Partnerships in Care 1 Limited

Riverbank

Inspection report

2A Park Road
Hull
North Humberside
HU3 1TH

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

Date of inspection visit:
14 June 2016
15 June 2016

Date of publication:
25 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Riverbank is situated within a residential area, close to local amenities and is within walking distance of public transport into Hull city centre. Riverbank provides accommodation and rehabilitation to people with complex mental health needs; there is also a supported living service managed from the location. There are 24 bedrooms within Riverbank; 12 en-suite rooms providing high level support and 12 apartments with en-suite and kitchen facilities to promote independence. The supported living service provides support to people who reside as tenants in 12 independent flats attached to Riverbank.

The service had a registered manager in post as required by a condition of registration. 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. Since the last inspection there had been a change in registered provider.

We undertook this unannounced inspection on the 14 and 15 June 2016. At the time of the inspection there were a total of 15 people living in Riverbank and one person receiving respite care. There were seven people occupying the supported living flats. At the last inspection on 13 April 2014, the registered provider was compliant with all areas assessed.

We found people did not always have full risk management plans regarding changing behaviours that could put them, the service and others at risk. This meant staff did not always have clear guidance in how to support people in crisis situations which could pose a risk to all involved. However, the process of upgrading the risk assessments had started. There was no full debriefing for staff following incidents so lessons could be learned. You can see what action we have asked the registered provider to take at the back of the full version of the report.

We found gaps in essential training and also in the mental health conditions which affected the people who used the service. There was a significant training gap in how staff were to manage conflict and aggression; given the number of incidents which had occurred in the service, this was very important. The registered manager had booked the training on two occasions but it had been cancelled by the training provider. We also saw staff had not received any personal development reviews in 2015 and 2016 so far, due to a change in registered provider. You can see what action we have asked the registered provider to take at the back of the full version of the report.

As a part of registration requirements, the registered provider must send notifications to the Care Quality Commission of incidents which affect the safety and welfare of people who use the service. We found this had not happened on a number of occasions which meant we were unaware of the incidents and did not have full information on some. When we receive notifications, it gives us the opportunity to check out how these are being managed. In this instance, we will write to the registered provider reminding them this is a breach of regulation and stressing the importance of sending these notifications.

Five days after the inspection, the registered manager sent us an interim action plan to address these shortfalls. This was a quick and positive initial response to the concerns.

We saw people received care that was person-centred. However, some assessments could be more detailed and recovery plan actions less standardised. There was some focus on rehabilitation but this could be improved to enable people to move on to independent living in a more timely way.

There were procedures to guide staff in how to safeguard people from the risk of abuse. Some staff were very familiar with these and had completed safeguarding training. Others required more training input which the registered manager was quick to arrange.

We found staff were recruited safely and in sufficient numbers to support people who used the service. Staff spoke to people in a kind and patient way. They respected people's right to privacy, involved them in writing care recovery plans and supported them to be as independent as possible.

We found staff gained consent for care tasks, supported people to make their own choices and decisions about their lifestyle and offered encouragement and guidance when required. People had the capacity to make day to day decisions, although two people required support to help with budgeting and one person with the management of their cigarette use to ensure this was spread out throughout the day. The registered manager told us assessments of capacity and best interest documentation had been completed by other social care professionals regarding these issues. The registered manager was to ensure copies of the documentation were obtained for the care files of people this referred to.

Staff supported people to access community health services to help maintain their physical and mental health, to attend appointments and to receive emergency treatment when required. People received their medicines as prescribed. There were good systems in place to store medicines and record them when they were received into the service and when administered to people. The ordering of medicine required review in some instances as we found there was significant wastage of medication prescribed 'when required'. If this medication was not needed it was disposed of each month rather than carried forward to the next month and the new month's supply cancelled.

People's nutritional needs were met. The menus provided people with choices and alternatives and they were consistent with younger people's needs. People told us they had enough to eat and drink and could receive snacks outside of usual meal times.

People were supported to access facilities in the community for education, work and leisure. Staff supported people to participate in activities within the service and to help them form friendships with each other.

We saw the premises were safe, clean and tidy. Equipment used in the service was maintained and the environment was suitable for people's needs.

The culture of the service and organisation was inclusive, open and supportive. There was a system in place to monitor the quality of the service which included audits, meetings, surveys and complaints management. People felt able to complain in the belief it would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always protected from harm because risk management plans had not been completed fully or lacked detailed information to guide staff in how to minimise risk.

