Making Space

Rivacre House

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection on the 23 and 26 January 2018.

We last visited the service in October 2015. We rated the service as good following that visit with an outstanding rating attached to our question whether the service was responsive.

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

Rivacre House provided personal care for up to 12 people with mental health needs. All bedrooms are single with en suite facilities. The home is a two storey building located near Ellesmere Port town centre, close to shops and local facilities. The home has twelve single bedrooms. At the time of our visit, 12 people were living at Rivacre House.

The service 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.

People told us they feel safe living at the service and stated that staff were always around to assist them. Staff had a good understanding on the types of abuse that could happen and provided a good account of action they would take. Staff had a good understanding on how to raise concerns about poor care practice with other agencies.

The premises were well maintained, clean and hygienic. All equipment used in the building was regularly checked to ensure safety. People had individual evacuation plans in place in the event of needing to leave the building in an emergency. Risk assessments were in place for individuals. These were up to date and took the hazards they faced while being supported and from the environment into account.

Medication was safely managed. People told us that they received their medication when required and in some cases sought to become more independent in managing their own medication.

Accidents and incidents were recorded with patterns and trends identified to prevent re-occurrence in the future.

There were sufficient staff to meet the needs of people. Recruitment processes were robust and further sought to protect people who used the service.

Staff received the training they needed to perform their role. They also received supervision to monitor their work practice. A structured induction process was in place to enable new staff to settle into their role and become acquainted with the values of the service.

The registered provider adhered to the principles of the Mental Capacity Act 2005. Staff were able to outline its principles and had received training in this area.

The nutritional needs of people were met. Kitchen facilities were clean and hygienic and contained information about special dietary requirements that people had. People who used the service were able to influence the contents of menus and prepare meals for themselves on a one to one basis as part of gaining more independence.

Staff interactions with people were respectful and caring. Staff demonstrated a commitment to ensuring that people experienced the same opportunities to access the local community and to reach their aspirations.

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People felt cared about and felt that staff promoted their privacy. People felt their views were listened to and acted upon.
The registered provider had identified the factors that influence positive mental health and had responded to such situations. One person we spoke with was very positive about their lives at Rivacre House especially after the registered manager had responded in introducing measures to keep the person safe and to reassure them. Another person had been supported by the registered manager to follow their preferred diverse lifestyle and again this had positive effects on the person's health.

People had a significant influence on their support plans. Support plans were personalised and devised by the individual. Staff had a role in facilitating people to devise, follow and evaluate their progress.. Support plans were reinforced by assessment records which covered all aspects of the support provided.

People were able to pursue daily activities or employment opportunities of their choice. Activities were significantly geared to the individual preferences of people. A complaints procedure was available. No one had a complaint but people felt confident that their concerns would be listened to and acted upon.

The registered manager had fostered a transparent and open culture within the service. All people involved within the service; individuals and staff alike. Aims and objectives had been gained form everyone for the forthcoming year and how the service could further develop.

The registered provider had a number of audits in place to check the quality of the support provided. People who used the service had the opportunity to meaningfully influence the service through the opportunity to attend resident meetings.

The service always notified the Care Quality Commission of events that adversely affected people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Rivacre House

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 26 January 2018. The first date was unannounced and on the second date the registered provider was aware we were going to visit.

The inspection consisted of one Adult Social Care Inspector.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned to us when we asked.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as two staff recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service.

We spoke to four people who used the service. We also spoke to the registered manager, deputy manager and three members of staff. We also observed care practice and general interactions between the people who used the service and the staff team.

We looked at information from the last visit made by the Local Authority Commissioning Team. They had not recently visited the service. We contacted the Cheshire West Healthwatch team. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. The team last visited in

April 2017 and had identified positive support provided.

