

Suncare Recovery Limited

Two Rivers Care Home

Inspection report

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23 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

Two Rivers Care Home is a residential care home providing personal care to a maximum of 8 people. At the time of the inspection 7 people were living at the home. People had access to communal areas including kitchen/dining area, living room and a garden.

Two Rivers Care Home also provides care and support to people living in 3 supported living schemes under the same CQC registration. At the time of the inspection 16 people were using this part of the service and most of them received personal care.

The service provided care and support to women with varied of needs including women with a learning disability and/or physical disabilities, and autistic women.

People's experience of using this service and what we found

Right Support:

Systems were in place to monitor and ensure people received their medicines safely.

Risks in relation to people's care and welfare were thoroughly assessed. This meant staff had the right guidance to support people safely.

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.

Staff supported people to make decisions following best practice in decision-making.

Right Care:

The service had enough appropriately skilled staff to meet people's needs and keep them safe. However, recruitment checks were not always performed consistently.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and knew how to apply it.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People's care and support plans reflected their range of needs and this promoted their wellbeing and independence.

Right Culture:

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Quality assurance systems helped the staff team to monitor the service they provided and promote ongoing learning.

However, quality assurance systems needed to be improved due to the concerns we found around staff training, statutory reporting of events/concerns and recruitment. Managers welcomed our feedback and had started making improvements.

Staff knew and understood people well and were responsive to their individual needs. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them were involved in planning their 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 this service was good (published 27 September 2019).

Why we inspected

We received concerns in relation to poor care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. However, we found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Two Rivers Care Home on our website at www.cqc.org.uk.

Recommendations

We have made 2 recommendations around staff recruitment and quality assurance systems.

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?

The service was safe.

Details are in our safe 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who contacted relatives by telephone for feedback on the care people received. 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Two Rivers Care Home is a care home without nursing care. 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 '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.

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 registered manager in post.

Notice of inspection

This inspection was unannounced.

We visited the care home on 22 March 2023 and supported living schemes on 23 March 2023.

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 and professionals who work with the service. 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

We spoke with 1 person at the care home who was the only person who was able to communicate with us verbally. We spoke with 2 people at the supported living schemes. We also spoke with a visiting family member.

We observed interactions between people and staff in each of the settings we visited. We witnessed people having their lunch and staff administering their medicines at the care home.

We looked around the premises of the care home to check the service was safe and clean.

We spoke with 8 staff members, including 4 care workers, 2 care/deputy managers and the registered manager.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures, accidents and incidents, staff training records, audits, and meeting minutes.

Following our visits to the service, we spoke with 10 relatives on the telephone regarding their experience of the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service carried out checks to make sure only the right staff were recruited. However, recruitment checks were lacking in some areas. We found discrepancies with staff references and employment histories.

We recommend the provider review their recruitment procedures in line with best practice.

- There was a consistent staff team and enough staff to cater for people's needs safely.
- Staff were supported in their roles and worked as a team to provide good care to people. One relative told us, "There is good stability in the staff team. We see the same faces when we visit. Some have been there a long time." Another relative said, "There are enough staff."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse.
- The service took swift actions in dealing with a recent safeguarding concern and created new personalised guidance for staff. However, this was not reported to authorities in a timely manner. We have reported on this further in the 'Is the service well-led?' section of this report.
- People told us they felt safe. A person told us, "The staff are nice to me." Feedback from relatives included, "She is 100% safe there" and "She doesn't say she wants to come back home with us."

Assessing risk, safety monitoring and management

- Risks to people's health, care and safety were identified, assessed and mitigated.
- Risk assessments contained clear and personalised guidance for staff to support people safely. They covered a range of areas, including individual behaviour, epilepsy, swallowing difficulties, falls, fire safety and the environment. However, accessing information from risk assessments was not always effective due to the format of those documents. We discussed this with the managers who started working on a more accessible format and produced samples of care plans/risk assessments which were more user-friendly.
- Staff knew people's individual needs well and how to work with them in a safe way. For example, a staff member was able to accurately describe the steps to take if one person was to have a seizure. Comments from relatives included, "[Person] can self-harm if she gets frustrated because she isn't being understood; staff try and find another way to communicate and understand [her]" and "They know her better than we do."

