

Riverside Home Care Ltd

Riverside Home Care

Inspection report

Anglo House
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Tel: 01299823777

Date of inspection visit:

12 March 2019

14 March 2019

20 March 2019

21 March 2019

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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?	Good ●

Summary of findings

Overall summary

About the service: Riverside Home Care is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of inspection there were 46 people receiving the regulated activity.

People's experience of using this service: The service supported people to remain independent within their own homes. People and relatives were very complimentary about the service and the care provided by staff. People said they were treated kindly, respectfully and had their dignity upheld by staff.

People received personalised care which was created in partnership with them and other health professionals. People had their needs fully assessed and regularly reviewed for any changes. Risk assessments were in place to help keep people safe.

People were supported to be independent, maintain social relationships and supported to attend activities that they had chosen in the community.

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

Staff continued to receive regular training and new staff were provided with an in-depth induction programme to provide them with all the necessary skills to support people. The registered manager put people at the heart of the organisation.

The service monitored aspects of the quality and safety of care in 'real-time' and audited the service regularly through the governance framework in place.

Medicines were safely managed. Staff supported people with their medication appropriately and worked in partnership with GPs and other health care professionals to regularly review people's medication and assess their needs.

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

Rating at last inspection: Good (report published June 2016).

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our 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?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-led findings below.

Riverside Home Care

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 one inspector and one expert by experience who had experience in caring for an older person. 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: This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day.

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: We gave the service 48 hours' notice of the inspection visit because they provide a domiciliary care service and we had to make sure staff would be in.

Inspection activity started on 12 March 2019 and ended on 21 March 2019. We visited the office location on 12 March 2019 to see the registered manager and to review care records and policies and procedures. We contacted people and their relatives, with prior permission, on 14 March 2019 and spoke to staff on 20 March 2019. We spoke to the registered manager on 21 March 2019. We reviewed post-inspection information on 21 March 2019.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation and spoke to staff, people and relatives.

We spoke with 11 people who used service, seven relatives and four members of staff including the registered manager. We reviewed the care records for two people, medicine records for two people and the recruitment records for two members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place at the service and staff knew their role in keeping people safe.
- Staff continued to receive safeguarding training and could explain to us what they would do if they identified any form of abuse. One staff member said, "Safeguarding training has been completed, we've all done that."
- Any safeguarding concerns were investigated by the registered manager and raised to the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff appropriately assessed risks to people and mitigation measures were in place to help support people to stay safe.
- Care records contained personal and environmental risk assessments which were regularly reviewed.

Staffing and recruitment

- Staff recruitment was safe and all new staff had appropriate pre-employment checks in place to make sure they were suitable to deliver care.
- The service had the right amount of staff to safely support people.
- One relative told us, "I feel [person] is safe. The company is flexible and they are going to start covering their medicines for me. This will help me. They always give me a rota and are approachable."

Using medicines safely

- Medicines continued to be safely managed.
- Staff had received training in medicines and had their competencies checked regularly by the management team.
- Medicine administration records were completed correctly and regularly audited.

Preventing and controlling infection

- There was an infection control policy in place and staff had received training in preventing and controlling infection.
- Staff used personal protective equipment. Every person and relative we spoke with confirmed staff wore gloves and aprons whilst delivering personal care.

Learning lessons when things go wrong

- The management team shared lessons learned with staff when incidents occurred.
- There were records showing outcomes from investigations which included detailed follow up actions.



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

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People receiving support from the service had their needs assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance.
- People and their relatives consented to each aspect of their care and there was documented evidence to support this.
- People and their relatives were involved at every stage of their care planning and were part of regular reviews. Daily logs showed what support each person had received. One person told us, "They follow my care plan and log what they have done in the book."

Staff support: induction, training, skills and experience

- Staff continued to receive regular training to build on their knowledge and skill set.
- New staff received an in-depth induction which included completing the care certificate so that they had the skills required to support people.
- Staff received regular supervisions and yearly appraisals from the management team. Staff also received frequent spot checks to monitor their knowledge and competency whilst delivering care to people.