Good

Our findings

People told us "Yes I feel safe living here" and "I don't have to worry about staff not turning up because they are always here to help. People told us that they felt that their financial interests were protected by the staff team and did not have any concerns about hygiene within the building as "it is always spotlessly clean". People told us that they relied on the staff team to manage their medication and that it was "never missed" and was always "on time". They told us that they were happy with this arrangement. In some instances people told us that they were given the opportunity to partially manage their medication through "small steps" as they had indicated that full independence in this area was something they aspired to. People told us that staff were always available to meet their needs and provide support.

Staff demonstrated a good understanding of the types of abuse that could occur. They all stated that they had received training in this and this was confirmed by training certificates. They were clear about the action they would take to raise concerns and were confident that the management team would report all concerns appropriately. Information was available for staff to refer to when reporting an allegation. Staff were also clear about external agencies they could refer to in order to raise concerns about poor care practice within Rivacre House and identified CQC as one of those agencies. The service had reported safeguarding allegations to the Local Authority team since our last visit and notified us appropriately. The registered manager provided evidence of the reporting of monthly low level concerns. These are care concerns that do not meet the threshold to initiate a full safeguarding investigation. Some low level safeguarding had been reported in respect of medication errors since our last visit but there was a clear plan of action in place to ensure that these did not reoccur.

Risk assessments were in place. These included those risks faced by people during the course of their daily lives and in the support they were provided with. All these were up to date. In addition to this, risk assessments were in place for those elements in the environment that potentially could cause harm to people. These again were up to date and covered all aspects of the environment in order to protect individuals. Risk assessments extended into emergency situations when an evacuation of the building was necessary. Each person had a personal evacuation plan (known as a PEEP) and these provided practical support that people needed in emergency situations as well as how the need to be evacuated should be communicated to each person and their understanding of this.

Fire procedures were in place advising people how to respond on discovering a fire. Clear evacuation procedures were on display and fire detention systems were in place. Firefighting equipment was also available. All extinguishers and other aids had been regularly tested and subject to regular visual checks to

ensure that they were ready for use. Fire detection systems were tested regularly. One person who used the service was involved in testing alarms and emergency lighting as they had expressed an interest in health and safety within the building. The needs of people who used the service are such that there was no need to use a hoist or lifting equipment. Items such as portable electrical equipment had been tested annually and this extended to tests of electrical wiring, water temperatures and gas installations. All fire exits were clear of obstructions and no hazards were identified during our visit.

The premises were clean and hygienic. The registered provider employed a general assistant whose role included maintaining hygiene within the building.

Accidents when they occurred were documented. This included other incidents which, if applicable, would link into safeguarding referrals. Accidents were analysed to determine whether there was a pattern to minimise future re-occurrence. Records demonstrated that details of each incident were actioned appropriately.

The management of medication was safe. No –one self-administered medication at the time of our visit and people told us that they were happy with this arrangement. For some people it had been identified in care plans that full self-management of their medication was their eventual preference and goal. Steps had been taken by the staff team to increase independence in gradual ways such as placing the onus on people to remind staff when medication was due. Testimony from one person who had recently left the service indicated that self-management of medication was a long held wish and that this had been done with assistance from the staff team. Medication was stored safely and records were maintained to evidence good practice. Audits were carried out to ensure that sufficient stocks of medication were available to people. Medication administration was observed. This was personalised and supportive.

Staff had received training in medication administration. This was confirmed through discussions with staff and training certificates. The competency of people to administer medication was assessed.

Staff rotas outlined the numbers of staff present during the day. This included members of the management team, senior support workers, support workers and ancillary staff such as the general assistant and cook. People who used the service told us that they were always staff available to assist and staff told us that staffing levels were sufficient to meet the needs of people. Where staff shortfalls occurred, for example, through sickness or holidays, existing members of staff filled the role and no agency staff were used. This ensured continuity of support for people who lived at Rivacre House.

The recruitment process was found to be robust. Information in recruitment files of people who had come to work at Rivacre House since our last visit included an application form, interview notes and references. Further checks included a Disclosure and Barring Service check (known as a DBS) and this confirmed that people had not received any past convictions that would mean they were not suitable to support people who used the service. One member of staff had recently undergone the recruitment proves and considered it to be fair and thorough. Information was also available confirming the identity of each member of staff.

