

Partnerships in Care 1 Limited

Riverbank

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Riverbank is a care home providing personal care for up to 24 people with complex mental health needs. The service also provides 12 independent flats attached to the service where people are supported by staff. At the time of our inspection there were 22 people receiving a service and a further 11 people living in the supported flats.

People's experience of using this service:

We received positive views from people using the service, people told us they were well supported by the staff and managers. Staff we spoke with were enthusiastic about their work and felt well supported and valued by the management. We observed people and staff had developed good and caring relationships built on trust and mutual respect.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed, and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed.

The building was adapted to meet people's needs and people had access to outside space.

People could be confident that any concerns or complaints they raised would be dealt with. The registered manager was promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Riverbank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on both days of the inspection.

Service and service type

Riverbank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced on the first day of the inspection and announced on the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the regional manager, the registered manager, two registered nurses, the health and safety lead, a senior support worker and a support worker. We spoke with a visiting social care professional and three people using the service. We also handed out brief questionnaires to people using the service and staff, thirteen of these were completed and returned on the first day of inspection.

We looked at three people's care records in full. We also looked at two people's medication administration records and a selection of documentation about the management and running of the service. We reviewed recruitment information for three members of staff, staff training records, policies and procedures and records of complaints.

After the inspection
We looked at staffing rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe in the service and they were listened to. One person told us, "Yes, I can honestly say I feel safe here. This hasn't always been the case in other services."
- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager liaised with the local authority if necessary. Any incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff were recruited safely; appropriate checks were carried out to protect people. There were enough staff available to meet people's needs. Staffing levels were based on people's assessed needs and kept under review.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff encouraged people to be involved as much as possible in developing their individual risk assessments and support plans. People told us staff encouraged them to do things independently and were very helpful.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. Trends and patterns were monitored and used for learning purposes. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents or safeguarding issues were discussed within the team, so that learning took place. For example, reflecting on the causes of any medicines recording errors.

Using medicines safely

- Staff received, stored, administered and disposed of medicines safely. The registered manager and staff were aware of the health campaign to stop the over use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews.
- People were assessed and supported to manage their medicines independently where possible. People were aware of what medicines they were taking, and staff were supporting them to maximise their independence in this area.
- Staff received training in the safe administration of medicines and their competency was assessed. Records were maintained, and regular medicine audits took place to check that stock levels and records

were accurate.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The provider and registered manager carried out checks and audits as part of the monitoring of the safety of the service, which included infection prevention and control measures. Any identified actions were addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Staff told us they could access additional training based on their skills or interests.
- Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.
- People told us that when new staff started, they were shown around and introduced to people living at the home. They said they found the staff to be positive and that they had formed good relationships with them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- A comprehensive pre-admission assessment before anyone came to stay at Riverbank, to ensure the service could meet their needs.
- The person, their family and professionals involved were part of the assessment process. People confirmed that staff worked with them and supported them to transition at their own pace, offering short stays before moving in.
- Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded.
- The provider promoted equality and diversity in the service through their policies and staff training.
- The service provided a homely environment which met the needs of people. People were involved in making decisions about their environment including wallpaper and paint colours.
- Adaptations had been made to meet people's needs, including bathroom adaptations and improving garden areas.

Supporting people to eat and drink enough to maintain a balanced diet

- People' nutritional needs were assessed, and professional advice and support was obtained when required.
- People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. People confirmed that staff encouraged them to be as independent as possible with buying, preparing and cooking their food, while supporting those that needed or requested it.
- People were protected from the risk of poor nutrition and dehydration and staff had knowledge of people's likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- People had an annual health check and accessed regular medication reviews. People told us that staff were quick to respond if people were unwell.
- Where hospital admissions were detrimental to people's well-being, staff worked with healthcare professionals to ensure alternative healthcare could be provided for people at home.
- Records showed any health concerns were addressed and referrals sought from appropriate professionals when needed. Professionals told us, "(Name of registered manager) is great, she is doing a great job and she is straight onto the phone to us with any changes in people's health needs and takes our lead."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No-one currently living at the home was under DoLS. The registered manager was aware of when and how to make an application and discussed any possible issues with staff in supervision meetings.
- Any restrictions on people's activities under the Mental Health Act (MHA) 1983 were recorded in their support plans and staff were aware of the reasons and the support guidance. Staff had been trained and demonstrated understanding of the principles of the MHA, MCA and the associated DoLS.
- People were asked for their consent to share information with other agencies.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The positive effects of a caring environment were clear from the feedback. One person told us the atmosphere was good and they had a good rapport with staff and other residents. Another person told us, "I feel the staff do actually care and are interested in me, I've never experienced that before." People told us that when new staff started, they were shown around and introduced to people living at the home. They said they found the staff to be positive and that they had formed good relationships with them.
- We observed positive interactions between staff and people living at the home. When staff were approached by a person, they stopped what they were doing and listened to them. People and staff were sat together at various times talking with each other. There was a warm, supportive and inclusive atmosphere in the home.
- People were treated with kindness. People's views about staff were positive. One commented, "Sometimes it takes a while to build up the courage to approach staff with an issue that is on your mind. Here when you ask the manager if you can talk to them, they make themselves available straight away. This approach has made all the difference to my recovery."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. People confirmed they had regular meetings with their key workers to agree and review goals and update their support plans. They said the staff were supportive and encouraged them to make their own decisions. Individual goals included working towards moving on to more independent living arrangements.
- Formal reviews were also held with the involvement of the person, their representatives, staff and external professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff provided multiple examples where impact on people's dignity had been considered, for example, ensuring a female only workforce for one person.
- Staff understood the importance of maintaining people's privacy and dignity.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including personal care.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were comprehensive and contained details of people's mental health relapse indicators and crisis contingency plans. These helped to ensure a consistent approach from the staff team.
- People were involved in developing their support plans. For example, in describing the things, symptoms or events that may indicate or trigger a personal crisis. Health professionals confirmed people's involvement in the development of support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community including local adult education courses, visiting shopping centres, and social clubs.
- Staff facilitated meeting friends and family in the community to maintain relationships. People were also encouraged to invite family and friends to visit them at home.
- People told us they were encouraged and supported to take part in activities in order to socialise and build on their living skills and independence. A variety of activities were available and people were encouraged to highlight the activities and days out that they would like and staff would then facilitate the activity.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Each person had their communication needs assessed and documented as part of their care and support plan.
- information was provided to people in a way people could understand.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made, they were responded to inline with company policy.
- People knew how to provide feedback about their experiences of the care being provided. One person

told us, "I have never had the need to make a complaint. We are constantly asked what we think, through surveys, planned time with our keyworker, house meetings, we are even asked our opinions of staff who are being interviewed and we can ask them about things that are important to us."

End of life care and support

- Staff respected people's religious beliefs and preferences at the end of life.
- The registered manager described the process they would follow should anyone require end of life care and the relevant healthcare professionals to support this process to enable people to remain at the service during this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The culture of the service was open, honest and caring. The registered manager acted promptly to address any concerns.
- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured people were safe and treated with respect.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. People told us the registered manager always made time for them and items raised at residents' meetings were addressed quickly.
- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. Staff and the registered manager involved people and their relatives in discussions about their care.
- Staff told us they felt listened to and that the registered manager was approachable and visible. They said they worked as a team to provide person centred care and felt valued.
- Staff meetings were planned and well attended.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

