

# Voyage 1 Limited

# Rivers Reach

## Inspection report

Fontley Road  
Titchfield  
Fareham  
Hampshire  
PO15 6QX

Tel: 01329842759  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
08 July 2019

Date of publication:  
02 August 2019

## 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

Rivers Reach is a care home. Rivers Reach is registered to provide accommodation and personal care for up to five people and predominantly supports people living with a learning disability and mental health needs. At the time of the inspection there were three people living at the service.

The care provider is a national care organisation with locations of care homes across England.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. People were actively supported to participate in activities of daily living.

People told us they were happy living at Rivers Reach and felt supported to live their lives. One person told us, "I love living here, it is the best."

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. The staff team were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

People were cared for in a way that respected their privacy, dignity and promoted their independence. Staff supported people to access the community for social opportunities and voluntary employment.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. There was regular involvement by families and relatives and external services.

People received the support of external health and social care professionals when required and the service worked in partnership with external professionals, acting on guidance and advice where needed.

Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs

were met. Staff knew how to keep people safe from harm.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff had received appropriate training and support to enable them to carry out their role safely.

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

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 18 January 2017). At this inspection the service remains Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rivers Reach on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 responsive findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our responsive findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our responsive 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 responsive findings below.

# Rivers Reach

## Detailed findings

### Background to this inspection

#### The 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 conducted by one inspector.

#### Service and service type

Rivers Reach 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was not able to be present on the day of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included three people's care records and their medication records. We looked at a variety of records relating to the management of the service, including records of accidents and incidents, audits of the service and staff training records.

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff and the provider's representative.

Following the inspection

We sought feedback from professionals who work with the service and we gathered information from three relatives of people living at the service.

The registered manager was not present during the inspection. Therefore, we spoke to them on the telephone following the inspection and gathered further information about the management of the service.

We looked at records relating to the management of the service including audits, staff supervision, appraisals and further care records.

The provider was not asked to complete a provider information return prior to this 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. We took this into account when we inspected the service and made the judgements in this report. However, we did use some of the information the provider had previously sent us in a provider information return.

# 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

- People and their families told us they thought the service kept people safe. One person said, "Yes, I am safe here." A relative told us, "I feel [person's name] is safe, they [staff] do a good job."
- Staff had received training in safeguarding and understood how to keep people safe from abuse or harm. We observed information displayed in the main office, about what staff should do if they suspected abuse and who to report to. Staff told us they knew people well and would immediately report any concerns to the registered manager or outside of the service, if they needed to. One staff member said, "I would make sure the person is safe, then report any concerns straight away."
- Staff understood how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour and took action to ensure they received the appropriate support.
- The provider had robust processes and policies in place for investigating and reporting safeguarding incidents. Although there had been no recent concerns, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff had a good knowledge of individual risks to people and followed guidance to ensure risks were managed safely. For example, one person was at risk of choking. Support and advice had been sought from external healthcare professionals and detailed guidance was recorded within the person's care plan. We observed staff supporting the person to manage this risk by eating a soft diet and being supervised by staff when they were eating or drinking. This meant that the likelihood of harm was reduced. A staff member said, "We remind [person's name] to eat slowly and make sure we are with them whenever they eat or drink."
- Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as clearing the table, preparing snacks and making drinks.
- Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were sufficient staff available to meet people's needs, keep them safe and support them with their

activities. Staffing levels were based on the individual needs of the people living at the service. One staff member told us, "We have enough staff on each shift and if more people move in, there will be more staff available. The [registered] manager also helps out when we need it."

- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

#### Using medicines safely

- People continued to receive their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.
- People were supported by staff who were trained to administer medicines and their competency to do so was reviewed as and when needed, with a minimum occurrence of yearly.
- Staff carried out daily audits to ensure all medicines had been administered correctly and full audits were completed monthly. This helped ensure that medicine errors did not occur, and medicines were available to people and being provided as prescribed.
- Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

#### Preventing and controlling infection

- Staff had received infection control training and completed daily cleaning tasks to maintain cleanliness throughout the service.
- People were safely supported by staff to be involved in cleaning tasks where possible, as part of the providers 'active support' programme.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons were available.
- The provider had an infection control policy, and the registered manager reviewed the systems in place and updated guidance for staff when there were changes to legislation and best practice.

#### Learning lessons when things go wrong

- Records of any accidents or incidents that had taken place in the home were recorded, including what action was taken at the time or to prevent future risk. For example, following a recent incident a person's care plan had been updated and included specific guidance on how staff should support the person, to reduce the likelihood of a recurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.



# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
- People's care plans were detailed and expected outcomes were identified and their care and support regularly reviewed. For example, one person had recently had a change in their health. Their care plan had been updated to reflect their changing needs and had involved the person in decisions about how they wished to be supported.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included people's needs in relation to their culture, religion, diet and gender preferences for staff support.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, there was information in each person's care plan about their specific diagnosed conditions. This gave staff the signs to look out for and guidance on how they could best support the person and what action to take.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which followed the provider's induction programme. They worked alongside more experienced staff until they felt confident and were assessed by the registered manager, before they could work directly with people. One staff member told us, "My induction was really good, and I was given lots of time to learn and get to know people." In addition, staff new to care completed the Care Certificate, which is a set of national standards social care workers are expected to adhere to.
- People were looked after by staff who were supported and supervised to give effective care. Formal supervision took place with their manager every three months, and records showed this was happening. Supervisions were face to face and the registered manager also told us they completed observations of staff practice, ensuring they were adhering to the values of the service.
- Training records showed staff had received training that was relevant to their role and enhanced their skills. Training staff had completed included; mental capacity awareness; medicines management, safeguarding, equality and diversity and moving and handling. The registered manager also actively sought specific training in relation to people's individual needs. For example, they had recently arranged training about a specific health condition to be delivered in the service, following a person's changing health needs.

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

- People could access food and drink when they wanted to and were supported by staff who had received food hygiene training. The service used a weekly menu and the content of this was discussed at resident's

meetings. One person told us, "The food is lovely, they do meals I like."

- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, one person required a specific diet to maintain good health and wellbeing. Staff actively supported them to understand the foods that could pose a risk to them and helped them to make healthy choices where possible.
- People's food intake and their weight was monitored. Staff recorded what people had eaten each day in their daily notes. Where changes were identified, staff worked with people to help them to understand any long-term health risks and make healthier choices.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by professionals. For example, when a person had required support from a specialist nurse, staff worked alongside them and undertook additional training, so they could meet the person's needs.
- People had health care plans which contained essential information in the form of a 'health passport'. These included information about people's general health, mental health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service, and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs

- The service was clean and decorated in calm and homely colours. People could move around freely. There was a large dining room/lounge with patio doors, which led onto an accessible garden and a second lounge for people to use.
- People's rooms were personalised and reflected their personal interests and preferences.
- Where people's needs had changed, the home was adapted to meet their needs. For example, one person's changing needs meant they needed a larger more accessible bedroom. It was promptly arranged so they moved to an alternative bedroom that would meet their needs better.

Supporting people to live healthier lives, access healthcare services and support

- People's individual needs were considered, and where possible, they were actively involved in seeking medical support when required. For example, one person was able to contact healthcare professionals themselves and arrange and cancel appointments. Staff supported them to understand the reasons they may need healthcare support and assisted them to manage this.
- The registered manager told us that people living at the service were supported to have an annual health check with their GP. This was in line with best practice recommendations for people with a learning disability.
- Staff knew people well and were able to work together with healthcare professionals to ensure holistic needs were considered. For example, one person had significant anxieties about attending healthcare support in clinics or hospitals. The registered manager had requested that a specialist nurse visit the person at the service instead. This demonstrated that support was arranged promptly and considered each person's individual needs. An external healthcare professional told us, "The staff team and [registered] manager contact us for support and advice when needed and listen and act on the advice we give them, which has a positive impact on the people living at Rivers Reach."
- The registered manager confirmed that people were supported to see a dentist regularly and they had CQC's latest information about 'smiles matter' on the wall in the office. Staff were working with an external learning disability nurse to support one person to attend dental appointments as they were fearful of them. The person's care plan identified how staff were supporting them to desensitise their fears about the hospital dental unit, by taking them to visit and familiarising them with the environment prior to any

appointment.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Care plans were developed with people, and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care. One staff member said, "We involve people in every decision and we build up bonds with them, so we know them well and can work with them to achieve what they want."
- Decisions were made in people's best interests, and any meetings and outcomes were recorded. For example, one person had recently had a best interest decision made about health treatment they required. Although the person lacked capacity to consent, records demonstrated that the registered manager and staff had involved and supported them to understand and be involved as much as possible.
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed.

# 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 provider had an equality policy which was displayed in the home to remind people and staff of the protected characteristics. In addition, staff were reminded of these and had discussions during their individual supervisions and at team meetings. The registered manager told us that staff worked in a non-discriminatory way, to ensure people were treated fairly and equally.
- Information about people's life history and preferences was recorded, which staff used to build positive relationships. Staff promoted care that was tailored to the individual, taking into account their preferences. A staff member said, "I love that every day is different, and we adapt what we do depending on what people want."
- Our observations of staff demonstrated that they were kind, respectful and listened to people. An external professional told us, "The staff are really caring, and they have people's best interests at the heart of everything they do, they are brilliant."
- People were relaxed in the company of the staff and enjoyed the interactions they had. Comments from people included, "Staff are kind, they help me" and "Yes they [staff] are cool."
- People were engaged and had a sense of purpose to their lives. The provider had an 'active support' programme that meant staff had to consider how they could involve people in the activities of daily living in the home. For example, we saw that people were encouraged to take their food to the dining table themselves and to clear their plates after they had eaten. We observed this to be a positive experience for people and there was gentle humour and banter used between people and staff. For example, one person was reminded to take their empty plate to the kitchen by staff. They laughed and said, "In a minute, I'm just sitting for bit longer first."
- Relatives were very complimentary about the care and support that was in place and the opportunities people had to live full lives. Comments included, "[Person's name] is so happy there, the staff are brilliant" and "I don't have to worry, I know they are so well cared for."