The service had guidelines in place to receive anyone representing CQC. We had our identity checked on arrival so that people who used the service could be sure that their confidential information and security could be promoted by staff practice.

Good

Our findings

People told us that they were happy with the staff and felt that they were knowledgeable about people's individual needs. People were complimentary on the food provided. They considered that the quality of food was good and that alternatives were available if they did not want what was available. People told us that when they were feeling unwell, the staff team always referred them to a health professional promptly.

Staff received the training and supervision in order for them to meet their role and support people. Supervision included one to one sessions as well as group supervision in team meetings. Staff told us about the training they had received and training identified for the future. As well as training in mandatory health and safety topics, staff had received training in report writing, safeguarding and Mental Capacity Act, dementia and mental health awareness. Training had also been provided to reflect the changing health condition of one person. The mental awareness training had enabled staff to take a wider view of the needs of people they supported and their needs. Dementia training was offered in response to the changing needs of people. Staff told us that training was good and that it prepared them for their role. A training matrix was in place outlining future training and training certificates were retained. Staff told us that they had been able to pursue National Vocation Qualifications (NVQ) at Level 2 and 3. In addition to this the manager, the deputy manager and senior support staff had successfully attained an NVQ level 5 Diploma in Leadership for Health & Social care and Children and Young People's services. The registered manager had also sourced transgender awareness training to assist staff in their support, and enhance the lives of residents.

A structured induction process was in place. One member of staff was able to recall the induction process and considered that it had prepared them to undertake their role. Induction included a period of shadowing existing workers and orientation to the building. New staff received training and were required to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if people are 'new to care' and should form part of a robust induction programme.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. No one living at Rivacre House had been the subject of a deprivation of liberty safeguard. Care plans included reference to the capacity of individuals yet it was concluded that all people had the capacity to make decisions for themselves at that time. Training records indicated that staff had been identified to attend Mental Capacity Act training in weeks after this visit and certificates indicated that staff had already received training in this area.

Staff told us that they had received training in Mental Capacity and were able to provide an overall account of how this could be used to safeguarding people and ensure that decisions were made in their best interest. Staff told us that no one was subject to a deprivation of liberty safeguard which confirmed the information we had already received.

The health of people was maintained. This was demonstrated by records and what people who used the service told us. Some people require regular visits to a local clinic and these are undertaken. Other people had access to specialist nursing services when needed. Records indicated that routine appointments to doctors, opticians and chiropodists were undertaken as well as visits in response to health concerns. In some cases, dieticians had been approach to give dietary advice.

The nutritional needs of people were met. Details of their preferences or any other dietary needs were included on care plans. Menus were in place but people told us that they could request something different and a choice would be made available to people. Information was available in the kitchen in respect of allergens or dietary information such as low fat or diabetic diets. Information on allergens were available for people to refer to. Food stocks within the kitchen were sufficient to provide meals on the menu and drinks were available to people at all times of the day. The kitchen was a well-equipped and clean facility. People were satisfied with the meals provided. A dining area was available for people which was sufficient to cater for all the people living at Rivacre House. Cold drinks and fresh fruit were available in the dining room.

While menus were devised, people had been given the opportunity to select themed meal nights. These had included meals from various countries around the world and were directly linked to the preferences of each person. A further small kitchen was available within the service. This provided people to prepare meals on a one to one basis with staff support. This provided people to take steps to be more independent with cooking skills with a view to acquiring skills needed for their future. One person was using this facility during our visit and told us that they enjoyed using this facility whenever they could.

Good

Our findings

People told us that they felt cared for by the staff team. People told us that they felt that their views were listened to and acted upon. People told us that they felt in control of their lives. People were able to outline occasions when they expressed a wish to join in with an activity or go somewhere where they had always wanted to go. Once this wish had been expressed, people confirmed that staff had done everything to support people in ensuring that "my wish came true". People told us that at times when they wanted to spend time on their own; this was respected by the staff team and that they always had their privacy respected. People told us "I feel involved in my support".