Some staff had received safeguarding training but others lacked knowledge about how to recognise the signs and what would constitute abuse. Training is being organised to address this.

Staff were recruited safely and were deployed in sufficient numbers to support people.

People received their medicines as prescribed. An issue of unused medicines being wasted rather than carrying forward to the next month was to be reviewed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There were gaps in essential training and those specific to the needs of people who used the service which meant staff did not have the full range of knowledge and skills required to support people safely.

People were able to make their own day to day choices and decisions. Staff were aware of best practice when working within the mental capacity legislation. Documentation to evidence decision-making for three people needs to be obtained from local authority assessors.

People's nutritional needs were met and they were provided with a varied diet which gave them choices and alternatives.

Staff supported people to access community health care services to maintain their physical health. They helped to monitor people's mental health needs and liaised with appropriate professionals for advice and treatment when required.

Is the service caring?

Good

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with respect and dignity. Staff respected people's right to privacy.

People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was an inconsistency with people's assessments and recovery plans and more focus on rehabilitation was required to help move people on to more independent living. This meant important information was not included in some people's recovery plans and there was a risk staff would not have full guidance in how to support them in crisis situations.

Some people were supported to access education, employment and community facilities to help them rebuild links with society and to feel included.

There was a complaints process in place and on display. People felt able to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The Care Quality Commission had not been notified of a number of safeguarding incidents that had occurred in the service and affected or potentially affected the health and safety of people who lived there.

There was a quality monitoring system in place which consisted of audits and checks, and seeking people's views through meetings and surveys. We found some of the checks could have more action plans to demonstrate responsibility and timeliness of when they were to be addressed.

The culture of the organisation was open and staff felt able to raise concerns in the belief they would be addressed. Staff told us they felt very supported by the registered manager.

Riverbank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 June 2016 and was unannounced. The inspection team on the 14 June 2016 consisted of two adult social care inspectors and a special professional advisor (SPA) whose expertise was supporting people with needs in relation to mental health and substance misuse. On the 15 June 2016, one adult social care inspector returned to the service for three hours to obtain further information and to feedback the findings of the inspection to the registered manager.

The registered provider had completed 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. We used this information as part of the inspection process. We also checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with local authority contracts and commissioning teams about their views of the service. There were no concerns expressed by these agencies.

During the inspection, we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with four people who lived at Riverbank and three people who resided as tenants in the independent flats and received a supported living service from staff. We spoke with the registered manager, the deputy manager, the clinical lead, one registered mental health nurse, one team leader, a senior recovery support worker, two support workers, an administration worker, a domestic worker, maintenance personnel and a cook.

We looked at seven care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as seven medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people

were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

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

Requires Improvement

Is the service safe?

Our findings

Most people spoken with told us they felt safe living in the service and there was sufficient staff to support them to meet their needs. They said positive relationships had been developed with the staff team and they would make them aware of any concerns including when they felt vulnerable or exploited. One person told us he had previously made his keyworker aware when he felt vulnerable and said, "This was taken seriously and acted on." Other comments included, "I feel very safe, I know there are always staff around for me to talk to when I need someone", "There is a combination lock to get in [to the building] so I know no-one who shouldn't be here will be. I have an intercom so I can see who people are and if I don't want to let them in, then they can't get in", "There is always someone around", "You don't have to look far to find the staff", "There are enough staff" and "I don't have any problems with the number of staff."

One person who used the service told us a recent episode of prolonged challenging behaviour by another person had an impact on their feelings of safety. They said they, and other people who used the service, would avoid being in communal areas because of these behaviours and the risk of violence. We spoke with the deputy manager about this and were told this person had moved to alternative accommodation.

We had concerns about the inconsistency with how risk was managed within the service to enable staff to keep people safe. There had been incidents between people who used the service but detailed and up to date risk management plans were not in place or lacked sufficient guidance and actions for staff. We saw in the accident and incident records that one person had been involved in 32 incidents over an eight month period. Their behaviours had become commonplace and were seen as low risk and action had not been taken to address this in a timely way. Incidents recorded had included self-harm, physical assaults, threats of violence, intimidation, use of illicit substances, verbal abuse and damage to property. Although care and support plans had been reviewed in this period, there was no clear risk management plan updated following each incident to guide staff in how to support the person and manage the incidents in a safe and consistent way. This had placed other people who used the service at risk of harm. There was no full debriefing for staff following incidents so lessons could be learned. There was evidence the service had contacted other agencies for support during the incidents although this had not always been available for the staff.

