

Cream III Limited

# Rivers

## Inspection report

Longrun House  
Bishops Hull  
Taunton  
Somerset  
TA1 5AY

Tel: 01823272633

Date of inspection visit:  
17 December 2018  
18 December 2018

Date of publication:  
11 April 2019

### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 17 and 18 December 2018 and was unannounced.

Rivers is a residential home specifically designed to provide open planned living for nine people, the home is registered together with another home called The Cabin, this home is situated next door and supports eight people. Both homes specialise in providing care to younger adults who have a learning disability, physical disability and sensory impairments. Each home is staffed 24 hours a day. The homes have a range of aids and adaptations in place to assist people who have mobility difficulties and all bedrooms are for single occupancy. Rivers & The Cabin have easy links into the local community, and access to a range of facilities such as full-sized Hydrotherapy pool and interactive sensory room that are situated within the grounds of the homes.

At the time of the inspection there were nine people living at Rivers and eight people living at The Cabin. The people we met had very complex physical and learning disabilities and not all were able to communicate with us verbally. We therefore used our observations of care and our discussions with staff, relatives and professionals to help form our judgements.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

### Why the service is rated good

There was a registered manager in post. 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 living at Rivers and The Cabin told us they felt safe. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access.

Detailed risk assessments were carried out to ensure people could make choices and keep their independence. This also included environmental risk assessments such as fire maintenance and safe use of water outlets.

Recruitment processes minimised the risk of employing unsuitable staff. There were sufficient numbers of staff available to keep people safe and support people when they displayed behaviours that challenged.

People's medicines support needs were clearly identified and staff delivered medicines in a personalised way. Staff were trained and competent to administer medicines, although we did make some recommendations, this included having guidance to ensure that "when required" medicines are given consistently.

Staff had received training on infection control and understood their role in preventing the spread of infection within Rivers and The Cabin. Staff knew the reporting process for any accidents or incidents. Lessons learned were shared with staff through team meetings and supervision.

People received effective care and support from competent and well-trained staff and supervision and appraisals were carried out regularly.

People told us that they had choices of food and that the quality of the food was good. Meal times were a positive social experience for people. Where needed, other professionals were contacted for specialist guidance and support to meet people's needs. Care records showed staff shared information effectively with professionals and involved them appropriately.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) Staff treated people with kindness respect and compassion and care plans gave guidance on how to communicate appropriately with people. People told us they knew how to make a complaint and felt confident that any concerns would be taken seriously.

Records showed people had their needs assessed before they moved in to the home. People and their family members were invited to formal reviews of people's care and staff encouraged people to access their community when they wanted to.

The leadership was visible and accessible. There was a management structure in place, which gave clear lines of responsibility and accountability. People spoke highly of the staff and management team. The providers approach to quality assurance included the completion of an annual survey. There were effective quality assurance arrangements in place to raise standards and drive improvements within both houses.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Rivers

## 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 was a comprehensive inspection that took place on 17 and 18 December 2018. The inspection was unannounced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and other information we held about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection, we spoke with seven people who lived at Rivers and The Cabin, and could communicate with us either verbally or by using their preferred communication method. Some people were not able to communicate with us at all, so we observed how those people interacted with staff throughout the inspection process. We also spoke with three family members who were closely involved in people's care and support and four health and social care professionals who regularly visited people living at Rivers or the Cabin. We met with the registered manager and their deputy manager, the providers quality lead, two cooks and 10 care and support workers.

During the inspection we looked at four people's care and support plans and other records associated with people's care and support such as daily care notes, risk management plans and medicine records. We also reviewed records relevant to the management of the service, this included staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and quality assurance audits.

Following the inspection, we asked the registered manager to send us some additional policies, training information and audits. These were all sent within the time frame given.

## Is the service safe?

### Our findings

People continued to receive safe care

People living at Rivers and The Cabin told us they felt safe. Some people indicated they felt safe by touching a hand, for example, if they touched the left hand they said yes, they felt safe, and the right hand meant no. One person who used a computer to communicate, said, "Yes, the staff help me". Another person we spoke with told us, "Yes I am safe." A relative told us, "(Relatives name) is very safe, the staff respond to exactly what they need, when they need it". Adding, "I can't imagine them being anywhere else we are so lucky to have found Rivers".

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The registered manager understood their responsibilities to raise concerns and record safety incidents. The registered manager reported incidents internally and externally as necessary.

Detailed risk assessments were carried out to ensure people could make choices and keep their independence. These included risks relating to personal care, management of health conditions, mobility, medicine management and accessing the community. One staff member said, "We help people take positive risks". Another member of staff told us about one person who wanted to hold a festival in the grounds last year, staff said, "We identified the potential risks and put measures in place to minimise them". Adding, "This resulted in a positive outcome for the individual who was now planning to put on a show next year".

