

Voyage 1 Limited

Riverside & Roseberry Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Riverside & Roseberry Lodge on 16 and 23 February 2017. The first day of the inspection was unannounced, which meant staff and the registered provider did not know we would be visiting. We announced the second day of our inspection. When we last inspected the service in January 2015 we found that the registered provider was meeting the legal requirements in the areas that we looked at.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Riverside & Roseberry Lodge is registered to provide care and support to people in two separate bungalows. The service provides care, support and accommodation for up to 13 adults who have learning disabilities and / or physical disabilities. The service is close to all local amenities. At the time of the inspection there were 13 people who used the service.

We saw people received care and support in an exceptionally personalised way. Staff knew people well, understood their needs and the unique ways in which they communicated. Care was focused on people's wishes and preferences. This meant people were able to maintain their independence and achieved a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to individuals in a compassionate way. People's privacy and dignity was maintained at all times during the inspection.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained. It was noted that two people who used the service had refused to have their water temperatures tested to make sure it was within normal limits. The registered manager told us they would rectify this and agree a regular suitable time with people to have their water temperatures taken.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, going out independently and falls. This enabled staff to have the guidance they needed to

help people to remain safe

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. They were encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged. Activities, outings, social occasions and holidays were organised for people who used the service. The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were enough staff on duty to meet people's needs. Good recruitment procedures were in place.

Systems were in place for the management and administration of medicines.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service and they had received regular supervision and appraisal. Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported.

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was exceptionally caring.

People told us that they were exceptionally well cared for. We saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff understood each person's unique way of communication. Staff were skilled and engaged with people positively.

People were treated with respect and their independence, privacy and dignity were promoted. Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others who to speak up on their behalf.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities, outings, social occasions and holidays.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Riverside & Roseberry Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Riverside & Roseberry Lodge on 16 and 23 February 2017. The first day of the inspection was unannounced, which meant that staff and the registered provider did not know we would be visiting. We announced the second day of our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. 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 sat in communal areas and observed how staff interacted with people. We spent time with 12 people who used the service and obtained the views of three relatives. Communication with some people was limited because of their learning disability because of this we used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at communal areas of the home, in some of the flats and in some bedrooms.

During the inspection we spoke with the registered manager, two deputy managers, a senior support worker and four support workers. We also contacted commissioners and visiting professionals to seek their views. They did not report any concerns with the service.

During the inspection we reviewed a range of records. This included two people's care records, including

care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, "I feel safe because the staff help me when I need advice." A relative we spoke with said, "[Name of person] is in safe hands."

Staff told us of the different types of abuse and what would constitute poor practice. Staff were able to describe how they would recognise any signs of abuse or issues of concern. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff told us about the registered provider's whistleblowing policy. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. We were told that the registered provider promoted positive risk taking. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, going out independently and falls. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. For example, one person who used the service liked to go out independently to the local park. The person told us to ensure their safety they only visited the park in daylight and they always told staff when they were going out and a round about time of when they would be back. Staff told us how people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. For example, some people carried their own personal money when out shopping within an agreed financial limit. This meant that people were supported and encouraged to take responsible risks.

We looked at the recruitment records of the last three staff employed at the service. Records examined confirmed that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and adults.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. Riverside Lodge accommodated seven people and there were four to five care staff on duty during the day (five staff between the hours of 10am until 5pm and four staff at other times.) At night there was one staff member on duty. Roseberry Lodge accommodated six people who used the service. During the day there were four care staff on duty and one staff member on night duty. On night duty there was a third staff member who went to bed to sleep when people who used the service went to bed but they could be called upon if needed.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers, electrical installation and the fire alarm.

We also saw that personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. Staff carried out regular temperature checks of water in basins, showers and baths; however we did note that two people who used the service were refusing to have their water temperatures tested. The registered manager told us they would rectify this and agree a regular suitable time with people to have their water temperatures taken.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that an analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the home by the pharmacy usually about two days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Room and fridge temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people and contacted relatives who told us they had confidence in staff to provide a good quality of care and support. One person who used the service asked us how the inspection was going. After our response they said, "I think we are 100%. This is an immaculate service and the staff are so good and they all listen." A relative said, "This is a great place where there is a lot of fun and laughter."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, nutrition, infection control, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw the majority of staff were up to date with their training. We saw that staff had also undertaken training in autism and epilepsy. Staff we spoke with during the inspection told us the quality of the training was good. One staff member said, "We are always doing some kind of training. We are certainly kept up to date."