Similarly, other people had the details of risks identified in a 'risk plan' but some of the 'action plans' designed by staff were a continuation of the assessment rather than guidance in how to minimise risk. We also noted risk areas had been identified in care plans, and when these were reviewed each month. For example, in one person's records it stated their mental health needs led to risky behaviour such as self-harming and taking overdoses of medicines. Records showed that on one recent occasion, the person stated they told staff they had kept some of their 'leave medication' provided to them when they were away from Riverbank; there was no risk management plan completed to address this for future leave away from Riverbank. Another person's records stated there was a risk of non-compliance with prescribed medicines which had an adverse effect on their mental health; the actions for staff were to discuss the benefits and disadvantages of non-compliance. There was no guidance for staff regarding continued non-compliance and how long this was to take place before discussion with health professionals. The same person had a risk of 'self-neglect' when their mental health deteriorated. However, the action for staff was to support them

with activities of daily living; there was no description of the signs the person presented of deteriorating mental health and how, and to what extent, they neglected themselves.

Not consistently assessing and managing risk was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

The service had policies and procedures to guide staff in how to safeguard people from the risk of abuse and harm. Some staff had received training, although there were some gaps in knowledge and actual training in this area. During discussions with some staff they were aware of how to recognise potential signs of abuse and understood what actions to take if they suspected abuse or poor care had taken place. One member of staff told us, "I would look for things like them being more quiet than usual, not wanting to be in certain areas, or trying to spend all their time with me; you know, not wanting to be alone." However, we found some staff's knowledge was limited and they were unable to give an example of a recent safeguarding issue or what would constitute a safeguarding alert. The deputy manager told us training records identified who had not yet completed training so it could be planned. The deputy manager told us they had contacted the local safeguarding team when incidents between people who used the service had occurred; however, the Care Quality Commission had not been notified.

We saw people received their medicines as prescribed. It was positive to note the service had supported some people to reduce the need for 'as required' medicines, prescribed to reduce their anxieties. People's medication administration records (MARs) were completed accurately without omission. Assessments had been completed in relation to people's abilities to self-medicate and people had signed to show they gave the staff permission to complete regular stock counts of their medicines to ensure they were being taken as prescribed. When people were assessed as able to self-medicate, they were provided with a lockable cabinet for the storage of medicines. Comments from people who used the service included, "I look after my own medicines, it's not something I could do before but they have helped me and come and check I'm doing it right but I do it myself." Another person told us, "I see the nurse for my medicines, there are too many and I can't remember when I should take them all."

We reviewed the arrangements in place for the safe ordering, storage, administration and disposal of medicines. The service had a dedicated room which contained two trolleys, a fridge and secure cupboards to store medicines. We saw records to confirm medicines were checked and signed for when they were delivered and when they were administered to people. The temperature of the room and fridge were recorded daily to ensure medicines were stored in line with the manufacturer's guidelines. We reviewed the stock levels of the medicines within the service and saw a large amount of medicines were disposed of each month; this referred to medicines mainly for use by people 'as required'. We spoke with a nurse about this who said, "We dispose of any medicines people refuse or any we have left at the end of the month." This meant that medicines were not being 'carried over' and there was a greater amount of wastage than required. We asked the clinical lead why this occurred and they said, "We were told not to hold too much stock and have been criticised for it in the past, so we dispose of anything we don't use." The registered provider's policy provided no clear guidance with regards to medicines being carried over to the following month or the cost implications of failing to do so. The registered manager told us they would review this system and address with nursing staff to prevent the waste of the medicines. We advised the registered manager to contact a local medicines management team for assistance with this issue.

We saw staff were recruited safely. Records showed us employment checks were carried out prior to new staff starting work in the service. These included an application form to establish the reason for any gaps in employment history, references and a disclosure and barring check to make sure candidates were not

excluded from working with potentially vulnerable people. Interviews were held to assess people's skills, knowledge and values.

There were sufficient staff on duty to meet the current needs of people who used the service. There was one nurse and three support workers during the day and one nurse and two support workers at night for Riverbank. The registered manager, deputy manager and clinical lead were on duty at Riverbank during the day Monday to Friday. The deputy manager told us they sometimes worked a weekend shift in lieu of a day off during the week. In addition to support workers, there was administration, domestic, catering and maintenance staff. There was one member of staff on duty each day between 8am and 10pm to cover any support required by people who lived in the independent flats attached to Riverbank. A social care professional said, "Consistent staff team with good retention from what I see."

