Cream III Limited

Rivers

Inspection report

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Date of inspection visit:
20 July 2023

Date of publication:
15 September 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Rivers is a residential care home providing personal care to up to 17 people. The service provides support to younger adults with a learning disability, physical disability, and sensory impairments. At the time of our inspection there were 17 people using the service.

The care home accommodates people across 2 separate homes called Rivers and The Cabin, each of which has separate adapted facilities and are situated next door to each other. Rivers supports 9 people, and The Cabin supports 8 people.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. The service is larger than current best practice recommendations. However, the size of the service having any negative impact on people was lessened as the service was being delivered within 2 separate houses.

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

People were supported to be involved in decisions about their care and support. Staff were observed communicating with people in ways that met their needs and supporting them to make choices.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests.

People lived in a safe and clean environment, that met their sensory and physical needs. People benefitted from an interactive and stimulating environment. People were able to arrange and decorate their bedrooms in the way they preferred.

Staff supported people to access specialist health and social care support in the community. Staff supported people with their medicines, and worked with health professionals to achieve good health

outcomes.

Right Care:
Recruitment procedures were robust. However, concerns were raised regarding staffing levels. The service was impacted by many changes within the staff team.

Although staff in general knew how to support people safely, they did not always have appropriate training and support to ensure people received safe care at all times.

People received their medicines from staff who knew them well. Staff generally followed systems and processes to administer medicines safely, however improvements were needed to ensure staff received appropriate training and competency assessments.

We found 1 safeguarding concern had not been escalated to the Local Authority appropriately, and the provider had not always notified us of significant events in line with their legal responsibilities.

People's care plans and risk assessments reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, and understood and responded to people's individual needs. Throughout the inspection we observed kind, relaxed, compassionate, and caring interactions between people and staff.

Right Culture:
Improvements were needed to make sure there were effective systems to monitor the quality of the service and plan improvements.

People told us they were pleased with the support that staff provided to them, although relatives raised some concerns about the service their loved ones received.

Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives. Staff demonstrated their knowledge of people and placed people's wishes, needs, and rights at the heart of everything they did.

The staff, manager and deputy manager were open, acting on queries and feedback throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published April 2019)

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified breaches in relation to good governance and notifications of incidents at this inspection.

We have made recommendations in relation to safeguarding and staffing.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Rivers

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
Two inspectors and an 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.

Service and service type
Rivers is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rivers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a not a registered manager in post. A new manager had been in post for 4 months. The manager had been deployed to Rivers from another of the provider's locations where they are currently the registered manager. The manager was in the process of moving their manager's registration to Rivers.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
Two inspectors visited Rivers on 20 July 2023. We spoke/ communicated with 2 people who used the service. Other people we met had complex physical and learning disabilities and were not able to communicate with us verbally. Their opinions were captured through the use of communication technology, reactions to observations and interactions they had with staff.

We spoke with 11 members of staff including the manager, deputy manager and the provider's quality assurance and compliance manager. We reviewed a variety of records relating to people's personal care and support and the running of the service. These included 4 people's care and support plans, 5 people's medicines records, 2 staff recruitment files and a variety of records relating to the management of the service including policies and procedures.

We sought feedback from the local authority, and an expert by experience spoke with 5 relatives about their family member's experience of the care provided.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- During the inspection, we were made aware of a safeguarding concern raised by a relative with the Care Quality Commission (CQC), which we shared with the provider. This had already been raised with the provider, who was investigating the concerns, but had not informed the local authority safeguarding team. Therefore, we raised a safeguarding alert with the local authority safeguarding team.

We recommend the provider research current best practice guidance and liaises with the local authority to ensure they are referring safeguarding concerns appropriately.

- All other safeguarding concerns had been appropriately raised with the local authority safeguarding team.
- During the inspection a relative raised a further safeguarding concern with the local authority safeguarding. At the time of the inspection this was being investigated by the provider with an outcome pending.
- Staff training records showed that 14 staff had not received mandatory or refresher training in safeguarding. However, staff spoken with understood their responsibility to report abuse and neglect and felt confident to do this. Staff told us they would act if they had concerns and were confident steps would be taken to keep people safe. Staff members told us, "[Management] are lovely. [Manager] never stops smiling and makes you feel very heard with your concerns and always acts on them" and "[Deputy manager] is really helpful, any concerns, she would deal with it."
- People looked relaxed and comfortable with staff who supported them. One person told us they would talk to management if they had any concerns. Both people spoken with confirmed they felt safe.
- Relatives told us, "We feel comfortable with [relative] living here" and "I think [relative] feels quite safe there and [relative] would communicate to us in ways that [relative] can communicate, if [relative] didn't feel safe."