Interactions with people who used the service by staff were friendly, supportive and respectful. Staff were observed to always gain verbal consent from people but allow people the space to complete tasks independently. The ethos of the service was one of promoting independence with a view to people moving to more independent living in the future. There was an expectation that people would take ownership of maintaining the cleanliness of their own rooms and laundering their own clothes. Depending on skills, this required either some or no staff involvement. Where staff were involved in supporting people, this was recorded to see how progress had been made. People were further involved in aspects of the running of the service in line with their preferences. This ranged from going shopping for the service to other roles such as being involved in the health and safety aspects of the service. One person was involved in the checking of health and safety within the building, assisting with checks to firefighting and detection systems and attending meetings with staff relating to health and safety within the wider scope of the registered provider.

Staff outlined practical measures they took to ensure that people had their privacy promoted. They told us that they always respected people's privacy by knocking on doors before being invited to enter. Staff also outlined how confidentiality was maintained. They told us that issues relating to people were always discussed on a one to one basis to ensure that this information was shared with individuals as opposed to other people. They told us that this extended to the maintaining of personal information ensuring that only the person it related to was privy to contents of care plans and other records.

Discussions with the management team and staff members demonstrated the commitment they had to supporting people who used the service. Training in mental health awareness had focussed on seeing people's needs as a whole as opposed to focussing exclusively on mental health issues.

While no-one living at Rivacre House had any limitations in communication; care plans did reflect that communication could be impaired if a person was unwell at any given time. Information was included on

how to best relay information to people and provide information to them during these times. The approaches used in this were unique to each person.

Information was passed onto people verbally; however, other methods were used to provide information. This included a newsletter that had been devised as well as notices providing relevant information. Records related to the support provided were up to date and accurate. All confidential information held on individuals were available to them when required yet securely stored when not in use. This enabled people to be confident that their personal information was only accessible to them and relevant staff.

People were encouraged to personalise their own living space and retained keys to their rooms. One person showed us their room and was particularly pleased about having the option to determine the colour scheme of their room as well as acquiring pictures to put on display to further personalise their living space.

The registered provider held a "dignity day" during 2017 and another one had been arranged for the near future. This had involved everyone and focussed on the issues about how important dignity was to individuals and how interactions between all could promote and reinforce people's self-esteem. The dignity day in 2017 had resulted in comments from all involved about how they wished to be treated as well as how they intended to interact with people. These comments were on display within the building for people to refer to. Members of staff had been identified as dignity champions.

Themed days were held throughout the year. These included an empowerment day, during which individuals created "bucket lists" which enabled them to achieve their wishes. Further days included those which focussed on healthy eating and memories days which focussed on the social history of people including them, their families and the staff team.

Outstanding

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Our findings

Our last visit found that the registered provider was responding to the needs of people in an outstanding way. This remained the case during this visit.

People told us that they were aware of their care plan and felt fully involved in their support. They felt that they were in "control of their lives" as a result. The care planning process was also commented on in a testimony from an individual who had recently left the service to live more independently. Outcomes for this person had been very positive and they stated that this had been as a direct result of the responsiveness of the service to their needs and the approaches used by the registered provider in supporting people. Comments made included, "Staff are welcoming and supportive, and as a result of their help I am well, independent and living my life the way I always wanted". One person living at Rivacre stated "I have settled here well and have been made to feel welcome, I get good support from the staff". People were happy with the activities on offer and felt that they were fully consulted in choosing and influencing what activities took place. Each person had the choice in what activities they wanted to pursue in the wider community and what activities would take place within the service.
The registered manager outlined the aims of Rivacre House was to enable people to develop and maintain skills to live more independently as a future aim. Care plans were sufficiently detailed to provide information on people's needs with the aim of more independent living but at the person's own pace.

