapeutic programme. There were social gatherings to sit and chat in the bistro or lounges, board games, bingo and art therapy. There was a small pool table in the bistro area, sky television in one of the sitting areas and a computer room. The registered manager told us staff ran a weight watchers and exercise class with the use of small gym equipment in one of the lounges. People who used the service said, "I like drawing therapy", "There's board games and a pool table inside and various outdoor activities. I've made friends and I spend time with them inside and sometimes outside", "I go to Endeavour [local educational facility] and do cooking, and I do arts at MIND; it's good and I've made loads of friends here", "I do my own thing in the community", "I attend Hull college" and "I spend quite a lot of time with others." Some people were supported to have weekend trips away and holidays.

The registered provider had a complaints policy and procedure, which was on display on the notice board. The procedure identified how to make a complaint and who to, timescales for resolution and how to escalate complaints to other agencies. People told us they felt able to raise concerns with staff, the registered manager or other members of the staff team. They said, "I'd see the care workers", "You get a complaint form and speak to the manager" and "I'd speak to [registered manager's name] or [deputy manager's name]; they always ask me if everything is ok and will do things to sort it out." Staff knew how to manage complaints.

Good

Is the service well-led?

Our findings

People who used the service knew who the registered manager was, said they were approachable and told us they were able to speak to them when required. They also said they participated in meetings to express their views. Comments included, "If you have a problem, you can go to them [registered manager]", "[Registered managers' name] is very nice; he can be strict", "He [registered manager] is kind and caring", "[Registered manager's name] is very good", "I take part in resident's meetings; I'm asked about things" and "We've made suggestions about décor."

A relative told us, "Yes, I think it is well-managed. He [registered manager] has good insight into all the clients and [name of person who used the service] talks well about him. She has nothing but good to say about him."

At the last inspection in June 2016 we saw the registered manager had not always sent us notifications of incidents, as required by regulations, which affected the safety and wellbeing of people who used the service. Since then there has been an improvement and we have received notifications in a timely way.

We spoke with the registered manager about the culture of the organisation. There had been changes within the structure of the organisation, but the registered manager told us tiers of management ensured there was support when required. They knew who to contact for support and advice and stated senior managers were approachable and available when required. The registered said, "The culture is open and positive and support from regional is there." They described their own management style as open, approachable, supportive with an open-door policy. They said, "I like to know what is going on and like to hear staff's opinions. We have team involvement; a real team effort and a good balance of staff [skills]. Yes, we do work well as a team." The registered manager described the reward schemes in place to encourage to staff to continue working at the service. These included 'above and beyond' recognition, store discount cards and free eye tests. The registered provider expected the values of the organisation to be upheld. These included a focus on the quality of care, respect for people's individuality, dignity and diversity and working together to involve and include people. There was notice in the staff office reminding staff to have a 'respectful workplace'.

In discussions, staff confirmed the registered manager's approach as inclusive and approachable. They also commented on their pride in working for the organisation. Comments included, "It really is good working here. I ask [registered manager's name] if I want any equipment; he is supportive", "Their [registered manager] door is open all the time; there's not a problem about going in to ask them things", "They [management] take time to listen and discuss things. I feel listened to and we take care of each other", "Staff morale is at a good level; I feel management are approachable", "Any concerns that have arisen are kept confidential" and "We care as a team, which is led by the managers. They have made changes and nurses now have a peer supervision group."

Staff told us communication within the service was good. They said this included handovers with written sheets to refer to, daily diary allocations, staff meetings, supervision meetings and newsletters. One member

of staff said, "[Registered manager's name] comes straight through and tell us about things he sees in emails and newsletters." We saw the registered provider had disseminated a 'frequently asked questions' (FAQs) leaflet in December 2016 to update staff on changes within the organisation. This provided staff with information about senior management changes, answered personnel questions and gave links to where further details could be found. This was followed up with a newsletter in February 2017 inviting staff to attend/listen in to a conference call in March 2017. There was also the facility for staff to send in questions.

We saw there were meetings for people who used the service, 'community meetings' which were well-attended. Minutes of meetings evidenced people were able to express their views. A food committee had recently been set up so that meetings could be held to discuss meal suggestions; the committee included several people who used the service and two staff, one of which was the chef. We saw people who used the service had been involved in interviewing new staff. Also forms were distributed to other people for them to indicate any questions they would like asked on their behalf during interviews. People who used the service had also participated in a survey. The results and actions taken were posted on the notice board.

There was an audit system in place to check the environment, maintenance, catering, health and safety, cleanliness, electronic records and medicines. The audits helped to identify shortfalls and we saw these were addressed straight away. Clinical governance meetings were held to discuss significant events, complaints, resident involvement and issues, staffing and audits. We saw the minutes of an in-house governance meeting dated January 2017 attended by heads of departments and leads within the service. This discussed feedback from meetings, an update on training statistics, 'service user experience' and results of an equipment and decoration audit. The registered manager had produced an action plan following the last inspection in June 2016. We went through this and found actions had been addressed.

There were operations meetings and health and safety meetings held regionally for the registered manager to attend as a way of sharing information and learning from issues at other services in the organisation. However, the last ones were in September and October 2016 and there had been a structure reorganisation since then so the registered manager was unsure when these would be re-started. The registered manager completed a weekly report to send to senior managers regarding occupancy and any issues regarding people who used the service; there was also a monthly business review site report for senior managers. These ensured they had oversight of the service.