Staffing and recruitment

- We received mixed feedback regarding staffing levels. When asked if they felt there were enough staff available relatives told us, "Probably not, I think at times when I've been there, and I can think of one occasion recently where she was due to have a [specific procedure]. It required two members of staff, and they were waiting for someone to come on shift", "I don't feel that there are enough staff at the moment. Every time I go there, they seem to be managing more residents than they should be" and "I do think the standards have slipped in the last 2 years since pre covid. I feel that the homeliness factor has completely left the building now and clearly they had staff shortages… it is not the same staffing levels that it was before."

● People had 1 to 1 or 2 to 1 staffing, or shared staffing hours commissioned to meet their needs. A relative raised concerns that their loved one was not being supported with their commissioned hours. The manager told us people's staffing hours were not being consistently delivered due to staff absence. Assurances were provided that there were enough staff to keep people safe, but this lack of staff could limit the opportunities people had in their day to day lives, such as being able to go out.
● One person told us that they were supported by enough staff, although a lack of staff to drive vehicles had an impact on the support they received. One staff member told us, "Essential needs are met, but difficult to get people out. People walk into town but driving is a real difficulty and difficult to get people further afield." One relative told us, "I think they do need more qualified driving people, because sometimes they don't have enough qualified drivers."

We recommend the provider reviews the systems in place to determine staffing levels to ensure enough staff are deployed to keep people safe and provide person-centred care.

● New staff were recruited safely. All required pre-employment checks were carried out including criminal record checks and obtaining satisfactory references from previous employers before new staff started work. Staff had a formal induction to the home. One staff member said, "I have worked here about 5 months now. I think it's really good here. My induction was very good, very thorough."
● There had been many changes in the staff team, with staff leaving and new staff being recruited. The service recognised this had initially been unsettling, but felt things had now settled. People said they liked the staff who supported them, and we saw people clearly knew and trusted staff.
● Most relatives felt that things had now improved. Relatives told us, "They struggled a bit over lockdown to retain staff and having a lower number of staff did affect [relative's] care, but they have done everything they can do to get it sorted and it is working now" and "[Staffing problems] have proved a bit difficult over last couple of years, but I think they've got over that now and have got more of a static staff."

Using medicines safely
● Medicines were not always administered by staff who had received up to date training. Staff training records showed 15 staff had not completed mandatory safe handling of medicines training or their refresher training was overdue. The provider told us they had a strategy in place to support staff to complete their training in the coming weeks.
● People were being supported with clinical tasks that had been delegated by a health professional. Best practice guidance was not always being followed in relation to one of these tasks. Although staff had received training, competency assessments by a health professional had not been undertaken. The provider was of the understanding that the training undertaken included competency assessments, but on investigation this was not correct. The provider was responsive and arranged for competency assessments to be completed.
● Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
● One person, who had a complex method of medicine administration, confirmed staff supported them in a safe and effective way. Relatives told us, "They have special staff who do the medication, they're responsible for medicating, and it's all quite tightly controlled and I'm very happy about that", "I have no concerns over medicines" and "It seems to work very well, [relative] gets them when [relative] needs them."
● Staff followed a system to store medicines safely and record their use. Checks were made on stock levels, expiry dates and on safe storage temperatures. Medicine administration was audited each month.
● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and would ensure any medicines taken now or in the future

were reviewed by prescribers in line with these principles.

Assessing risk, safety monitoring and management
● People lived safely and free from unnecessary restrictions because the service assessed, monitored, and managed safety well.
● People's care records helped them to safely get the support they needed. Risk assessments were in place which guided staff how to manage and mitigate risk to people. These included information about risks associated with health conditions, personal care, falls, equipment, mobility, eating and drinking and personal safety. Alongside risk assessments, care plans and protocols also provided staff with information to support people safely.
● There were a range of health and safety checks in place on the building and equipment. For example, there were safety checks on electrical equipment, hoists and passenger lifts, hot water, and the fire alarm system. The checks on the fire alarm system were not always completed consistently. The provider had recognised this and had an action plan in place to address it.
● Not all staff had received relevant training to ensure the safety of people. For example, staff training records showed 9 staff had not completed mandatory or refresher training in how to move people safely, 17 staff had not completed mandatory or refresher training in health and safety, and 12 staff had not completed mandatory or refresher training in fire awareness. The provider told us they had a strategy in place to ensure staff complete this training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● The manager told us DoLS applications had been submitted to the local authority for review/authorisation in line with legal requirements. One application had been authorised. Conditions related to this DoLS authorisation were being met.
● Staff were observed asking people if they would like support or assistance. Staff respected people's decisions and were seen to be supporting them in a dignified manner.