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

- Some people were supported with meals and were encouraged to make choices for what they ate and drank.
- One person told us, "They always make sure I have a cup of tea and fill my water bottle before they leave."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff had worked with various agencies and made sure people accessed other services in cases of emergency or when people's needs had changed.
- The service worked in partnership with the local district nursing team to support people with their medicines. One person told us, "If there are any problems the carers tell the managers and they fix it. They are going to get a district nurse to check my heels."
- Staff supported people to make their homes comfortable and helped them access services to improve their well-being. For example, occupational therapy teams to provide walking aids.
- One person who had to attend an urgent hospital appointment said, "The carers arranged transport for the hospital for me."



Our findings

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

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

- People and relatives we spoke with were very complementary about the staff and support they provided.
- There were equality and diversity policies in place at the service and staff had received training around this.
- Staff knew people well and knew what they liked and disliked. Staff supported people to be independent and promoted their choices. One staff member said, "I think people are cared for really well. The clients are really nice and we like them."
- One person told us, "They [staff] are very friendly and approachable. I can have a laugh and joke with them. They are more like friends." A relative commented, "They [staff] are lovely people, they are excellent."

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

- People were consulted about their care and staff worked with them to make sure all of their needs were met.
- The service promoted advocacy and there was information available for people and relatives to access these services in their service user pack. Advocacy services support people to express their views and choices relating to their own individual care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible in their own homes and staff treated people with dignity and respected their privacy.
- People's care plans were very detailed, individual and person-centred.
- One relative said, "They absolutely treat [person] with dignity and respect."



Our findings

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

People's needs were met through good organisation and delivery.

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

- People's records contained detailed initial assessments which included their physical, well-being and social needs. People's choices were clearly documented and incorporated into each care plan.
- People were provided with social inclusion by the staff. One staff member said, "You have to care about the people, sometimes they are the only people we see that day. We've all got to care for them."
- The management team carried out regular reviews of people's care needs to make sure they were fully supported.
- One person told us, "I am very satisfied with them. If I ring up for anything they listen and are reasonable. The managers come around fairly regularly and check my care plan and if my needs are being met." Another person commented, "If they have time they will mop the bathroom floor and have a cup of tea and a chat."
- A relative told us that the staff provided social interaction for one person in their own home. They said, "They sit with [person] and talk with them whilst I go shopping with my [family member]."

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place at the service and this was included in people's service user guide.
- The registered manager continued to investigate any concerns or complaints fully in line with the policy.
- People we spoke with knew how to raise a complaint but did not have any complaints at the time of inspection. One person said, "I have no complaints, they [staff] do a good job. They are very good actually."

End of life care and support

- There was an end of life policy in place at the service and staff had received training in delivering and supporting people with end of life care.
- At the time of inspection no one was receiving end of life care but the management team told us about a previous person who they had supported in partnership with the local nursing team to deliver this.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service worked to make sure everyone's needs were met physically, socially and emotionally. People and their relatives were very positive about the service and staff.
- If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.
- One relative commented, "I am happy all round. I am confident if anything goes wrong or is not up to standard, I can easily contact them [management] and they are very approachable. The management consulted with me and we discussed the change of [person]'s hot meal time."

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

- There was a long standing registered manager in post who was fully aware of their legal responsibilities.
- There was an effective governance framework in place and the registered manager carried out audits of the service regularly to monitor the quality of care provided. The service used 'real-time' software to monitor the quality and assurance of the service at regular intervals throughout the day.
- The registered manager appropriately escalated any safeguarding concerns to the local authority and notified us of incidents and concerns.
- One member of staff said, "We all try to do our job properly no one has concerns and I've seen all service users. The managers run it well and know what has to be done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Everyone we spoke with told us that they had received regular feedback questionnaires and were asked for their views about the quality of the care provided.
- Feedback was used as part of learning for the service and helped to shape the direction of the company to

improve the care provided to people.

- One relative told us, "Riverside Home Care took over from a previous company with [person]'s care. There were no problems and they are confidential. They are absolutely brilliant, and I have peace of mind. I have recommended them several times."
- Staff were asked for their views of the service as part of team meetings and supervision sessions. A staff member said, "We get asked if we have ideas to help the office. I asked if we could have a bit longer between one appointment because we always left late, and they did. They had to speak to the clients first but now it means we're never late and get everything done."

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible in their homes.
- Care records showed involvement from the local nursing teams, GPs and other health and social care professionals.