

Suncare Recovery Limited

Two Rivers Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Two Rivers Care Home is a residential care home providing personal care and accommodation to eight people with a learning disability. The home is on a residential street in a community setting and designed to promote people's inclusion and independence.

The provider, Suncare Recovery Limited, also has three supported living schemes located a short drive from the care home. On the day of our inspection there were 14 people living in the supported living services. The care home and supported living services are under the same registration with CQC.

All the services provided are for women, many of whom have additional mental health or physical disabilities. The service offers support to people from many nationalities as staff speak a range of Asian and European languages as well as English.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People told us they enjoyed living at the care home and the supported living services. They felt safe with the support they received from the staff. We saw staff were kind caring and people and families confirmed this.

We found that whilst the service was well-led in many ways and the senior management team worked well together, there were some areas in which best practice was not followed. This included notifying CQC of all safeguarding concerns, ensuring long standing staff received refresher training and assessment of their competency in medicines.

There was a person-centred culture at the service. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals and family members praised the service provided and the ability of staff and the senior management team to work in partnership with them.

People were encouraged and supported to engage in activities within the community. In addition, at the care home there was a range of activities which took place which people living at the supported living

service could access.

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 safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and provide flexible, responsive care.

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 the service was good (published 18 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Two Rivers Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience. 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:

Two Rivers Care Home 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.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection:

There was only one person at the care home who was able to communicate with us verbally. However, three people at a supported living service we visited, were able and willing to talk with us.

In addition to talking with people, we spent time observing the daily life in the home and we looked around the building to check the service was safe and clean. We also observed lunch being given at the residential care service. We also spoke with one visiting family member.

On the day of the inspection we spoke with one visiting health professional to gain their view of the service. We also spoke with three staff including deputy managers and a manager of one of the supported living services. The registered manager was on annual leave on the day of the inspection.

We reviewed a range of records. This included three people's care records in detail and specific sections of five additional care records. We reviewed daily logs for three people over a two-week period. We reviewed medicine administration records. We looked at five staff files in relation to recruitment. We also checked accident and incident documentation and complaints within the last 12 months. We checked building and fire safety maintenance checks.

After the inspection:

We requested additional training, supervision and quality assurance records. We also sought clarification from the senior management team manager in a number of other areas including mental capacity documentation, training, notifications to CQC, safeguarding referrals and quality audits. We also spoke with the registered manager and nominated individual on the telephone to clarify specific information for the inspection.

We also received additional feedback from two family members and three health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People and their relatives told us they felt safe. Feedback included "I feel safe," and "Definitely, she is safe."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse.
- Whilst we had no concerns regarding the care of people and the local authority had been notified of a potential safeguarding incident, by oversight the senior management team had not sent a notification to CQC. s. This is discussed further in the Well-Led section of the report.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mobility, eating and drinking, mental health and behaviours that can challenge.
- People were very well supported to take positive risks and the service worked creatively to support people, to ensure they were able to access the community and live fulfilling lives safely.
- Safety checks of the building and equipment, including fire safety equipment took place regularly. Fire drills were regularly held and records noted effectiveness, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- People were well supported as staffing levels were carefully monitored to ensure people received prompt care and support to achieve their goals. Staff said that staffing levels were maintained at a good level and they had time to meet people's needs and we saw this on the day of the inspection.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- Medicines were obtained, stored, administered and disposed of safely by staff. Staff received training and had their competency regularly assessed, although this was not always recorded.
- Following the inspection, the service introduced a new extensive system of competency checking and recording in line with best practice guidelines.
- However, we noted that staff were not always completing the MAR when applying creams to people. This had been noted by the senior management team and actions were being taken to remedy this.
- We also noted that whilst there were protocols for 'as needed,' PRN medicines, these were not available at the supported living scheme as they were held at the care home. Staff were able to tell us when people

could get PRN medicines so this did not place people at risk of harm.

- Following the inspection the senior management team confirmed these were available on each site for staff.
- The care home and supported living schemes were kept clean and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately to prevent the risk of cross infection.

Learning lessons when things go wrong

- Accident and incident logs were kept. We could see that learning had taken place following incidents and accidents as they were discussed at team meetings and in supervision. We also saw that all staff had undertaken refresher training in managing household chemicals following an incident that took place at the care home.
- The registered manager also completed a significant event analysis following significant events to aid learning across the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law

