

Voyage 1 Limited

Rivers Reach

Inspection report

Fontley Road
Titchfield
Fareham
Hampshire
PO15 6QX

Tel: 01329842759
Website: www.voyagecare.com

Date of inspection visit:
06 December 2016

Date of publication:
17 January 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

This inspection took place on 6 December 2016. The service was last inspected in June 2014 and at that time was meeting the regulations we inspected.

Rivers Reach provides accommodation and personal care for up to five people who have learning disabilities. The service is located in Titchfield, Hampshire. At the time of our inspection five people were living at the service.

There was a registered manager in place who had been registered with the Care Quality Commission since 2007. 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.

Risks to people arising from their health and support needs and the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

There were systems in place to ensure that people received their medication as prescribed.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. The registered manager understood their responsibilities in relation to the DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to

make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

We found there was sufficient staff on duty to support people with their assessed needs and to sit and chat with them. The interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received.

Procedures were in place to support people to access advocacy services should the need arise. One person who used the service advocated against crime, hate and bullying by speaking publically at meetings and conferences.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences, and people and their relatives said care reflected those preferences. Care plans were regularly reviewed to ensure they met people's current needs.

People had access to a wide range of activities, which they told us they enjoyed.

The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager in delivering them.

The registered manager and registered provider were a visible presence at the service, and were actively involved in monitoring standards and promoting good practice. Feedback was sought from people, relatives, external professionals and staff to monitor and improve practice. The service had quality assurance systems in place which were used to drive continuous improvements.

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.

Medicines were safely and securely stored, and their use was accurately recorded.

Risks to people were assessed and minimised, and assessments were used to plan and deliver safe care.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence. The registered provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

Staff encouraged people to maintain their independence, which was appreciated by people and their relatives.

People and their relatives spoke highly of the care they received.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access activities and follow their interests.

There were systems in place to manage complaints

Is the service well-led?

Good ●

The service was well-led.

Staff were able to describe the culture and values of the service, and felt supported by the registered manager in delivering them.

The registered manager carried out regular checks to monitor and improve the quality of the service and was a visible and active presence at the service.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

Rivers Reach

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 6 December 2016. The service was last inspected in 2014, and at that time was meeting the regulations we inspected. At the time of our inspection 5 people were using the service.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service such as autism.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner.

We contacted external healthcare professionals to gain their views of the service.

During the inspection we spoke with three people who lived at the service and two relatives. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with four members of staff, including the registered manager, senior carers and care staff. We looked at three staff files, including recruitment records.

We also completed observations around the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yep, there is always staff around and when you go out." Relatives we spoke with said, "Yes I think he is really safe." And another said, "I have no worries, they [staff] are so loving and caring."

An external healthcare professional said, "I have no reason to believe this service is unsafe during my visits or contact with staff."

Risks to people were assessed and detailed plans were put in place to minimise them. People were assessed in areas such as accessing the kitchen, choking and diabetes. Where particular risks arose, these were also assessed. For example, one person had a particular hourly routine, staff were not to interrupt this routine or approach this person from the side. The risk assessments outlined how staff were to interact with the person. Risk assessments also highlighted the signs of escalation to certain behaviours such as continuously removing glasses could mean the person was becoming anxious and what the staff members next steps should be to prevent the anxiety escalating further. Risk assessments also documented how to prevent a behaviour that could challenge from happening, for example for one person the risk could be prevented by not telling them they are going out until half an hour before they were to go out. Risk assessments were reviewed on a monthly basis or more often if necessary to ensure they reflected people's current needs.

We were provided with evidence of positive risk taking. For example one person was planning their own holiday and another person was encouraged to experience new activities to build relationships with other people who shared the same interests.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH). We saw documentation and certificates which showed that relevant checks had been carried out of the electrical installation, gas services and portable electrical equipment. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of an emergency. The PEEPs were reviewed monthly and signed by the person who used the service. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We asked people if they received their prescribed medicines when they needed them. One person said, "Yes, I get a couple [of medicines] at night." Another person said, "Yes, three times a day."

People were supported to access their medicines when they needed them. Medicines were stored securely and safely, and where necessary in a refrigerator at the appropriate temperature. A secure cupboard was used to store controlled drugs, and stocks were accurately recorded. Controlled drugs are medicines that are liable to abuse.