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

- The provider's ethos was to encourage and involve people in every aspect of their lives. This was achieved by involving people in domestic chores and decisions about how they wanted to spend their day, using verbal prompts and giving people lots of encouragement. We observed that staff consistently involved people in decisions about their care and asked them what they would like to do.
- Staff spoke to people with respect, giving people time to process information so that they were able to make decisions.
- People were supported to maintain and develop relationships with those close to them. One relative said,

"Staff are really good at making sure I see [person's name], they bring them over to my house, so we can have time together." Records showed family members had been updated when changes in people's needs were identified.

- People were regularly involved in meetings to discuss their views and make decisions about the care provided and we saw records that confirmed this.

#### Respecting and promoting people's privacy, dignity and independence

- The service had been developed and was in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People were supported by staff to be fully involved in their own lives and to access the community when they wished to.
- People were placed at the centre of the service and were consulted on every level. Empowerment, respect and working together was integral to the service's culture and values. It was embedded in everything that the staff did. People and staff were respected, listened to, and their views sought. An external healthcare professional told us, 'Staff interactions are caring, kind and supportive in encouraging engagement and independence.'
- People had keyworkers, who were key members of staff allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members and to access activities that the person may enjoy.
- People's care plans provided information for staff about what people could do for themselves and where additional support may be required.
- People's confidential information was stored securely.
- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms.

# 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 care plans were person centred and people, their families and external professionals, where relevant, were involved in regular reviews of their care and support. One external healthcare professional told us, "The staff are very person centred and work really well with the people they care for."
- Things that were important to people was clearly recorded and staff were knowledgeable about people's preferences. For example, people's care plans contained a brightly coloured document titled 'this is me'. The format of this was accessible to people, with important information that was specific to that person. One person's contained information such as; 'I like watching comedy films', 'I do not like being rushed' and 'people say I am friendly and caring.' This information demonstrated that the registered manager and staff had spent time getting to know people and had gathered information from their families, to ensure they captured the essence of each person.
- In addition, people's care plans provided staff with clear guidance about their assessed needs, whilst also describing what the person could do for themselves. These included people's personal care needs, nutritional support and social interests. For example, one person's care plan said, 'For breakfast I usually have cereal, which I can prepare myself. If I want porridge I need staff to support me to check it is cooked correctly.'
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.

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 had information presented in a way they found accessible and in a format they could easily understand. For example, there were pictures, symbols and photos used to assist people to be involved in their care planning and decisions.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

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

- People had 'relationship maps' within their care plans, which identified people they cared about. This

demonstrated that the service understood the value of relationships and supported people to maintain contact with those important to them.

- Relatives of people told us that the staff arranged visits and were very supportive and adapted to changes in people's needs, whilst ensuring contact was maintained. For example, one relative told us that as they are now unable to visit the service easily, staff support their relative to visit them at their home.
- Each person had an activity plan in place that was based on how they liked to spend their time. However, one person had actively chosen not to have a set plan but preferred to decide each day what they would like to do. They often preferred to stay at home and have one to one time with staff. This was respected by staff, but they asked the person and gave them opportunities to join activities in the community, when they wanted to. Another person enjoyed going out and do arts and craft at a local facility. The registered manager told us that they continually explored opportunities for people in the local community and also linked in with some of the provider's other services to join them for special activity days, which they called 'growing together.'
- Activities were also provided within the home. These included visits by animals such as ponies and small animals and a theatre group who visited to do an interactive workshop with people. The registered manager told us, "I continually review and assess all our current activities, while sourcing new activities for people to provide new life experiences."
- People were supported to have employment opportunities where possible. One person had been supported to explore their wish to do some voluntary work with animals. They told us, "I'm waiting for a call from an animal charity to do cat petting or other volunteer work with them." In addition, the provider had a scheme that enabled people living in their services to be part of a quality review team. One person had recently been accepted and was due to go out with the provider's local area operations manager, to complete an audit of one of the provider's other services.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection.
- There was a complaints policy in place, with a pictorial version in place to support people to raise any concerns they may have.