The design and facilities within the premises considered the needs of the people who used the service and their safety. Access to the service was restricted. In the independent flats, visitors had to be let in but staff and people who used the service were provided with fobs. A member of staff told us, "The resident's fobs access all communal areas and the floor where their apartment is, the staff fobs open everything." The hobs in the kitchenettes in people's rooms were induction hobs; this meant they only gave off heat when an iron bottomed pan was being used. We found the service was clean and tidy and staff had access to personal, protective equipment to assist with good infection prevention and control. We noted a kitchenette on the top floor, used communally, had a toilet leading from it. The registered manager told us they would make the toilet inaccessible as there were additional toilets for use away from this area. Equipment used in the service was maintained and serviced regularly to ensure it was safe to use.

Requires Improvement

Is the service effective?

Our findings

People who used the service spoke about the effectiveness of Riverbank and all made positive comments. One person told us when they first arrived at the service, they had low self-esteem and lacked confidence but the staff team supported them to develop these areas. They said they were now more confident and were pursuing employment opportunities; they had been given the opportunity to work in the unit as a housekeeper. The person said, "Being here has helped me get my life back on track and it's because of the staff here."

We found the training record indicated gaps in essential training. For example, according to training information received during the inspection, 12 out of 28 staff had not completed safeguarding adults from abuse, 21 had not completed basic life support, 12 had not completed breakaway techniques and 19 had not completed conflict resolution. There was no identified training on alcohol and drug addiction and in the mental health conditions which affected the people who used the service and their rehabilitation. In discussions, we found some staff lacked a full understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; this training had been completed individually by staff on-line and had not been followed up with discussions or checks on their understanding. Given the number of incidents between people who used the service that had occurred in recent months, it was important staff had the required skills to support people safely. Staff were marked as exempt from some important training. For example, all support workers were exempt from completing safe handling of medicines training but it was possible there could be occasions when they would be required to act as a second signatory to the nurse.

Staff had not received appraisal in 2015 and 2016 so far. The deputy manager and clinical lead told us this was due to the transfer of registered provider and not having the correct documentation to record on. There had been other systems to embed within the organisation. They told us appraisals would be started in the near future. The appraisals were important for staff development and analysis of their training needs.

Not providing staff with the full range of essential training in order for them to support people safely was a breach of regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

The registered manager told us one of the qualified nurses had facilitated a mental health awareness session with some support staff but there was no record of this. They also said the qualified nurse had completed a diploma in training management, which enabled them to deliver training. However, the nurse was unable to locate their certificate to evidence this and told us they would contact previous educational establishments for a copy of their certificate.

Five days after the inspection, we received an action plan which detailed how the shortfalls in training were to be addressed. This was very positive and showed us the registered manager was responsive to our concerns.

Staff told us they had completed some training to enable them to meet the assessed needs of the people

who used the service. One member of staff said, "We do some training in a class room type environment and we do some on-line. The member of staff told us they liked the on-line training and could always ask the senior staff or the nurses if they had any questions about it. However, there was no formal discussion or competency check recorded following on-line training.

Staff confirmed they received regular supervision meetings and one to one support. One member of staff told us, "We get lots of support. When we have a supervision, which is every couple of months, we talk about what we do well, things we could improve on and if there is anything we are having problems with." We found the nurses received clinical supervision from the clinical lead, who was also a qualified nurse. However, the clinical lead had not had their own clinical supervision for quite a while. They told us this had been planned to take place at head office but staff changes had resulted in no-one being identified as yet to provide them with clinical supervision. This type of supervision was essential for qualified nurses in order for further development and also to support their continued registration as a nurse. The registered manager had completed regular supervision with the clinical lead. We also found staff did not have a team debrief following incidents which occurred in the service in order for learning to take place. The clinical lead told us they had devised a form for staff to complete and use as individual reflection following any incident. However, these were held with the individuals and the opportunity to use them as reflective practice for the team to look at what worked well and what could be improved did not take place.

New staff completed an induction which consisted of orientation to the service, on-line 'mandatory' training, shadowing more experienced staff and if required completion of the Care Certificate. A member of staff told us, "My induction was really good, I did a lot of training obviously and spent time observing how the more senior staff supported people." There was a probationary period for new staff with meetings at intervals to discuss progress.

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. We found most people in the service had full capacity and made their own decisions and choices about their lifestyle and support received.