- The registered manager thoroughly assessed potential new referrals to ensure people's health and care needs could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person.
- The registered manager was working to deliver care in line with guidance standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service was effective in supporting people to access healthcare services to promote their health and well-being. One relative told us, "The service arrange appointments and let the family know" and "Yes we are always kept informed about our family member's health."
- We received positive feedback from external professionals about the agencies multi-disciplinary working to ensure good outcomes for people they supported. Feedback included "The staff are very positive and willing to take on new ideas" and "Two Rivers provides excellent care for all of its residents many of whom have very complex emotional and physical health problems."
- Care records showed the involvement of mental health professionals, speech and language therapists and there was weekly communication with the local GP which meant that people's health needs were addressed swiftly and effectively.
- The service was working with mental health professionals to adopt a positive behaviour support model (PBS) of care into the service. PBS is an enabling model of working and positive risk-taking with people with a learning disability. This had resulted in people being able to access more community activities, and provided effective guidance for staff in managing people who have behaviours that can challenge.
- The provider used technology to assist in the effective delivery of care, for example some people had movement sensors in their rooms to help keep them safe and people with epilepsy had monitors to alert staff to seizures.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained detailed information to support people to have enough to eat and drink.
- A health professional told us the service worked very well with one person to promote eating food as opposed to using a PEG for nutrition. A PEG is percutaneous endoscopic gastrostomy is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. This was very positive as there are potential health risks in using a PEG, which were minimised in this case.
- People told us they liked the food and they could choose what they ate. Care records highlighted people's

dietary preferences. Family confirmed the food was varied and of a good quality.

Staff support: induction, training, skills and experience

- Family members praised the staff skills. Feedback included "They are brilliant. They look after them (people at the service). Each and every staff member is excellent." Professionals told us the staff were very competent in supporting people and feedback included staff "support and learn from each other to develop their skills further."
- Health professionals also praised the skills of the staff. Feedback included "It was a pleasure to see all the strategies, I had introduced in training, put into action."
- Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control. Staff undertook the Care Certificate, 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.
- The service did not have a policy set out for refresher training, however, following the inspection the service set this out with timescales set out. This is discussed further in the Well-Led section of the report.
- Staff told us the registered manager and members of the senior management team were supportive and they were encouraged to train for nationally recognised qualifications.
- Staff supervision and appraisals took place regularly and feedback included "They have helped me build up my confidence. They will help you with any problems."

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet the needs of people in the home. Adaptations were provided to support people's independence, and people who used wheelchairs had rooms on the ground floor.
- There was a well-kept garden which people could access. A large activities room had been built at the end of the garden with a covered walkway leading to it. This provided space for a range of activities and had sensory equipment to provide a calming environment.

Ensuring consent to care and treatment in line with law and guidance

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

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

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected. There were DoLS applications in place and a system to prompt renewals.
- We saw that best interest meetings had taken place for people to explain why certain restrictions were in place, or care was provided in a specific way. The service included the use of CCTV for people who had severe epilepsy or serious mental health needs. Following the inspection the service revised their review paperwork to include review of all restrictions so this information was stored in a more structured way. This

was important as a service has to show they are regularly reviewing restrictions are proportionate and still necessary in the person's best interest.

- Staff sought appropriate consent to care prior to carrying out any tasks and told us "all our residents they are able to give opinion in their own way" even if they could not verbally communicate.
- Staff had completed training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed strong and supportive relationships with people. We saw staff consistently treated people in a very kind and compassionate manner. We saw lots of laughter and warm interactions between people and staff. There was lots of dancing and singing at both the care home and the supported living scheme.
- People and family members told us staff were kind and caring to the people at the service. Comments included staff are "very caring" and "Staff are attentive and caring."
- Each person had their life history recorded within their care records which helped new staff to get to know people to build positive, caring relationships with them.
- Care documentation outlined people's cultural, religious and spiritual needs. Staff were from a range of backgrounds, cultures and religions so were fully able to meet the needs of people living at the service. People were supported to attend the mosque or temple as they wished.
- People and staff told us that all religious and cultural festivals were celebrated and the care home and supported living service had a very homely atmosphere to them.
- All the services run by the provider were run for women with women as support staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us that people who could not verbally communicate could express their views about their care through non-verbal signs and actions. Care plans highlighted the range of ways in which people communicated.
- The service cared about and valued the views of people who used the service. Staff recognised people's communication needs and what was important to people.
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect, this included "giving people choices and respecting their cultural and religious needs; making sure people are well presented and those who like it, having make up and nails done. "
- We found one occasion when a monitor was in use by staff which compromised the person's dignity, but we discussed this with the senior management team who understood the importance of the issue. We could see immediate action was taken to remedy the error and measures were put in place to reduce the

likelihood of re-occurrence.