Medicine administration records (MARs) were used to record the medicines a person had been prescribed and recording when they had been administered. These had been accurately completed by staff and were checked daily. Records were kept of staff who were trained to administer all medicines or just topical medicines such as creams and ointments. The record also included yearly competency checks and when they were next due. The service documented the ordering procedure for monthly medicines.

We looked at the guidance information kept about medication that care staff administered 'when required.' We found the information to be very detailed, for example one person was prescribed Lorazepam when required for anxiety and agitation, guidance documented what staff were to do before administering the medicine such as distraction techniques. The information provided ensured that staff gave people their medicines in a safe, consistent and appropriate way.

The service had an up to date medicine policy which referenced NICE guidelines. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Information was kept with the MAR charts detailing how people liked to receive their medicines, how they liked to be told it was time to take their medicines, where they would like to take their medicines and what to do if they refused to take their medicines. This ensured that staff were all administering medicines in a way the person preferred.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. Six accidents and incidents had taken place, the registered manager looked at contributory factors such as what was the person's behaviour prior to the incident like and what was the environment like. The registered manager had a full incident debrief which looked at how the incident was resolved and any learning's that could be taken from it. For example one incident had occurred due to a staff member not adhering to guidelines such as not giving a person space. The staff member was supervised and reread the care plan to ensure they understood.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. One member of staff said, "I need to keep people safe and raise concerns to my manager or higher up." Another staff member said, "We need to protect the people we support, anything they want to talk about they can, there are guidelines in place if you had a situation where abuse was suspected."

Staff had a clear understanding of the whistleblowing (telling someone) procedures. Staff we spoke with said, "It is about raising a concern, not just about the people we support, it could be any person in the company doing wrong. I would report it and go higher, knowing I am protected confidentially." Another staff member said, "If I saw anything that made me feel uncomfortable such as the way a member of staff talked to a person we support, I would raise it with the manager."

We asked people and their relatives if they thought there was enough staff on duty. People we spoke with said, "Yes, enough staff and a couple on nights." Another person said, "Oh yes, I would say, weekends and nights, yes there is." Relatives we spoke with said, "There always seems to be, they are marvellous, never had any trouble, they [staff] are always there."

We saw there was enough staff on duty to support people throughout the day. The rotas were adapted to meet the needs of the people who used the service and what activities they wanted to do. Staff would extend their shift to enable people to attend to activities outside normal shift hours, such as healthcare appointments. The registered manager said, "We all do this so we do not rush people (who use the service)." The rota was also planned to make sure there were sufficient drivers on shift to accommodate the people who used the service's needs.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We asked staff what their understanding was of infection control. Staff we spoke with said, "It is basically keeping the place clean and free of contamination, keeping the place free of germs." Another staff member said, "We control infection by wearing gloves, aprons and protective gear."

Relatives we spoke with said, "Oh my God yes it is beautifully kept, it is spotless." and "My daughter visited [relatives name] at Halloween and said the home is lovely, [relatives name] bedroom is so beautiful we could just live in it."

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal protective equipment available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.

Is the service effective?

Our findings

We asked relatives if they thought staff had received the relevant training. One relative we spoke with said, "Oh yes my relative has bad days and they don't want to face anyone, but staff cope easily and cajole them." Another relative said, "Yes I do, this is the best [relatives name] has ever been, they really seem to care about them."

Staff we spoke with said, "I have had a lot of training, it has made me more observant with things." and "I have had diabetes training and I understand the importance of looking after people's feet."

An external healthcare professional said, "I believe this is an effective service as observed in staff interaction with service users."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. We confirmed from our review of records that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), autism, dementia, dignity and respect, equality and diversity, fire safety, food safety, moving and handling, medication, management of actual or potential aggression (MAPA) and non-violent crisis intervention (NCI) low risk.

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff completed shadow shifts and were supervised whilst working alongside an assigned member of staff prior to being counted in the staff team numbers on shift. All new staff were subject to a six month probationary period which was reviewed on a monthly basis. One person who used the service took time to get to know new staff members and struggled with this. We were told that the introduction of new staff was a very gradual process for this person and was on this person's terms.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A staff supervision plan showed that all staff had received at least four supervisions so far in 2016 and an annual appraisal. Supervisions included staffs professional wellbeing and any concerns, feedback from people who used the service, colleagues, relatives and external professionals, job allocations and duties, training and development and progress. Annual appraisals consisted of the staff member's achievement of objectives since the last appraisal, review of job performance, personal strengths, any developmental requirements and the setting of objectives for the next 12 months.