The registered provider used a system known as The Mental Health Recovery Star. This is a method to measure any changes in a person's route to recovery to full independent living. The tool was used to capture progress at any time and to plan future actions. The star gave an instant visual account of how people thought they were progressing and provided an easy to read account of this for people and keyworkers alike. As a result the tool provided a personalised account of progress for each person. People told us that they were fully in control of their support as a result and interventions by the staff team were led exclusively at their pace. The tool further enabled positive achievements to be recognised and to assist in meeting future aspirations. One person's recovery star indicated that they now felt very positive about their life and had identified future goals for themselves beyond Rivacre House. This was confirmed through conversations with this person who was very positive about the care and the way the service had responded to their needs. They stated that their positive view of life had been a direct result of the staff and the way they had been supported. This had not always been the case for this person yet interventions by the staff team had enabled the person to be focussed on future goals.

The same tool had been used for a person who had recently left the service to more independent living with

a good outcome for this person. Another person told us that "without the staff and the opportunity to live at Rivacre House; I cannot bear to think what the alternatives for me would be".
At our last visit, the registered provider had responded to making one person we spoke with feel safe following a period of ill health and had installed CCTV as a result. This was to reassure the person that allegations that threatened their safety were not factual and to protect others. This arrangement continued at this visit. This response by the service had resulted in the person feeling safe, achieving a positive state of mental health and able to move on to work towards their future goals.

The registered provider understood and recognised people's diversity and responded accordingly. This again was a result of people's involvement in the care planning system. This had enabled one person to feel comfortable in expressing a wish to pursue a particular lifestyle and as a result the staff team had responded in a supportive and non-judgmental manner. Staff understood that people's freedom to express their sexuality, for example, was linked to maintaining positive mental health and as a result maintaining a positive quality of life. Discussions with staff indicated that they were passionate and fully committed to enabling people to express themselves in whichever way they chose. Support had been given to people to pursue their lifestyle and links to community groups to provide support had been fostered to ensure that people did not feel isolated. As a result, the registered provider had responded positively to the diversity of individuals which in turn had had a positive impact on mental health. The lifestyle choices of people had been further enhanced by the holding of "dignity days". These had included all the people who lived at Rivacre House and provided them with the opportunity to express how they wished staff and others to treat them. This reflection had enabled people with specific lifestyle choices to be treated respectfully and equally by others through processes introduced by the registered manager.

Assessment information for two people was viewed. These individuals had come to live at Rivacre House since our last visit. All relevant information about the person was included within the assessments with reference to medical and social history. The assessment process had involved people contributing to their assessment, spending time in the service prior to them coming to live there and an offer of a place made available only with the agreement of the person. Assessments outlined that careful planning between the registered provider and other professionals was in place to ensure that needs could be met and that people felt comfortable with the transition.

Assessment information was then translated into a plan of care. A care plan summary was in place which was centred on the individual needs of each person. The needs of people were discussed with them as part of the devising of a support plan. This contained key information but made reference to those aspects of life that were of importance to each person. These aspects had been gained from each individual and reflected a person centred approach by the registered provider. Care plans provided staff with detailed information about how a condition presented itself for people and affected their daily lives. Information was in place outlining potential signs that people's mental health could be deteriorating or the triggers that could lead to such deterioration. This had been the case for the person for whom CCTV had been installed to reassure them and promote their mental health. People we spoke with said they had been involved in their support plan and had signed to say they agreed with them.

Each person had a keyworker. Support plans were reviewed by the individual and their keyworker periodically and involved both parties sitting down and discussing progress. Such reviews were led by the individuals with staff facilitating this. This meant that people were in full control of their support plan and as a result in control of their current and future wishes. People were asked whether they wished to invite other people such as families of friends to these reviews. Every person had signed their care plan and were aware that they had full access to it at any time.