There were two people who had been assessed by the local authority as being unable to manage their personal allowance and both had corporate appointees to oversee their finances. The documentation regarding these decisions were held with the local authority and the registered manager told us they would obtain copies of this for the people's care file to evidence decision-making and review. There was some contradictory information about one of these people's capacity regarding their understanding of how they spend their money. Following the inspection, the registered manager told us a social worker would visit them and review their capacity regarding financial management. There was one person recently admitted to the service for respite care and the registered manager was in the process of completing a mental capacity assessment regarding the need to restrict the amount of cigarettes they smoked; this was to support them to spread the cigarettes over the full day and to help reduce their anxiety when they ran out.

Staff supported people to maintain their physical and mental health. They helped people access community health care professionals when required. When people who used the service were on community treatment orders, staff supported them to make sure these were complied with and contacted the relevant health professionals when there were any concerns. One person said, "I always get help to see professionals, they come with me to the hospital; they help me with everything really."

People's nutritional needs were met. Access to meals for those who did not yet have cooking skills was good with a "bistro" facility. The dining room had a self-service area so people could help themselves to cereals and hot and cold drinks. Outside of usual mealtimes, people could access food and snacks throughout the day by speaking with the chef or staff on duty. There were choices on the menu and special diets such as diabetic, halal and gluten free. The menu for each day was displayed in a written format and reflected the younger age group of people who used the service. We found the chef took a flexible approach in meeting people's choices. They told us they were informed about people's dietary requirements and catered for each person's individual needs and choices. People told us they enjoyed the meals provided and confirmed the cook would make alternative meals if they did not want the option provided. Comments included, "The cook is really good, he knows what I like so always does something for me when I ask. You can have salads if you want and there is always fruit."

We found the environment was purpose built and had good facilities in line with needs of younger adults who used the service. There was a clear progression with the type of accommodation available for people to develop skills and move on to more independent living. For example, there were bedsit type rooms on the top floor of Riverbank, which had a kitchenette so people could develop their cooking skills and independent flats attached to the building where people had tenancies. There was a large wet room on the second floor which had a walk/wheel in shower and a bath with 'easy' access and equipment to support people as required.

Good

Is the service caring?

Our findings

People who used the service told us they were supported well by the staff team. They were very positive about the caring approach demonstrated by staff and felt that they could discuss concerns with their keyworker and other staff. They said staff supported them to be as independent as possible and treated them with respect. Comments included, "I know I can be difficult but the staff here know me well and know how to handle me now", "I find the staff incredibly caring, [name of staff member] has helped me with things in my private life and I am so grateful", "Some of the staff came to see me when I was in the hospital that meant a lot to me", "The staff are wonderful, really kind. They help me and always treat me really well", "They all treat me with respect, they are never nasty to me and are always there when I need some to talk to" and "Staff always knock on my door and ask if they can come in. They include me in things and make time for me."

Comments from a social care professional included, "Yes, always [observed staff promote core values]. Staff are very respectful towards clients, offering support and choice rather than trying to follow any agenda" and "Staff at all levels appear to know people well and are willing to attend multi-agency meetings, advocate on behalf of them and fulfil a variety of supportive roles depending on their needs."

We saw staff had a good understanding of the sometimes complex needs of the people who used the service, as well as their histories and risks. We observed positive interactions between staff and the people they supported. Staff were patient and understanding as well as respectful. It was clear people who used the service had developed trusting relationships with the staff that supported them. During our inspection, we saw people coming to find staff and actively seeking their reassurance throughout the day. We saw staff took the time to listen to people and were supportive and thoughtful when responding to them.

We heard people who used the service and staff sharing jokes, laughing together and talking about upcoming activities and events. Staff sat with people and they ate their lunches together, this created a positive and inclusive atmosphere which people clearly enjoyed. A senior recovery support worker explained, "I have one to one's with people and we talk or do certain things they want to do. I go to bingo with one person; we always have a really good time there. I make sure that I see everybody every day, even if it's just for a couple of minutes."

There were no restrictions placed upon visiting times and people could make their own choices and were supported to be as independent as possible. A person who used the service told us, "My boyfriend and family can come and visit me anytime. I decide who comes and see's me." Another person said, "I keep in touch with my family, they come and see me and we go out on the weekends." A social care professional said, "I have found the staff to be very flexible in their approach, with a focus on empowering the clients to do as much as they can for themselves, whilst ensuring safety."