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Medicines administration records were clear and completed by staff as and when needed. Where people were prescribed "when required" (PRN) medicines such as painkillers and medicines for anxiety, guidance was in place to instruct staff when to administer these medicines. Staff recorded the reason for administering PRN medicines.
- Staff were trained and assessed as competent to administer medicines. We observed a staff member administering a person's medicines. The staff member interacted with the person with respect and in a friendly manner to gain their attention. The process was carried out safely.
- Staff kept records of people's medicines which corresponded with actual stocks of medicines. However, we observed extra medicines being stored for some people. We discussed this with managers who told us it was to ensure people did not run out of medicines, but also agreed they would review this to minimise the risk of overstocking.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff used personal protective equipment (PPE) as required. A relative told us, "Staff wear PPE. I think they managed COVID-19 pretty well."
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Staff communicated effectively among one another to make sure they constantly learned from mistakes and incidents, and improve the service.
- Accidents and incidents were recorded and measures were implemented to try and reduce these from re-occurring. Any lessons learnt were discussed in team meetings and used to make positive changes where needed.

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 requires improvement. At this inspection the rating has remained 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; Continuous learning and improving care

- There was a clear management and staffing structure. Staff were supported by a reliable team of managers and also supported each other in their work. However, we found shortfalls in some areas which indicated a deficiency in the effectiveness of certain systems and processes.
- While staff felt supported in their roles and had access to a range of training, the service's training matrix showed a number of staff were behind with their training. The frequency of refresher training courses was not always consistent with national recommendations.
- The service had not notified authorities, including CQC, without delay of a recent safeguarding concern, although this was addressed appropriately internally. Statutory notifications for DoLS authorisations were not always submitted or submitted in a timely manner.
- Managers undertook regular audits of the service to make sure any issues were identified and rectified. However, quality assurance processes had not identified the shortcomings around recruitment practices.

We recommend the provider consider relevant guidance from reputable sources to ensure there is a suitable system to monitor and mitigate risks within the service.

- The provider responded immediately during and after the inspection. They explained the challenges they had faced which they believed had contributed to these issues, but used them as a learning opportunity and had started working on making improvements.
- Policies and procedures were not always reflective of best practice. For example, the organisation's safeguarding policy did not contain clear guidance on reporting safeguarding concerns. We raised this with the managers who took prompt actions by updating their policies and procedures, which we reviewed following the inspection.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs as well as oversight of the services/units they managed. There was a good working relationship among managers, senior staff and care workers.
- The home made use of CCTV monitoring. There was a clear, recorded purpose for the use of surveillance supported by relevant assessments, including best interest decisions where required.

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

- There was an open and fair culture which empowered people and enabled them to be leaders of their own care. Managers worked directly with people and led by example.
- People and relatives were generally satisfied with the service they received. Comments from relatives included, "They provide an amazing service and we have a good relationship with the manager and all the staff", "It is a remarkable service they provide; the place is full of chatter and laughter", "The manager is always available" and "Any issues I email them and they are quick to respond."
- However, 2 of the relatives of people living in a supported living unit reported concerns around the menus and mealtimes which they had deemed to be unsatisfactory. One relative felt the food was not healthy and people ate too early. We discussed this with the managers who showed us the diverse menus people had in place but told us some people could choose their own food. The registered manager explained, "Some people are quite independent and will eat whenever they want to. There is a time for meals to be served but people are not restricted; they can eat at any time. One person comes in the middle of the night [to eat]." But managers took this feedback onboard and told us they would explore it further. People in the care home and their relatives had no concerns about the food.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member told us, "The registered manager listens; she's always there with us. Other managers are also very nice and helpful."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Managers and staff maintained regular contact with people and their relatives while recognising people's individual abilities, religion and culture. This meant people and their relatives were routinely involved in making decisions about their care. A relative said, "We are asked for feedback, to give reviews of the home. We are included in [person's] annual reviews and asked to give input where necessary."
- The service worked well in partnership with other health and social care organisations, which helped to improve people's care and wellbeing.