Staff told us they had received induction training and shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member said, "[Name of registered manager] is so supportive and the deputy managers. We all work so well as a team and everyone knows their job."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that all staff had attended training on the MCA and that this training was refreshed every three years. We saw records to confirm this. Staff we spoke with were extremely knowledgeable and able to articulate their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care and relatives confirmed this to be the case. One person wrote and told us, 'We have e-mail contact and phone. We are always invited to review meetings and planning and we make the effort to be there. It is not just for [name of

person], but to show our support for the staff and to keep us informed. I attended the last meeting with [name of staff member] in the chair. Our input is recorded and appears to be welcomed and respected.'

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us documentation which confirmed six people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) with no conditions attached to the authorisations.

We looked at the home's menu plan. The menus provided a varied selection of meals and choice. Staff told us how they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this.

We saw that meal times were a sociable event with staff and people interacting with each other and people confirmed they were always offered a choice. One person enjoyed a lager with their evening meal and when they gestured they wanted this staff brought this to them. This person then raised their glass and said, "Cheers."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished, at risk of malnutrition or obesity. Staff were using the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people are weighed at regular intervals.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. People were accompanied to hospital appointments by staff. One person told us they were to have a surgical procedure in hospital. They described in detail what was to happen during the procedure and told us they felt reassured that staff had explained this to them. One person told us they had been advised to reduce or stop smoking as this was damaging their teeth and in addition impacting on their health. This person told us how staff had been encouraging and supportive in helping them to cut down on their cigarettes.

We saw that people had a hospital passport that were up to date and contained relevant information. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People, relatives and professionals praised staff and told us about the exceptional care provided at the service. One person who used the service said, "I love it here [Riverside & Roseberry Lodge] the staff are so kind and will help you with anything." A relative said, "It [Riverside & Roseberry Lodge] is absolutely fantastic. [Name of person who used the service] moved from another home and since moving here they have improved so much. The staff are so caring and when we take [name of person] back after being out with us, she is excited." Another relative we contacted by email wrote, 'The staff demonstrate a genuine care and support for [name of person] in a place that is, in my opinion very safe.'

A professional we contacted by email wrote, 'I always find Riverside and Roseberry lodge very professional; I find that the staff are proactive, motivated and demonstrate a high level of care and compassion towards the service users. The staff know the service users extremely well and strive to get the best for them, they work hard to maintain family relationships and seek support from professionals as appropriate. The staff team speak highly of the service users and from my observations they engage fantastically using appropriate aids to enhance communication and choice. I find the documentation is detailed and clear, care plans appear concise and appropriate with needs and strategies clearly identified, they have also put in extra monitoring charts when required, (i.e. behaviour charts. Sleep charts, food/fluid charts) I find this is usually done proactively. I find the environment pleasant, clean and well thought out in relation to the needs of the client group.'

Riverside & Roseberry Lodge is divided into two areas. In Riverside Lodge people had their own open plan apartment, which had a bedroom area with ensuite facilities, kitchenette and seating. People told us the staff had supported them to individualise their apartment with different furniture and accessories. One person told us they liked to go to car boot sales and charity shops to look for items for their apartment. They showed us a beautiful vase they had purchased and said, "I bought some flowers to go in it [the vase] do you like them?" All apartments were very different with the furniture and accessories contained within. People told us this was because staff actively encouraged and supported them to express their personality and make their apartments unique.

In Roseberry Lodge people were more dependent on staff to meet their needs and the majority of people were unable to talk. We spoke with staff to determine how they communicated effectively with people. One staff member said, "They [people who used the service] might be non-verbal but they are the best communicators." This staff member told us how people communicated by using facial expressions, vocal sounds, body language and by actions. They told us how one person stood at the medicine room door on a night and this meant they wanted their medicines so they could go to bed. They told us how the same person would lead staff to their wardrobe door if they wanted to go out. This meant the person wanted to put on their coat and go outside. The staff member told us how this person liked to be close to staff and liked them to rub the top of their head as this is what their parents had done to provide reassurance.