People who used the service told us they were involved in the development of their care plans, risk assessments and keyworker sessions; they said these sessions would soon be jointly written by them and staff. People told us they have the opportunity to say when they want things to be written down in their daily

notes or rewritten. They also said they were helped to access support from external agencies in areas such as counselling and seeking employment or educational opportunities which they reported was positive for them. A member of staff told us, "Lots of the staff do go above and beyond, they give up their own time and get involved in all sorts of activities and events."

A member of staff described some of the ways they would uphold people's dignity, they told us, "We look after some people's money, they get a daily allowance; when we are going out I make sure I give them their money before we go out so they don't have to ask for it in a shop, it just means no one questions and it isn't obvious they are out with staff."

During our tour of the premises, a member of staff asked us to wait as they went to one person's room. They knocked on the door and when it was answered, they informed the person who we were and the reason for our visit. They told us they knew the person became anxious when they saw visitors and explaining our presence would put the person at ease. This was done in a sensitive way and demonstrated that the needs and feelings of the people who used the service were at the centre of staff actions.

Each person who used the service had their own individual bedroom with en-suite facilities which included a shower. These were personalised with people's own belongings and privacy was respected. There were privacy locks on bedroom and bathroom doors and lockable facilities were available for people to store items of value securely. There were communal areas such as the music room and the bamboo lounge; these areas were peaceful and calming and could be used when people wanted to relax or have private discussions.

People were provided with information about the service such as a welcome pack on admission. This included a description of the accommodation, the support available, social activities, community facilities near the service, how values such as consultation, equality, diversity, respect and dignity were to be met, fire safety, visitors and how to complain. There were also notice boards with information such as activities, menus and advocacy leaflets. 'Change for Life' healthy eating recipes were displayed in the cooking room to enable people to gain ideas about things they could cook. A member of staff said, "We do try and encourage people to eat healthily but it's their choice at the end of the day." The people who lived in the independent flats were provided with a tenancy agreement and information about how to raise issues with the landlord.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found people's care files in daily use were held in the staff office where they were accessible but held securely. Staff records were held securely in lockable cupboards in the administration office. Medication administration records were stored in the medicines room. The registered manager confirmed the computers were password protected to aid security. The registered provider was registered with the Information Commissioner's Office, which was a requirement when computerised records were held. Staff were able to complete telephone conversations with health professionals or relatives in the privacy of an office. There was space available for staff to hold one to one key worker sessions with people in private.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us staff were responsive to their needs. One person told us staff supported them to deal with issues in their private life and regaining contact with their family. Other people said they were supported to access community facilities and training to promote social inclusion as part of their recovery. Comments included, "[Name of the member of staff] helped me to see a solicitor", "I wouldn't have been able to do on my own", "We do the care plans together, we talk about how I am doing and set goals for the things I want to achieve", "I am learning to cook. I have worked with [name of the member of staff] and set goals, I want to become independent. I want to be able to cook, shop and pay my own bills", "The service is fantastic. They [the staff] have helped me develop my coping skills. I'm a whole new me now" and "I go to Hull College; I'm learning numeracy and literacy skills and how to type."

Social care professionals said, "Staff are very responsive and I am always kept informed of the changing needs of my client, as well as any situations or circumstances that may put them at risk." Another mentioned the need for staff to focus more on rehabilitation and joint care planning with statutory agencies.

People who used the service had assessments of their needs completed prior to admission to the service. We saw the assessment process started with the completion of a referral form by external agencies seeking a placement for a person at Riverbank. The deputy manager or clinical lead completed their own assessment and also obtained assessments and risk assessments completed by other health and social care professionals such as occupational therapists, social workers and care co-ordinators. We looked at one person's completed assessment which contained the views of the person being assessed and the support they had identified as needing from staff. We saw the assessment summary had space for identified needs, the applicant comments and the assessor's views. The assessor's view was a statement that the service was appropriate for the person's needs. However, there was no reference within this assessment to other health and social care professional's views about the person's mental health needs. The only assessment information from external agencies for this person was from an occupational therapist that had assessed the person's capabilities for activities of daily living. We spoke with the registered manager about this and they assured us in future full assessment information would be obtained and used when completing assessments to determine the suitability of the person for the service.