The provider employed a team of maintenance workers. They completed environmental risk assessments such as fire maintenance and safe use of water outlets. We reviewed the homes business contingency plan that ensured the service would continue if an emergency happened. Staff recorded within each person's care records a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.

In addition to this, the provider had contractors that serviced their equipment to ensure it was safe to use and staff had access to an on-call service for out of hours concerns.

Some people living at Rivers and The Cabin had times when they could become unsettled or distressed. There was guidance in people's records, and staff gave examples that confirmed they knew how to support people when they displayed behaviours that challenged. One staff member told us, "(Persons name) gets agitated so we sing to them which helps calm them down." Another staff member told us, "Also they can become agitated if lots of people come in the main entrance so we use the side door to minimise the risk of their anxiety escalating."

There were sufficient numbers of staff available to keep people safe, we saw a staff rota that

confirmed this. One relative told us, "There are always lots of staff on duty, (Relatives name) has one to one and they have always met this need".

Recruitment processes minimised the risk of employing unsuitable staff. Staff records had references, and a Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups.

People's medicines support needs were clearly identified and staff delivered medicines in a personalised way. Staff were trained and competent to administer medicines, although we did observe one staff member administering an antibiotic lotion to one person whilst they were eating their breakfast. We discussed this with the registered manager who told us this was not usual practice and they assured us they would speak with the staff member and arrange additional training for them.

Everybody had access to over the counter medicines to treat minor conditions. Although people received their medicines as prescribed, there was no written guidance to support staff to administer medicines prescribed to be taken when required. However, staff knew people's needs well and could identify when a medicine might be required, for example pain relief. We spoke with the registered manager about this and recommended staff should have guidance to ensure that when required medicines are given consistently.

Staff ordered, stored, recorded and disposed of people medicines in a safe way. Medicines were made available to people when they left the service, for example to visit family or for appointments. Where people lacked the capacity to make decisions about their medicines, there were recorded best interest decisions that showed when it would be in the persons best interest to administer a medicine. Family members had been involved in making those best interest decisions where appropriate. We did find medicines that might be needed in an emergency were stored in a locked cupboard in the medicines room. This had not been risk assessed to make sure that staff could access these medicines quickly when needed. We discussed this with the registered manager who said they would be moved to people's rooms so that staff could access them quickly in the event of an emergency.

Information received from other services about medicines use was kept alongside current medicines records. However, staff did not always update their own medicines records to reflect changes. For example, the time when one person's emergency medicine should be given had been changed while they were in hospital. This was recorded on the hospital discharge summary but the person's emergency medicine protocol had not been updated. We discussed this with the registered manager who immediately arranged for the information to be updated.

Staff protected people by following good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection within Rivers and The Cabin.

Staff knew the reporting process for any accidents or incidents. Records showed that the registered manager had acted where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the registered manager had used these to make improvements to the service. Lessons learned were shared with staff through team meetings and supervision.

## Is the service effective?

### Our findings

People continued to receive effective care

The registered manager assessed people's needs before they moved to the home which helped staff make sure they could provide people with the right support. The needs assessments were detailed which meant staff could write care plans based on how people wanted to be cared for. Staff updated care plans regularly to make sure people's current needs were met.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

People received effective care and support from competent and well-trained staff. New staff received an induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. Staff had received a wide range of training relevant to the needs of the people. In addition to mandatory training staff received specialist training such as autism, epilepsy, and peg feeding.

Staff told us they had received enough support from the registered manager to meet people's care needs. Supervision and appraisals were carried out regularly to motivate staff, review their practice or behaviours, and focus on professional development.

Staff supported people to eat and drink enough and keep a balanced diet. People's records included information about how their dietary needs had been assessed and how their specific needs were met. If people had problems relating to eating and drinking there were risk assessments in place. This meant staff could monitor people's food and fluid intake and reduce any risks identified, this included people who were at risk of malnutrition.

The provider employed two cooks who worked across each house. Both cooks knew people's nutritional needs extremely well, they explained in detail one person's dietary needs, and why they were weighing every single ingredient for this person's meals. They also knew the medical condition that had led to this person's dietary needs and the impact it would have if the diet was not maintained.

People told us that they were involved in making their meals if they wanted to be, they had choices of food, and that the quality of the food was good. One person sat at the table waiting for their meals and smiled a lot when the staff brought it to them, suggesting they enjoyed their food. Lunch, was a positive social experience for people.

Where needed, other professionals were contacted for specialist guidance and support to meet people's needs. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health

care professionals in their plan of care. Each person had a health action plan and a 'hospital passport'. This is a document contained important information to help support people when admitted to hospital.