It was evident that staff knew people extremely well as during the inspection this person did lead staff to the wardrobe door indicating they wanted to go out. On numerous occasions during the inspection they

approached staff for reassurance and affection. On one occasion they led staff to a sofa where they both sat down and the staff member rubbed the person's head. The person showed their contentment by resting their head on the staff member's shoulder.

Staff told us another person who used the service would indicate to staff they would like to put their pyjamas on and this was the person's way of telling staff they did not want to go out. We saw this happen during the inspection process and staff supported the person to get into their pyjamas. On another occasion we saw a person making vocal sounds and putting their hands behind their back. Staff told us this meant the person was unhappy. Staff were quick to intervene and work out what was upsetting the person. Staff told us this person could be reassured by singing to them. On numerous occasions during the inspection we saw that when staff sang to this person it brought about reassurance. Staff told us this person also felt reassured when they felt heat. To provide this reassurance we saw how staff positioned this person close to a guarded radiator. We saw instantly that this changed the person's mood and they showed signs that they were happy and content.

We saw many excellent examples of staff providing support with compassion and kindness. They constantly provided people with reassuring touches, smiled at people and laughed with people. Staff were excellent in the way they communicated with people and were aware of the unique ways in which people communicated non-verbally. We saw some excellent examples of how staff took time to communicate with people in a sensitive and unhurried way to ensure people could understand what was being said to them. Clear and simple language was used to help people understand. Staff had the skills to communicate with people with tact.

Staff were kind and caring and supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. Staff made an effort to speak with people as they were moving around the building, and often stopped in the lounge and dining areas to chat. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed.

People were supported by staff to maintain relationships that mattered to them. There was an open door policy and people were able to receive visitors as they wished. One relative we contacted by email told us, 'We have always found Riverside to be very good with all the residents. [Name of person] seems happier there than previous places. [Name of brother] and I [another brother] call in on spec as we consider it his home.' Another relative informed us, 'We often turn up to visit [name of person] unannounced and find there are sufficient staff on duty, who cope with the needs of the residents, as well as carrying out the daily routine. My impression is that they are caring and there is always enough staff on duty to give residents, the individual attention which they require.' Another relative we spoke with said, "This is an absolutely amazing place. It feels like home and what we like most is we get invited to parties and celebrations." This same relative told us they hadn't been able to visit as much they wanted to recently because of illness in the family. They told us, "If it wasn't for the absolutely fantastic caring staff we wouldn't have felt able to back off with our visits. Our minds were put at ease knowing [name of person] was safe and well cared for."

We reviewed the care records of two people. Care records were extremely person-centred and we saw there were excellent communication plans in place. Through our observations and interactions with people and staff we could see that communication plans were extremely accurate.

Staff, during discussion, showed real empathy and passion in their role. One staff member said, "This is an

amazing place to work." We asked them why and they said, "They [people who used the service] are incredible people who deserve the best." Another staff member said, "The guys [people who used the service] here are very special. I find it a huge privilege to be able to work here." During the inspection staff demonstrated enthusiasm and told us how proud they were to work at the service.

Riverside & Roseberry Lodge provided a stimulating environment with staff who were warm and welcoming. People, staff and relatives had developed strong and mutually respectful relationships. Feedback we received about the service was unswervingly high. We saw positive interactions between people and staff and staff treated people with dignity and respect, anticipating their needs for example when people needed to go to the toilet or just needed simple reassurance and advice. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices, privacy and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure each day was service user led and that staff were flexible to support this. During the inspection one person received a telephone call from their friend. This person was given the telephone to take the call in private in their apartment.

People accommodated in Riverside Lodge told us that staff actively encouraged them to make their own choices and promoted their independence. Some people who used the service were able to make their own hot drinks and snacks whilst others needed support to do this. People accommodated on Riverside Lodge were actively encouraged to do their own cleaning of their apartment and washing. We saw people doing their washing on the day of the inspection. People told us they took pride in their apartments.

The registered manager told us three people who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process to follow should an advocate be needed

Is the service responsive?

Our findings

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People told us the care they received was responsive to their needs. One person said, "The staff are there day and night if I need them."

During our visit we reviewed the care records of two people. People's needs had been assessed and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support.