Preventing and controlling infection
● We conducted a tour of the building, observed staff practices, and discussed the infection prevention control arrangements with the manager.
● We were partially assured that the provider was supporting people living at the service to minimise the spread of infection. This was because 14 staff had not received mandatory or refresher training in infection control. The provider told us they had a strategy in place to ensure staff complete this training.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. All relatives spoken with raised no concerns in relation to the cleanliness of the premises,

although 1 relative told us they felt the home was not as well maintained as it used to be.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. One relative told us, "Everybody was on the ball with the masks and cleanliness, people had to stay in a separate room and didn't come out for three weeks. They were very on the ball with that."
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Visitors were able to visit their loved ones whenever they wanted. There were no restrictions on visitors.

Learning lessons when things go wrong
● People received safe care because staff learned from any accidents and incidents which occurred or where care was not effective. The manager and the provider's quality assurance and compliance manager reviewed all records of any accidents, incidents or 'near misses'.
● If any changes were needed, these were discussed with people, and with family members if appropriate. Once implemented, they were discussed with staff and formed part of people's care plans.
● Relatives told us, "I have had to complain in the last 12 months, and it was resolved to my satisfaction, I felt they learned from raising the complaint to avoid it happening again" and "[Staff member] is in touch with us regularly, when we have regular updates about [relative's] care with her. We discussed all the things we might want to change or that aren't working or are working. They're very good at putting those right, so they're good at talking to us and helping the whole situation really, to keep on improving."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Statutory notifications had not always been submitted as required. A statutory notification is information about an event or person which the service is required to inform CQC. This meant that we had been unable to check that action had been taken to keep people safe.
- Records showed when safeguarding concerns had been reported to the local authority, we had not been notified of each incident, and when the last registered manager left their post and the service was being managed by another member of staff, we had not been notified.

The provider had failed to notify the CQC of significant events which had occurred. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The last registered manager left their post in December 2022. The provider told us they considered the managerial support needed for the home, and an interim manager was appointed until an existing manager from another of the providers locations started in post in February. During this time, there had also been many changes in the staff team; some experienced staff had left, and new staff recruited. Due to the provider recognising further support was needed, an experienced team leader, a second deputy manager and a compliance assistant also supported the home. Families were provided with information during this time to keep them advised about who was managing the home.
- The provider's oversight and support provided during a time of significant change had failed to ensure the service always provided high quality care, to train and support staff adequately, or to ensure improvements needed were identified and carried out.
- Both day to day management of the home, and the provider's governance processes, had therefore not been effective in providing consistently high-quality care and support.
- The provider's current action plan for the service did not include the improvements needed in staff training, staff support and supervision, and staff meetings. It was therefore unclear how these improvements would be carried out, who was responsible for them or what the timescales for improvement were. The manager said, "We have recognised that supervisions, training, and team meetings have not been as consistent as they need to be. I know that this is the foundation of a functioning team, and I am working to ensure that these areas are improved."

The provider had failed to consistently assess, monitor, and improve the quality of the service. This is a breach of Regulation 17 (Good governance) of the Health & Social care Act 2008 (Regulated Activities)

Regulations 2014.