Assessment information and knowledge gained from discussions with people was used to develop 'service user recovery plans'. Some people had detailed plans but this was not consistent in all the plans we looked at. Some of the action planning was standardised and not personalised to the individual it referred to. It was also difficult to establish the 'rehabilitation' side of the recovery plan. The service used 'the recovery star model' when looking at different aspects of people's lives and these were completed with them and reviewed on a regular basis; people who used the service were actively encouraged to have a say in their care and treatment. This was positive and demonstrated a holistic and inclusive approach to assessing how people had progressed with areas of their lives. What was lacking was linking the aspects of care planning, the recovery star and the reviews people had, both generally and under the care programme approach to form more structured rehabilitation plans of care to enable people to move on to full independent living. The care programme approach was initiated when someone has been detained under a section of the

Mental Health Act 1983 and involved community health care professionals inputting into the review. We spoke with the registered manager and deputy manager and it was clear they had begun to think about this as a recent care file audit had identified gaps in care planning. They assured us this would be addressed and a focus on rehabilitation will be reflected in care plans.

Some staff confirmed the recovery plans did not always provide guidance in how to support people in specific areas. One member of staff told us, "If I am honest some of the care plans don't have the instructions and information we need to support people [when they are displaying behaviours that challenged the service and others]. We can do it because we have experience and have worked with people for a long time so know what works and what doesn't." Another member of staff confirmed, "The care plans don't have the information they need to ensure people are supported consistently when they are having problems." We discussed this with the registered manager and deputy manager and they told us they would review the plans and talk to staff to ensure full information is included.

People received care that was person-centred. Despite documentation not fully reflecting the rehabilitation goals and steps to achieve it, we saw some people had been supported to reach their goals. For example, one person had been supported and now held a job within the service.

There was support and accommodation to help people progress to more independent living with full support in Riverbank and a move on to tenanted flats attached to the building. There was also an intermediate stage within Riverbank where some bedrooms contained a kitchenette, with a hob, microwave oven and a fridge. A senior recovery support worker told us, "Everyone who lives at this side [the independent flats] has moved through the main service and has been assessed as being able to cook, clean, manage their own medicines and their finances." They went on to say, "Some people still get help with things; a couple of people still see the nurse for support with their medicines and I help some people with their finances."

People were supported to manage their own finances and other aspects of their lives when possible. A senior recovery support worker explained, "They pay rent contributions [in the tenanted flats] and have electricity bills. I have helped people when they have spent more than they should have, but who hasn't done that before?" There was a self-service laundry area which we saw people using. A member of staff told us, "They can use it any time they want but they have to make sure it stays clean and as you can see they are doing a good job."

We saw the registered manager had responded to one person's behaviour which was very challenging and had discussed with them the consequences of their actions; this was followed up with written information but had not been followed through. The registered manager told us they had not always been supported by external agencies in managing the person's behaviours and had at times been left to manage them as a staff team.

People who used the service were encouraged to take part in activities and work opportunities. A senior recovery support worker told us, "Seeing people transition is wonderful. We help people follow their interests and help them to explore what is out there; one person helps in the garden another one has a job here which they get paid for". They also said, "Someone else has an allotment which we helped them get." There was an enclosed outdoor space with different places to sit, hanging baskets and flower beds. A member of staff told us some people who used the service had enjoyed creating the hanging baskets and the flower beds. A person who used the service said, "We do different things, I am learning to cook and go shopping. I helped with the flower beds, I think they look lovely."

Upcoming activities and events were displayed in the main dining room/communal area. We saw that a fun run was being planned along with trips to the beach, barbeques and coffee mornings. A member of staff told us, "I don't know if it's the weather or the food or just the atmosphere but whenever we have a barbeque everyone comes; we had one last weekend and it was great."

The whole of the premises had free Wi-Fi and there were a number of computers available for people to use at their leisure. A team leader told us, "The computers are restricted; we don't want to stop anyone using them but just make sure certain sites and topics can't be accessed."

There was a complaints procedure on display and people were informed they could raise issues with the registered manager in a welcome pack provided to them on admission. The pack advised people that management welcomed complaints as early as possible so they could be addressed quickly. The service's complaints policy and procedure described timescales for acknowledgement, investigation and resolution. It also provided information of where people could escalate complaints if they were unhappy with the outcome of an investigation. Staff knew how to manage complaints. People who used the service told us they would speak to the staff if they had any concerns. One person said, "I have made a complaint about something this morning. The staff asked me if I wanted to and helped me with what I wanted to say. It will get sorted I'm sure."

Requires Improvement

Is the service well-led?

Our findings

People who used the service knew who the registered manager and deputy manager were, which showed us they made themselves available to people. Comments included, "I think it is very well managed", "It's a brilliant service" and "I know the manager, he is very good and very funny; he makes me laugh."