End of life care and support

- At the time of the inspection, nobody living at the service was receiving end of life care. One person had an end of life care plan, which identified any end of life wishes, including considerations to cultural and religious preferences.
- The registered manager told us that although other people did not yet have this information captured, this was being planned and would be approached sensitively at the right time for each person.
- The registered manager told us that they would continue to work closely with external healthcare professionals to provide people with the care they required at the end of their life.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had clear values which they shared with all staff and the registered manager. These included; putting people first, encouraging people to reach their full potential and respecting people's choices. Our observations demonstrated that these values were embedded in the culture of the service and were adhered to by staff.
- The registered manager and staff demonstrated a commitment to provide person-centred, care by engaging with everyone using the service, their families and external professionals. An external professional told us, "I only have praise for the staff team at Rivers Reach, what I have witnessed is high quality care." Another external healthcare professional said, "The [registered] manager is always available and responsive to email and telephone call, informed and compassionate, and always has the resident's best interests at heart."
- People and their families told us that the service was well run. One person, when asked if they thought the registered manager was supportive told us, "Yes, they are." Comments from family members included; "I love the [registered] manager, they are so good at what they do" and "The [registered] manager is great, they always tell me what is happening."
- Staff clearly cared about the people they supported and took pride in their work. We observed a relaxed and positive environment that ensured people were listened to and received the support they needed.
- Staff communication in the service was good and they felt supported. A staff member said, "Everyone pulls together here, we support each other, and it really makes a difference, it's such a great place to work."

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities to notify CQC about incidents, safeguarding concerns and events that were required.
- People and staff told us that they felt able to raise any concerns with the registered manager. A staff member said, "If I was concerned about anything, I know I could speak to them [registered manager] and something would get done." A person told us, "I am very happy but if I wasn't I would speak to the [registered] manager."

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



- There was a clear management and staffing structure. Everyone was clear about their role and those of others. The registered manager was supported by an operations manager who had responsibility for the oversight of the provider's services within the area.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and recruitment.
- The previous performance rating was displayed in the entrance hallway of the home.
- A business continuity plan was in place and staff understood risk and how to act in the event of an emergency.
- The provider had standards in place that promoted good quality care. There was an internal performance and quality monitoring system in place which looked at how the service met care regulations and addressed any risks. In addition, the registered manager told us that they carried out audits of the provider's other services and other registered managers completed an audit for Rivers Reach, every three months.
- Health and safety checks were carried out regularly to ensure the environment was safe for people to live in. For example, water temperatures, window safety and fire tests were completed as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be part of their local community and we were told local activity centres, cafes and shops were regularly visited by people. Two people used a local hair salon, and another enjoyed going to local radio stations.
- People's feedback about their care, the service and what they wanted was sought through day to day support from staff and through regular meetings. People were listened to and actions were taken to follow those wishes.
- In addition, the provider sought feedback from people, their families and representatives, external professionals and staff through an annual quality assurance process. Feedback was analysed, and any wishes or suggestions reviewed and considered by the registered manager.
- Staff meetings took place and staff shared feedback and concerns. In addition, the registered manager arranged staff quizzes to test their knowledge and support their learning and development. Staff felt listened too and were confident the management would act if they raised any issues.
- When new staff were being interviewed to work in the service, people were involved in meeting them and their views were taken into consideration. This meant that people had a say in who was supporting them in their own home.

Continuous learning and improving care

- The provider used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed on an electronic data management system and action taken where needed.
- The provider produced a weekly newsletter that was distributed to staff. The newsletter kept them up to date on any changes in policies and procedures and best practice guidance. It also updated them on any changes within the service.
- The registered manager told us they actively sourced additional training from outside organisations and attended conferences to enable the service to improve care practices and to aid staff personal development. Staff confirmed they had received specialist training when people's needs had changed, and this had supported them to feel confident and competent.
- The registered manager kept up to date with any changes to best practice by signing up to email alerts from nationally recognised organisations, such as medicines and healthcare products regulatory agency (MHRA), the health and safety executive (HSE), and CQC. They had also recently been part of a local area initiative with the local authority and the NHS clinical commissioning group, to develop a publication that

would improve practice for mental capacity practitioners. This meant that the registered manager was proactive at ensuring they accessed new information to continue to drive improvements. They said, "I always try to keep myself informed."

#### Working in partnership with others

- The staff team worked well with external professionals to meet the needs of people living at the service. The registered manager told us they had a good working relationship with the local healthcare clinic and had regular contact with the community nursing teams.
- Support from external health and social care professionals was promptly sought when needed. There was evidence of strong relationships with specialist healthcare professionals. One external specialist healthcare professional told us, "The staff always contact us when needed and we have recently worked together to support someone whose needs had changed. Their quick action has meant a positive outcome for the person."