On the day of the inspection, we observed a massage therapist working with people and spoke to a physio therapist who was contracted by the provider to work one day a week across the houses. The physio therapist told us, "I support people and train the staff to continue any exercises identified for people". Adding, "The staff are very good at carrying out any plans we create for people, they are very proactive". Care records showed staff shared information effectively with professionals and involved them appropriately.

Rivers and The Cabin provided appropriate accommodation for the people who lived there. Peoples rooms were a good size, and decorated to each person's individual taste. People rooms had lots of personal belongings that made the room special to them and all have their own bathrooms. All accommodation including bedrooms, communal areas and the garden could be accessed by people using wheelchairs. One relative told us, "When (relatives name) moved in we decorated their room and made it really personal."

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 checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found people only received care and support with their consent or in their best interests. Care plans showed where people's capacity had been assessed and the action staff had taken. Staff had involved family members where people lacked capacity to make a specific decision. One visiting relative said, "Staff involve us in everything, I would let any decision be made without my input".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge of this legislation and had acted where people required this level of protection to keep them safe.

# Is the service caring?

## Our findings

People continued to receive a caring service

Staff treated people with kindness respect and compassion. This was reflected in the feedback from people who used the service. Comments from people included, "They care about me". And, "Staff are friendly". Relatives told us, "Staff really do look after people here, they care and they make sure they have a good life." We observed staff being very supportive and assuring when talking to people, there were lots of kind reassurances given. People interacted with staff in a positive and proactive way. People were happy and laughing and enjoyed being around staff.

Care plans gave guidance on how to communicate with people. Two people created and maintained their own care plans. Staff told us, "(Persons name) needs a lot of time but wants to be part of the process". Adding "We captured their basic needs, but the rest is done over time". One person told us, by using hand gestures, that they chose what they wanted to wear each day. Another person told us, through use of their equipment, "I always do what I want, that's important to me, staff just make it happen". Relatives confirmed staff involved them at every stage, one relative said, "I always attend reviews and any decisions are made with me included". Staff knew people well, staff told us, "(Persons name) always likes a bubble bath in the mornings". And, "I hold up each garment and they raise their eyes up for yes or down for no".

In the 2018 satisfaction surveys there was a high level of positive comments from both professional and family members. One comment included, "Lovely friendly staff". A professional said, "My answers are consistently excellent, because with my experience and knowledge of 'Duty of Care' with vulnerable service users, Cream is without doubt in a league of its own". We also received an email from a relative following the inspection, comments in that email included, "The transition from their last placement was handled well and they enjoy a variety of activities and trips. They also say, "(Persons name) epilepsy is well managed, the staff at Rivers respond quickly, calling the GP or ambulance when necessary".

The provider operated a key worker system. This was where the staff took responsibility for providing care to certain people who lived there. Staff told us, "The key worker system has two of us as one person's key workers, this makes sure there is consistency". Adding, "This works well when we are on leave." Another staff member said, "It means we can build strong relationships and really get to know people".

Staff encouraged people to be as independent as they could be. The provider told us they have an ethos of active support which encourages people to participate in every aspect of their lives regardless of ability.

Staff told us they supported people but did not disempower people. Staff respected people's privacy and made sure care was provided in a dignified and respectful way. People could choose the gender of the staff member who helped them with personal care and choices were respected. One person told us, "They knock on my door, close doors and curtains for me". We observed staff discreetly asking people and supporting people to use the bathroom, and doors were always closed when staff were supporting people with personal care.

We also spoke with one person who told how they came up with the idea of holding a festival in the grounds of the home. This was supported by staff and around 100 people attended, including residents, their families, staff, staff members' families and friends. A local scaffolding company created a stage and the Cream band (made up of staff) and another band played at the festival. This person sent an email to the inspector after the inspection explaining about all the things staff had supported them to achieve.

Staff supported people to keep relationships with family and friends. Visitors could visit whenever they wanted to. Staff also told us they held regular social events such as discos, parties and social events.

We observed some visitors coming into Rivers on the day of the inspection. People went home to stay with their families regularly and the provider had family gatherings so that people could get to see each other, particularly on special occasions such as birthdays. One relative told us, "If we can't get to them staff will bring (relatives name) to us". Staff told us they also provided overnight support to allow people to attend weddings and family functions.

Staff respected people's religious and cultural differences. Staff told us they speak to people and relatives when they first move in to find out what their religious preferences may be. One staff member told us, "Yes, for example, we support two people to go to church on Sundays".

## Is the service responsive?

### Our findings

People continued to receive a responsive service

Records showed people had their needs assessed before they moved in to the home. The support plans were set out clearly and were easy to read. We reviewed four care plans all of which gave a wide range of information about the person. This included people's preferred daily routines, likes, dislikes, details of people and things that were important to them and how staff could support them. This was important for staff to understand because some people receiving support had limited or no verbal communication.