● Although there were some instances where the provider had not ensured that staff were adequately trained or improvements carried out, they had invested a number of resources into the management of the home during a period of significant change with a view to ensuring that staff and the people living in the home were adequately supported.
● The current manager was honest and open about the quality of the service they had inherited, and the improvements needed. They had already started improving things by working closely with the staff team, with people's relatives and observing staff practice. They told us, "Being visible and present helps me to identify where there is a culture or practice that needs to be addressed. I am committed to ensuring the team have a clear understanding of expectations and have addressed different issues over recent weeks."
● The manager was being supported by a deputy manager, team leaders, an administrator and the provider's quality assurance and compliance manager. Between them, this team felt they had the skills, knowledge, and experience to improve the service.
● Overall, relatives were happy with the service their family member received. One told us, "They [staff] all work very hard and they try and do their best for the residents." Some relatives did feel standards had slipped, but things were improving. One relative said, "They've [the service] managed to muddle through it and get through it, and now things are a bit more even keel, and they're starting to work. You can see the improvements coming thick and fast."
● Staff spoken with were clear about their roles and responsibilities. There had been lots of changes, but staff were focused on providing good, consistent care and support. One staff member said, "I thought I could use my skills and skill set to help Rivers get back to what it used to be. We have had some changes in management, and it was a bit unstable for a while with people covering. We have a new manager now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Family members gave mixed feedback about the level of communication and engagement about any changes or updates regarding the service. Comments included, "If there are any issues or anything has happened, we're immediately informed about it" and "I think they find it very important to know what we think and how things are."
● Two relatives told us communication needed to improve, and one relative told us they felt the service did not involve and listen to them anymore. The manager told us communication and engagement with relatives was informal, such as direct conversation, meeting relatives when they came to the home or discussing changes to a person's care needs as and when they arose. The manager recognised that all family members were not feeling listened to, and provided assurances that she will continue to work to address this.
● During the inspection, some concerns were raised by relatives in relation to the service their loved ones received. We asked the provider to investigate these concerns.
● Relatives told us they had not received a recent satisfaction survey. During the inspection the provider told us "There has been a delay in the sending out of the current family survey, but these are anticipated to be circulated in the next couple of weeks."
● Staff had not received regular 1 to 1 supervision with their line manager and team meetings were irregular. The manager recognised this and was working to address the issues.
● The provider told us people's feedback was sought through person centred reviews and the direct and open feedback that the management team has with people. One person told us the manager was helping him with an issue they had.
●The provider held 'Team Talk' meetings for staff from each of the provider's homes to meet and share ideas and good practice across all the homes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider and manager understood their responsibility regarding the duty of candour.

● Both the manager and the deputy manager supported our visit. Both demonstrated their commitment to providing person-centred and high-quality care.

● Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

● One relative told us they were informed about an incident and "Were happy at how it had been resolved, and that they learnt from any issues that they have to avoid them happening again."

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

● The team showed their commitment to providing person centred, high-quality care. Staff were observed to interact with people in a kind and considerate manner, treating them with dignity and respect.

● People were positive about the service and staff. 1 person told us the staff are "brilliant with me" and "It is great to live here." Another person told us it was, "Very good."

● Staff felt respected, supported, and valued by management. Comments included, " I love my job and the residents, like any care home it comes with challenges, but I am supported by management when it is challenging", "[Manager] and [deputy manager] are amazing and really supportive" and "It's lovely, just like a family here, even when staff are stressed we all support each other."

● Staff knew and understood the provider's vision and values and how to apply them in their work. People received good quality, consistent support. Staff enjoyed working in the home and were passionate about their roles. Comments included, "I love it here, it feels like a big family" and "We guide and support [person]. This is very important as it gives [person] independence. [Person] loves doing things for themselves, so anything we can do to support [person] with this is important."

● Relatives told us, "I find the staff to be caring. I think the environment is fun for [relative] and [relative] has opportunity to have activities come in, which is lovely for the residents", "It's excellent, really excellent, we wanted [relative] to go there when we saw it, we thought it was an amazing place, we loved the way they worked, and seven years later we still think it's an amazing place" and "We've got to the stage with [relative] now where [relative] doesn't really want to come home, [relative] wants to stay there instead of coming home. So that speaks volumes."

Working in partnership with others

● The service worked well in partnership with other professionals and organisations to make sure people received the support they needed.

● People's care records detailed the involvement of appropriate professionals to ensure the best outcomes for people. This included health and social care professionals, and their input was reflected in care plans.

● Most relatives confirmed their loved ones were supported to see health care professionals. This included doctors, speech and language therapists, dieticians, and dentists.

● The provider was currently involved in a quality improvement project with Somerset NHS Foundation Trust in relation to clinical skills, to improve care, safety, and experience for people with learning disabilities using a social care training model.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of significant events which had occurred. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to consistently assess, monitor, and improve the quality of the service. This is a breach of Regulation 17 (Good governance) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.