People were able to pursue their own activities. This enabled people to be in full control of their social needs and enabled them to take part in activities which they had always wanted to pursue. This was either in the wider community; maintaining their own interests or in participating in the running of the service itself. Some people preferred to contribute to the running of the service in ways which they felt comfortable with, for example, through assisting with shopping and purchasing items for the service. Others were involved in maintaining safety within the premises by taking part in health and safety audits, checking equipment with staff support and attending wider health and safety forums within the wider organisation. An activities programme was in place. This demonstrated that individuals were able to influence the activities on offer. For example, themed evenings took place. These involved each person having the opportunity to choose the type of food served and key themes of the evening.

A complaints procedure was available. This outlined the way in which concerns could be raised at a formal level and the timescales involved in investigation. A complaints record was maintained outlining the nature of any complaints and how they had been responded to and remedial action taken if they had been upheld. People told us that they had not had to make any complaints but felt confident that the staff team would listen to do them do everything they could to address any concerns. Our records indicated that we had not received any complaints about the standard of support since our last visit.

Consideration had been made for those who may need end of life care. There was evidence that appropriate training and health professional support had been introduced in order to respond to this possibility. The preferences and wishes of people who may reach this stage of life were recorded and would be taken into account.

Good

Our findings

People told us that they were happy with the staff and the support they received. They told us that they knew who the registered manager was and that they thought the service was well run. People told us that they felt involved in the running of the service and had the chance to put forward their opinions through meetings.

The service had a registered manager. This person had been registered with the Care Quality Commission for a number of years and demonstrated knowledge about the group of people they helped to support.

Discussions with the registered manager outlined the ethos of the service. The service sought to identify those areas in which people could be independent with a view to them moving to more independent living in line with their wishes and only at a pace that was appropriate to them. This goal of more independent living had been included within the support people was given and there was an expectation that people would be self-reliant in maintaining the cleanliness of their own accommodation and laundering their own clothes. Further independence was promoted in financial issues, medication, preparing meals and activities.

The ethos of the service extended to incorporating the views of people who used the service and the staff team. This provided an open culture to all involved. Aims and objectives had been set for 2017 and 2018 celebrating the achievements of all connected with the service as well as identifying those aims for the future. These had been put on display for people to refer to and provided evidence that the service was run in an open, transparent and inclusive manner.

The quality of the service provided was measured in a number of ways. Visits were made to the service by other registered managers connected to the registered provider. During these audits; all aspects of the care provided were examined. Where action was needed, this was clearly identified with a plan of action and timescale to effect appropriate action taken. This report gave the registered manager the opportunity to gain an indication of the quality of the service provided but also gave other registered managers the opportunity to share good practice. One report included comments suggesting that one aspect of practice at Rivacre House would be useful to another service and would be incorporated. This outlined that the registered provider was keen to promote good practice between registered services for the benefit of people who were supported.

Staff were complimentary about the registered manager. They considered the registered manager to be approachable and good at their job. They told us that they felt supported and felt that the service was very

well run. Staff had meetings and this provided them with the opportunity to influence care practice within the service.

People who used the service told us that they had monthly meetings. They found that these were useful and felt as though their views were listened to. Meetings were minuted and covered a range of issues such as the quality of support in the service, activities, keeping safe and future development of the service. This outlined the continued openness and transparent approach used to managing the service. The views of people were gained by staff through daily interactions and surveys were sent to people by the registered provider to gain their overall views. The results of these surveys were available.

Part of the monthly staff meetings, CQC standards were discussed, and time spent identifying how at the service was meeting each standard and how as a service we can improve. This was to enable the staff team to understand how their role contributes to the inspection process, how their job role contributes to this and the aims of the service. This enabled the service to further develop.

Registered providers were required by law to prominently display their most recent ratings from CQC within the building and on their website. This had been done by the registered provider. A certificate of registration was on display and accurately reflected the service provided at Rivacre House.

Our records indicated that the registered provider always notified us when required. These notifications included those incidents which adversely affected the wellbeing of people who used the service. These were reported to us promptly.