The staff we spoke with and observed, demonstrated a very good knowledge of the people they cared for. For example, one person had complex health issues and staff had to be aware of very subtle signs and symptoms that the person may be unwell. Staff understood what action they would take in the event their health did deteriorate because the needs assessments provided clear guidance.

Staff supported people in a way that promoted their independence and well-being. One relative wrote to us and said, "I would like to emphasise the importance of the amazing support we have had from the Rivers team to get (relative's name) onto a special diet". They added, "We have seen many positive improvements in mood, cognitive ability and skin integrity".

They also said, "The support to find a cause for the sickness continues and Rivers staff are maintaining their weight in spite of (relative's name) continued sickness". This relative said, "Staff are determined to improve (relative's name) situation". Adding, "The Rivers team, from management, careers, and kitchen staff have all collaborated to make this fairly new idea of blended diet work for (person's name), and I can't thank them enough for the benefits it has had in improving (relative's name) wellbeing".

People and their family members were invited to formal reviews of people's care, all records we reviewed were kept up to date and reflected people's current needs. One person told us, "Yes I have person centred reviews with staff". One relative told us, "We attend a full review every year and person-centred reviews every six months". Another relative said, they always keep us up to date with everything to do with (relative's name's care) they are good like that".

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people living at Rivers and The Cabin had no verbal communication. Staff told us, "People have communication passports and profiles and we use assistive technology to improve communication and make sure they know about their own care records".

People were fully encouraged to access their community when they wanted to. On the day of the inspection, it was clear people had very busy lives. Some people were getting ready to go out to their chosen social events. One person told us, "Staff help me to do things, I can do what I want staff just help me make it

happen". Staff told us, "We ask people in the morning when they are getting up, what they would like to do". Staff also said, "We check the daily notes to see what activities people had done the previous day to avoid too much repetition".

On the day of the inspection, we observed staff engaging people who did not go out. This included staff helping people write their Christmas cards. One relative told us, "I've come to visit before and (relative's name) has been out socialising".

The provider told us staff support people to live full lives through fun activities. For example the provider had employed a physiotherapist who used water play and sensory stimulation to engage people. The provider also employed a horticultural technician who worked with residents on group projects. Recently people created a display for the local library.

People knew how to make a complaint and everyone we spoke with felt confident that any concerns would be taken seriously. One person said, "I made a complaint to the manager once and was happy with how it was dealt with". One staff member said, "I can tell if (person's name) had a problem or is worried about something by their facial expression". Adding, "We sort things out quickly".

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. At the time of the inspection no one was receiving end of life care, but staff told us, "I have received end of life training". They added, "I have been here when people have died, we did one to one with them for as long as we could". Staff also said, "People stay here if possible but, in the end, hospital might be in their best interest". They added, "People's end of life plans are very individual".

# Is the service well-led?

## Our findings

People continued to receive a well led service

The provider had a clear vision to deliver care and support that promoted a positive culture. Their mission statement said, "Cream Care's purpose is to provide a home where people are empowered to live in a kind, supportive and caring environment. Processes in place supported this mission statement. Staff appreciated the values of the provider and the way it was run. A member of staff told us " I love my job and can't imagine being anywhere else".

There was a registered manager in post. 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.

The leadership was visible and accessible. We saw open, honest, skilled leadership throughout both Rivers and The Cabin. People said the registered manager was very approachable. A deputy manager supported the registered manager. They both showed an excellent knowledge of people and their care needs. During the inspection we observed people get excited when the registered manager approached them, people were very comfortable and relaxed with them.

There was a management structure in place, which gave clear lines of responsibility and accountability. There was a positive culture of support and cohesiveness amongst managers and staff. There were regular manager's meetings and staff meetings which meant staff were kept up to date with developments about the service.

People spoke highly of the staff and management team. Relatives told us, "There is always someone I can talk to if I need anything". "Staff are very approachable". And, "We are very lucky to have found Rivers".

The registered manager understood the importance and responsibility of their role. They told us they felt supported by their line manager and the providers nominated individual. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed.

The providers approach to quality assurance included the completion of an annual survey. The results of the most recent survey had been extremely positive. Staff and people also said they were encouraged to discuss their needs every day because things changed so regularly. One person said, "I have a one to one with the manager every week we can discuss anything then".

There were effective quality assurance arrangements in place to raise standards and drive improvements. This included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans and health and safety audits. There was a culture of openness and honesty. Feedback on the service was

encouraged and sought through forums such as team meetings and staff forums.

The provider was collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses delivered training to staff so that staff could support people who had specialist physical healthcare needs such as diabetes and epilepsy in accordance with best practice guidance.

The provider had followed all relevant legal requirements, including registration and safety obligations, and the submission of notifications. They also displayed the previous Good rating issued by CQC in the front reception area for the public to see.