A full support plan was written with people and their relatives describing how they wanted to be supported. We found that plans were reviewed and updated on a regular basis to ensure they accurately reflected people's current support needs. Support plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. Support plans clearly stated how people wanted to start and spend their day, what they needed help with and the support needed from staff. For example the emotional behaviour support plan for one person clearly described what the person looked like when they were anxious. The support plan gave step by step instructions for staff to follow if the person's emotional behaviour escalated. The personal hygiene care plan for another person informed staff that they didn't like to stand directly under the flow of water in the shower and that staff needed to explain what they were doing and give the person praise. This helped to ensure that people were care and supported in a way that they wanted to be.

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

Staff, people and relatives told us that they were involved in a plentiful supply of activities and outings. One person said, "I love the bingo." They told us they were going to bingo that night and were meeting some friends. They also said, "I am very independent me, I go out all over." Another person told us they supported Middlesbrough Football club and were a season ticket holder. Two people told us they went to a disco on a Tuesday night which they really enjoyed. A relative we spoke with said, "They [people who used the service] go out all over." Another relative wrote and told us, "[Person who used the service] goes out to cafes one to one, they take him to discos and always have birthday parties which might include fancy dress. He has been on holiday to Butlins. They still take him to Redcar as [his brother] bumped into the carer with [name of person] in the High Street. The staff really put themselves out to organise and support the events such as the coffee mornings.

Staff told us those people who were accommodated on Riverside Lodge enjoyed listening to music and the sensory room. One person told us there had been a party the night before which everyone had enjoyed. In

addition people went out regularly to parks, shopping and for meals out.

One person told us they were planning their annual holiday for 2017. They said, "Last year I went to Benidorm with [name of person who used the service] and staff. I had a fantastic time."

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. There had been one complaint made in the 12 months leading up to our inspection which had been managed appropriately. People and relatives told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation.

We saw records to confirm that the service received many compliments. We saw there had been three compliments in November 2016 from visiting professionals. Compliments had been made about the home itself and space, the caring staff and support plans.

Is the service well-led?

Our findings

People and relatives told us they liked the registered manager and they were very approachable. One person said, "[Name of registered manager] is sound." Another person said, "[Name of registered manager] is so helpful and supportive and very easy to talk to if you have a problem." A relative said, "There is nothing hidden. Everything is discussed out in the open, we are kept well informed and we have very open conversation." Another relative wrote and told us, 'All the staff seem to be aware of their role in the setup, which indicates they are well led. There also is continuity between shifts.'

The service had a registered manager who has worked at the service since it opened in 2007. Currently they were also the registered manager at another two nearby services and divided their time between each of the services. The registered manager told us they spent two to three days a week at Riverside & Roseberry Lodge but were confident the service was well run as they had recruited a deputy manager at each of the lodges to help support them with the day to day running of the service.

People and relatives also complimented the deputy managers. One relative said, "[Name of deputy manager] is great. We got a phone call inviting us to a birthday party which was great. [Name of deputy manager], she has eyes in the back of her head. She has fun but she doesn't miss a trick. She's very professional."

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and senior staff carried out regular audits of medication and health and safety. The registered manager was supported by a senior manager who visited the service on a regular basis. During these visits they carried out a baseline audit and monitored the quality of the service provided. The baseline audit was created around the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and during each visit they checked to make sure the service was safe, effective, caring, responsive and well led.

Staff had a clear sense of the culture and values of the service, which they described as providing good quality care and treating people as individuals. One member of staff said, "I have worked here for 10 years and I love it. We are a great team and have very good management support." Another staff member said, "This is such a lovely place to work. They [people who used the service] always come first and we care about them very much."

Feedback was sought from people who used the service, relatives and friends, staff and professionals visiting the service through annual questionnaires. We looked at the results of recent surveys which were very positive.

Meetings with people who used the service who were accommodated in Roseberry Lodge took place and minutes from these confirmed they were well attended and that people could raise any issues they had. We

saw records which confirmed people talked about valuing people, decorating, activities and holidays and anything else they wanted to discuss in relation to the running of the service. The registered manager told us that they observed peoples body language of those people accommodated in Riverside Lodge to make sure they were happy. They told us they were to formalise this process in the near future and make recordings of this.

We saw records to confirm that staff meetings had taken place on a regular basis. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. One staff member said, "We can talk about anything we want to at meetings and our ideas and suggestions are always listened to."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.