Staff confirmed they received supervisions and appraisals. One staff member said, "I get supervision every month or six weeks, I have had an appraisal this year, they are useful." Another staff member said, "I had my

appraisals and I am planning on going further with my training."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS)).

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection the registered manager told us no-one was subject to a DoLS authorisation; however applications had been put in for all five people.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff were aware of the five principles of the MCA and spoke about the need to always assume people have capacity or that decisions must be made in people's best interests. This meant the rights of people who used the service were protected.

Staff had a working knowledge of the principles of the MCA. One staff member said, "The MCA has five principles and we are not to presume that they haven't got capacity. We have meetings to see if we can provide support in a less restrictive way and we seek as much information as we can." During the inspection, we saw staff asking people for permission to support them. We saw evidence in care files to show people had signed to consent for areas such as care and treatment and sharing information.

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

People were very much involved in the menu planning. Each week a menu planning meeting was held where people discussed what they wanted on the menu for the upcoming week. We saw that people had asked for roast beef for Christmas dinner and pancakes to be added to the menu. People had choice of when and where they wanted to eat. On the day of inspection a staff member had made homemade vegetable soup, but the majority of people decided they wanted to either go out for lunch or have crumpets with cheese.

We asked people what they thought of the food, one person said, "Food is pretty tasty." and "I like corn beef hash the best." Two relatives we spoke with said, "The food is 'blooming' good, they get lovely cooked meals, all the vegetables." and, "[Relatives name] never complains, I do old fashioned cooking and they say they have that there, they like shepherd's pie and corned beef hash."

Staff we spoke with said, "We try and promote healthy eating, they can help themselves to whatever they want like biscuits, we tried healthy snacks such as raisins but they didn't like them, they do like yogurts." Another staff member said, "We offer choice, they all sit down at the end of the week and plan menus it is what they want."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and

language therapist (SALT) and psychiatrists. Care plans also contained a yearly appointment planner so people and staff knew in advance what appointments were in place. Each person had a health action plan that was reviewed monthly; this included any visits to external healthcare professionals and what decisions were made. People's care files included a hospital and a dental passport. These provided vital information on the person to make their hospital stay or dentists visit go smoothly. The information on the persons care file helped to ensure people continually received the most effective care to meet their needs.

One person who used the service said, "I went to the dentist yesterday." Another person said, "The opticians come here, I am getting new glasses next week."

An external healthcare professional said, "I believe this service is responsive to the needs of the service users. Staff are quick to contact me with concerns should a resident's presentation change."

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were extremely caring. One person said, "I love living here, it is out in the country and staff are alright." Relatives we spoke with said, "[Relatives name] absolutely loves the place, he is very happy." and, "Staff are marvellous." and, "It is just they [staff] really care, they are not carers they are like family, I have to talk to half the staff when he rings me, it's just like one big happy family."

An external healthcare professional said, "In my role I see service users living at Rivers Reach both as out patients, accompanied by staff and on home visits. Staff have been available and receptive and I have no immediate concerns regarding this service. I have been impressed by the caring nature of the staff and the general stability of the staff team. Staff members have always acted in a caring manner towards the residents in my experience."

People said care was delivered with dignity and respect. One person said, "Yes staff treat us all with respect." Another person said, "Yes they are [caring]."

One person gave an example of staff being caring and showing compassion. They said, "I have been in hospital for three weeks, and I got a sore, staff were lovely and put cream on every day so it healed."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. People we spoke with said, "Staff always knock on my door before coming in."

We asked staff how they maintained people's privacy and dignity. Comments included, "I don't leave paperwork hanging around, I always knock on the door and respect the person if they don't want me to come in.", "When I provide personal care I make sure the door is closed and speak to them [people who used the service] nicely and respectfully, I also don't talk about them in front of other people or outside work.", "If say they come downstairs in their dressing gown and it is a bit open I discreetly ask them to pull it together.", "If I get [person's name] up to get washed and dressed I make sure they have a towel to keep them covered to go to the bathroom."

Staff encouraged people to maintain their independence. Where support was requested, staff asked how much help people wanted and what they wanted to do – if anything – for themselves. One person said, "I make my own breakfast, I make cornflakes by myself." Another person said, "I strip my own bed now." Staff we spoke with said, "I don't like people doing everything for them [people who used the service], I explain to them to show them, guide them and provide lots of positive praise." Another staff member said, "We let them do as much for themselves but we don't just stand there if they need us."