- Staff had a sensitive and caring approach when talking about the people they supported. Staff were very positive about people achieving and succeeding at new activities and skills. We were told of one person who was now comfortable using a commode which enabled greater independence. A professional told us "They (staff) are dedicated to ensuring the people they care for reach their full potential."
- People's care records highlighted what they could do for themselves and people told us their independence was encouraged. One person was volunteering for the provider and working in the office. Another person was volunteering for another organisation. This encouraged people to be independent and gave them work experience.
- The staff team were knowledgeable about accessing services, so people could have equipment and adaptations to keep them both safe and promote their independence. People's rooms were personalised.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a summary document of their family and social background, needs and preferences including areas of risk which new staff used to familiarise themselves with people. One staff member told us "We always take their needs, wishes and choices into account. We are always person centred, we always provide high quality care."
- The service also had detailed care documents which provided a historical log of needs, health and incidents of behaviours or seizures. These were kept so the service could provide detailed information to other health professionals as needed. Care plans were supplemented by detailed risk assessments in place.
- People's care plans were personalised and were written with people and their family's input as much as possible. They were reviewed when a person's needs changed and people and their families were involved in the review process. People and their relatives made very positive comments about the support provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were leading fulfilling and active lives and were supported to engage as citizens within the local and wider community. In a specially built building at the end of the garden of the care home, the service ran yoga classes, art and craft classes and music sessions. These were available to all, including the people living at the supported living schemes.
- A number of people went swimming and to exercise classes locally. One person attended college. People had opportunities to go to the local shops and park.
- The service had recently taken 19 people on holiday to a resort at the seaside. The face of one person who had limited verbal communication, lit up and looked so happy, when telling us about the holiday.
- People's families were very involved in their lives. Many people went to visit their family weekly. In this way, the service supported people to have personalised care and to maintain and develop relationships with friends and family. A family member commented "I cannot say how much myself and my family appreciate the staff at Two Rivers. They are very attentive to my [relative's] needs."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. We saw that there had been one complaint logged and investigated in the last year. One family member told us "I have never had the need to make a complaint."

Another said, "We have no complaints" and "Communication with the manager is always prompt and responsive."

- Health and social care professionals told us "The manager is very responsive. All issues are dealt with appropriately and timely" and "The management are very responsive to problems and work well with us."
- People told us they knew how to make a complaint and the registered manager and an easy read version of the complaints process was available for people. People are also asked on an informal basis daily if they are happy with the care as well as more formally at review meetings and residents' meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. Care records detailed any communication support needs. For example, staff had been trained to understand the communication needs of a person who used Makaton, a form of communication using hand signs.

End of life care and support

- There was no one receiving end of life care at the time of our inspection and the service did not routinely ask about these issues. But the senior management team told us they were planning to include this information in future care planning reviews and were working with the local GP's to approach this subject delicately with people and their families.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- We found that there were some areas in which the senior management team had not fully implemented best practice in the management of the service.
- Remedial action was taken immediately potential safeguarding events took place and the local authority notified, but by oversight, the senior management team had not notified CQC of a potential safeguarding concern.
- There was also a delay in sending in notifications for DoLS authorisations to CQC.
- The service has now amended their processes to minimise a re-occurrence. All notifications have now been sent into CQC.
- We had no concerns regarding the transparency of the service as staff were open with relatives if issues occurred.
- Whilst we had no concerns regarding the ability of staff to carry out their role and we received positive feedback from professionals, people and family members, the service did not have a refresher training programme in place at the time of the inspection. The service could not show us longstanding staff were competency checked in the giving of medicines on an annual basis in line with best practice.
- In many other ways the service was well-led. The service was well-organised with clear staffing structures and a well-developed staff team. There was a senior management team that met weekly to discuss management issues and staff told us "I can raise issues. I feel supported in my role." The care home office was located by the communal areas and so the senior management team were accessible to staff and people living at the service.
- The provider and registered manager carried out regular quality audits and took remedial action when they identified gaps in good quality care. These included medicines, care planning and health and safety.

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

- The registered manager and staff team demonstrated a commitment to providing person-centred, high-quality care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- Health and social care professionals spoke positively about the service. They told us the registered manager and staff were very organised, involved and kept accurate health care records which helped to achieve good outcomes for people.

- There were many examples of people involved in meaningful social and cultural activities and people were supported to live full and active lives.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with other health and social care organisations which to provide a quality service and to ensure people they supported were safe.
- Health care professionals were very positive about the senior management team. Feedback included "It has been a pleasure to work with the team. Also, staff were open to take advice on board and put this into practice." And "The service appears to be run well with good structures and protocols."
- The service gained the views of the people they supported, families and health and social care professionals they worked with in a number of ways. For example, through an annual survey, through residents' meetings, at annual care reviews and via a feedback box at the front door of the care home.
- Staff told us their views were valued and they could influence the way the service was run. The senior management team used their weekly meetings to discuss issues staff raised with them; communication was via a communication book, e mail, and full staff team meetings. The service also held social events for staff to ensure they felt involved in the service.
- We saw the results of an annual survey which was very positive for all three groups which supports and encouraged staff to promote equality in how people were treated by the service and the community at large.

Continuous learning and improving care

- An action plan was developed following the annual survey to address areas of improvement. It was clear that the service learnt from accidents and incidents and the senior management team were continually reviewing their processes and ways of working to improve the quality of the care provided to people at the care home and the supported living services.
- Following the inspection the senior management team implemented a number of improvements to address areas raised and it was clear the service was committed to providing high quality care for the people they cared for.