A social care professional said, "Both [registered manager and deputy manager names] have been extremely supportive in working closely with my client. They are very familiar with her and the presenting issues and have ensured that they attend all relevant meetings, share pertinent information with myself in a timely manner and are positive about the support they provide."

During a check of accident and incident reports we found there had been a number of occasions when the Care Quality Commission (CQC) had not received safeguarding notifications of incidents that had occurred with people and between people who used the service, although we were told these had been reported to the local authority. We had received some reports but not all; we had also received reports of other notifiable incidents such as when people had a serious accident. The registered manager told us this had been an error and in future the CQC will be notified of all safeguarding incidents when they occur. It is important we receive notifications for these incidents so we can monitor the amount of them and check with the registered manager how they are supporting and protecting people.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations and on this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

The registered manager told us the last year had been a challenging one for the service as there had been changes with the registered provider and new systems, documentation and recording to embed. The registered manager told us the new registered provider's organisational structure ensured there were tiers of management and they found this very helpful, as there was always someone to contact for support. The culture of the organisation was described as open and focussed on putting people who used the service first and on supporting staff. The values of the organisation were recorded as 'taking quality to the highest level', 'working together', 'caring safely', 'uncompromising integrity' and valuing people'. There was a human resources section dedicated to supporting with staff related issues and an occupational health team. We saw there was a 'concern line', available 24hours a day for staff to use to raise any issues if they had difficulty talking to their line manager.

Staff told us they were able to raise issues with the registered manager and said they received good support from them. Comments from staff included, "All of the managers are really approachable. Their doors are always open", "The new providers take an interest in staff", "We are always asked for our opinions and we are listened to", "We are really passionate about what we do" and "I think we all work really well as a team, we all help each other and really enjoy working together." We saw staff were provided with a handbook; this provided them with information about what was expected of them and what they could expect from their employer, the philosophy of the organisation, core values, codes of conduct and policy principles.

The registered manager told us there was a Staff Excellence Award scheme, where staff from individual services could be nominated and win financial rewards. Whoever won the individual service award would be put through to a national award scheme. However, the registered manager told us staff were unable to enter into the main national award scheme as a pre-requisite was the member of staff had to be compliant with mandatory training, which had been difficult to organise. The registered manager told us they would try to address this quickly so staff did not feel left out of the scheme.

We found there was a quality monitoring system in place which consisted of audits and seeking people's views. The latter was achieved through management meetings, staff and service user meetings, surveys, staff supervision sessions, open communication channels, newsletters, a 'team brief' and electronic means. Minutes of meetings with people who used the service indicated issues such as housekeeping, trips out and any concerns were discussed.

We looked at the internal audits completed and checked to see how issues were addressed and reported up to senior management within the organisation. Audits had been completed on the environment, a self-medication stock count, medicines management in general, finances, care files, bedrooms, water temperatures, infection prevention and control and sickness absence. Some of the internal audits and checks had identified shortfalls but it was unclear what was done about them. For example, a bedroom audit indicated missing items and issues such as carpet and curtain burns from cigarettes but there was no action plan. A food survey completed by both staff and people who used the service was mainly positive but had some negative comments; there was no action plan to show these had been addressed. The self-medication stock audit and general medicines audits had not identified the large wastage of medicines we found during the inspection. We spoke with the registered manager about these issues to ensure all audits and surveys had action plans and results of the surveys were displayed for people to see.

There were clinical governance meetings held at the service to discuss specific issues and actions were recorded on these. However, we saw there were not always timescales recorded for completion of the actions. There were also regional operations meetings were the registered manager attended and contributed to wider discussions affecting the organisation. There was a compliance team within the organisation who could visit the service and complete an internal check to ensure compliance with regulations and the way the organisation operated.

The clinical lead told us there was a new system of recording issues and incidents which affected the health and safety of people who used the service. It had taken a while for Riverbank staff to be able to use the new system due to an electronic upgrade issue. They said the system would help in learning from incidents. The areas covered by the new reporting included aggression and violence, the environment, health and security. It enabled staff to triage the level of concern, report on actions to address them and ensure senior manager's had oversight.

Links had been made between staff at the service and partner agencies such as commissioners, the police, social services and staff from mental health crisis intervention teams. Staff felt support could be improved during times of crisis management so they received this in a more timely way from statutory agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have effective systems to fully assess the risks to the health and safety of people, and develop management plans to mitigate such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured staff received appropriate training and appraisal as is necessary to enable them to carry out the duties they are employed to perform.