Relatives we spoke with said, "The staff are brilliant, they everything [relative's name] they can't do themselves but encourage them to do things, such as washing up and making coffee."

Throughout the inspection we observed staff interacting with people with care and kindness. As staff moved around the service they made an effort to stop and talk with people. People were looking forward to Christmas, and were joking with staff about this. Staff clearly knew people well, which meant they could have conversations with people that the person enjoyed. For example, we saw one member of staff talking to a person about their upcoming holiday and the new clothes they had bought in preparation for this.

People spoke positively about the care and support they received from staff. One person said, "Staff are always around and help me." Relatives we spoke with said, "It is brilliant, no other word for it." and "It is brilliant the best place my relative has ever been, I am 100% happy, if I have any problems the staff help me."

Relatives told us they were free to visit whenever they wanted to, and always felt welcome and involved when they did. One relative told us, "If they have a doctor's appointment I am always told, I used to always go with them as well."

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. One person had a special friend at a club where they met up each week. Relatives told us they were made to feel welcome and encouraged to visit at any time.

One person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Another person using the service was an advocate for hate crime and bullying. The person goes around different places to talk about it and had also done a video. They told us, "I have done it for three years, I talk at colleges and quite a lot of different places."

At the time of inspection no one was on end of life care. Although staff had received training on this subject.

Is the service responsive?

Our findings

Staff understood what is meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff we spoke with said, "Care is arranged around the individual, on their needs and their likes and dislikes." and "Care is personal to them and in their care plan, the person writes their care plan, if they want to, stating how they want to be cared for in their own home."

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. We looked at care plans and assessments and saw these were comprehensive and included people's likes, dislikes and life stories.

Care records contained a detailed One Page Profile. This is an introduction to a person that captures important information on a single sheet under three headings. This provided important information about what makes the person happy, how they wanted to be supported and what people liked and admired about the person.

We looked in detail at the care plans for three people who used the service. The support plans were written in an individual and person centred way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. This included statements such as; 'I do not like people to be loud,' and 'I like to be woken quietly.'

Each plan contained guidance for staff to ensure people received the support they required consistently and covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example, all of the staff we spoke with could explain the importance of one person's coffee routine and how staff were to behave during this time.

People's care records began with a section on 'what is important to me.' One person's file documented how their radio and making coffee was very important to them. The record detailed how staff were to support the person and how staff were to behave around the person. For example, do not overload the person with too much information, not to interrupt the person whilst they are performing a routine and not to do things for the person if they can do it themselves.

Care records contained a lot of detail, such as a decision making profile, which contained information on how the person made a decision and how best for staff to support them with this decision. The best way to present choices and the best way to help the person understand. One person suffered from Bipolar disorder.

We saw their care plan detailed signs and symptoms and how to support the person during a manic or depressive episode. Staff we spoke with clearly understood how to support this person, one staff member said, "If they are depressed and in bed, we chat to them about something nice that has happened recently like an activity, we never just leave them."

We could see people had been involved in planning their care, however some people had declined to do so. Relatives we spoke with said, "Yes I always used to be involved, I am not well enough now." and "Yes I am involved."

People told us they had access to a wide range of activities they enjoyed doing. One person said, "I enjoy going to Portsmouth Dockyards and Capital FM." The registered manager explained that this person had recently had a radio slot which they really enjoyed, it had come to an end and they were trying to source another one. Another person said, "I enjoy cookery, I go to the zoo and I go to the theatre quite a lot, I am making Christmas cakes this week." Another person told us, "I like going to Winchester Cathedral and going to the shop for goodies." This person was very much into eighties music and eighties television and chatted for a while with us about their favourites.

On the day of inspection two people who used the service went to Keydown Nurseries for Christmas lunch, one person chose to wear a Christmas jumper and was looking forward to the event.

Relatives we spoke with said, "There is a lot going on, [relative's name] loves colouring and playing with Lego, [staff member's name] taught them how to make a rug it was lovely." and "He has a lot going on, he goes shopping, can have a holiday if he wants one and they will pick him up and drive him home for Christmas." Another relative said, "She has a better social life than I do, she goes to college, horse-riding, music club and down to the beach in the summer."

Staff we spoke with said, "We go with the people to the cinema, the pub, cookery lessons, music and movement, arts and crafts, theatre trips, anything they want to do we do, such as shopping. We also have people from another service who come over and we play bingo." Another staff member said, "We go to the theatre a lot, [person's name] goes to the pub in the community and we get together with another service and have a Christmas party."

Staff explained how they offer people choice. One staff member we spoke with said, "We give people choice by asking them what they want, or have meetings to ask them, we never offer too many choices at once though." We were told and saw evidence in care plans that too many choices can overwhelm some of the people that used the service.

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies' people could complain to if they were dissatisfied with the service's response. No complaints had been received since our last inspection.

We asked people and their relatives if they know how to make a complaint and if they had ever had to. People who used the service all said, no. Relatives we spoke with said, "I know how to make a complaint but I have never had to, it is lovely, they [staff] are lovely to [relatives name] and to me they make me feel so welcome." and "I know how to complain but I have never made one."

Is the service well-led?

Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission (CQC) since 2007.

The registered manager said, "We are passionate about care and the people we support, we provide support that is respectful, promotes independence, is personalised and supports the person to reach their full potential."

One staff member said, "The values of the service are to promote independence and fulfil life choices."

An external healthcare professional said, "In my experience this is a well led service. I see many residential placements for people with learning disabilities in my role and I hold Rivers Reach in high regards."

We asked people what they thought of the registered manager. People we spoke with said, "The manager is cool, I love her." and "She is very approachable, I get on well with her, she is quite understand and caring." Relatives we spoke with said, "She is lovely as she helps me if I have got a problem and she rings me." and "[Manager's name] is lovely, staff are beautiful, if I needed to go there, they would come and get me as I don't drive."

We asked staff what they thought of the registered manager. Staff we spoke with said, "She is very approachable, she is not always in her office she is with the people we support, she is very hands on." and "She is a good leader."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analyses. The registered manager also carried out a monthly audit of the service, reviewing people's recorded weights, dependency levels and staff training. The audits were used to pro-actively monitor any impending deadlines such as training needs, healthcare appointments and safety certificates.

Feedback was sought from people, their relatives and external professionals through annual questionnaires. We saw five people, three relatives and two external professionals responded to the 2016 questionnaire. The feedback from all three groups was positive. Comments included, 'My relative is very happy which gives me piece of mind' 'Staff are very helpful' and 'The care and support is outstanding. One person who used the service had said they would like a holiday. This had been arranged and a trip to Torquay was planned. An external professional had wrote, 'A warm and welcoming environment, I always enjoy popping in for a coffee, nothing is ever a problem.'

People who used the service, their relatives and staff told us the culture of the service was good. One person

who used the service said, "One good thing is this is the best place I have ever lived." Relatives we spoke with said, "It is very open and honest, I don't worry about my relative." and "They [staff] are all honest people, I am a very protective mother and I have no worries." One staff member said, "It is open and honest, the managers are down to earth, I don't feel like a number I feel like a person."

Meetings took place on a monthly basis for staff and people who used the service. For the people who used the service the topics of discussion were activities, personal items, bedrooms, key worker issues and wellbeing. One person wanted to continue to go to the library for talking books, another person wanted new bedroom furniture and they were asked which pantomime they wanted to go to at Christmas. We saw actions plans had highlighted people's requests and dates for when these would be completed were added. For staff meetings the topics discussed were people they supported, values, ideas, health and safety and training. At the end of each staff meeting the registered manager had introduced a knowledge test with questions such as when is a DoLS required, what are the six rights of medication and where can PEEPs be found. The registered manager said, "The quizzes at team meetings, enhance and refresh the knowledge of the staff team."

We asked the registered manager what links they had with the local community. We were told the service had good links with the local pub, the local GP and Fernham Hall which is a local theatre who provided concessions on theatre tickets. One person enjoyed attending the local pottery lounge. The registered manager was in the process of sourcing new experiences for the people they supported such as animal therapy.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked people and their relatives what was the best thing about living at Rivers Reach and what could be improved. One person we spoke with said, "The best thing is we are safe and well looked after." Another person said, "All the people who live here make it a good service." One person said the only improvement that could be made was "A trip to Africa." We passed this comment onto the registered manager.

Relatives we spoke with said, "Everything they do is brilliant." and "They are just brilliant, what [relative's name] has been through all their life and they have now ended up with [registered managers name] and the care team, they are truly happy. If I die I know he will be happy and I know he is truly loved and they all have patience." Neither relative could think of any improvements that were needed.