

Ribble Homecare

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection at Ribble Homecare on 4 and 5 December 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people living with dementia, younger adults and people with a physical disability. The service specialises in providing care to people at the end of their life. At the time of this inspection, there were a total of 20 people being supported by the service.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care', for example help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Why the service is rated good:

People received consistently high levels of care from staff who were kind, caring and willing to go the extra mile to support people. The registered manager was a positive role model for staff and demonstrated a commitment to ongoing service improvement.

The service specialised in providing care and support to people who were at the end of their life. Staff had received specialist training to help ensure they were able to provide people with high quality, compassionate end of life care which met their wishes and preferences. The service had a policy of ensuring no one died alone at home.

People's privacy and dignity was respected and promoted. Staff had received training in equality and diversity and there were policies in place to help ensure they provided care which promoted and respected people's rights.

People told us they felt safe with the staff who supported them from Ribble Homecare. People's care records contained details of people's needs and associated risks.

Staff had been safely recruited. Staff we spoke with were aware of how to safeguard adults at risk of abuse.

There were safe processes and practices in place for the management and administration of medicines.

Staff received the necessary induction, training and support to help ensure they were able to deliver effective care. People told us staff were knowledgeable about their needs and the way they wished to be supported.

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

Staff were responsive to any changes in people's health conditions. Prompt advice and support was sought from health professionals when necessary; this helped to prevent unnecessary hospital admissions.

There were systems in place to monitor the quality and effectiveness of the service. The provider regularly sought feedback from people who used the service, their relatives and staff. Any comments received were welcomed as a means of improving the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was exceptionally kind and caring.

People spoken with during the inspection told us staff provided very high quality, compassionate care particularly when people were at the end of their life.

We saw evidence of numerous examples where staff and the registered manager had gone above and beyond what might normally be expected of them to ensure people felt they mattered.

Staff understood the importance of ensuring people's diverse needs were understood and met.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Ribble Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 4 and 5 December 2018 and was announced. We gave the service 24 hours' notice of the inspection to ensure the registered manager and staff would be available at the registered office to speak with the inspector.

In preparation for our visit, we considered the previous inspection report and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred in the service. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider submitted a detailed Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We noted the PIR also included positive feedback from people who used the service and staff, particularly about how the service was run.

The inspection activity started on 3 December 2018 and ended on 6 December 2018. We used the 24-hour notice period given to the provider on 3 December 2018 to telephone two people who used the service and three relatives to gather their views about the service. We visited the registered office on 4 and 5 December 2018 and spoke with the provider, the registered manager, a care coordinator and three members of care staff. In addition, we reviewed the care records for four people who used the service, a selection of the policies and procedures, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of the service provision. On 5 December 2018, with consent, we visited four people who used the service in their own homes.

Following the inspection, we gathered feedback from a health professional who worked closely with the

service and a professional who was employed by Ribble Homecare on a sessional basis to provide emotional support to staff and people who used the service.

Is the service safe?

Our findings

People told us they had no concerns about the safety of the service and we found there had been no recent incident or accidents. Care records identified the risks people might experience. Staff were able to tell us how they ensured people received safe care and support. However, we discussed with the registered manager the need to ensure risk management strategies were fully documented in people's care plans. Following the inspection, the registered manager sent us evidence that this process had started.

Staff had been safely recruited as all required pre-employment checks had been completed. We saw new staff had to complete a number of shadow shifts with more experienced staff as part of their initial induction. Records showed that feedback was sought from people who used the service before new staff were confirmed in post.

Sufficient numbers of staff were deployed to meet people's needs. People who used the service told us staff always had the time to chat with them and did not appear rushed.

The service had effective safeguarding systems, policies and procedures. Staff had completed training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abusive practice. Staff told us they were confident the registered manager would listen and respond appropriately if they raised any concerns about the care people received.

Medicines were safely managed. Staff had received training in the safe handling of medicines and had their competence regularly assessed. We reviewed the medicines administration record (MAR) charts for three people and saw these were fully completed. People who were supported by staff to take their medicines, told us they always received them as prescribed.

Policies and procedures were in place to help prevent the risk of cross infection. Staff had received relevant training and were provided with personal protective equipment (PPE), including disposable gloves and aprons.

There was an on-call system in place for staff and people who used the service to contact in the event of an emergency. There was also a business continuity plan, which set out plans for the continuity of the service in the event of a failure of the IT systems.

We asked about the systems in place to share any lessons learned with staff. The registered manager told us there had not been any serious accidents or incidents since the last inspection. They advised us they always shared important information with staff via a private messaging social media service. Staff confirmed they found this to be very helpful.

Is the service effective?

Our findings

At our previous inspection in June 2016, we rated this key question as good. At this inspection we continued to find that people received care which was effective and met their health and nutritional needs.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs and the care they wanted; this helped to ensure that the service could meet people's needs.

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, "The carers know what they are doing." Another person commented, "They are very efficient and know me well."

When speaking about the effectiveness of the service, the registered manager told us, "You are only as good as your staff." We therefore saw that all new staff were provided with a comprehensive 12-week induction period which, if successfully completed led to them gaining the Care Certificate; the Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care agencies are expected to uphold.

Staff received regular training and supervision; this helped to ensure they had the knowledge and skills to deliver effective care. The registered manager had systems in place to monitor the support and training staff received.

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. In the case of care agencies, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us people who were supported by the service were able to consent to their care arrangements. They were aware of the action to take should this situation change.

People told us staff always asked for consent before they provided any care or support. Comments people made included, "They always ask me first before they do anything" and "They know [name of relative well] by now but they still always ask her what she wants them to do for her."

Where staff provided people with support relating to their nutritional needs, they told us they would always ask people what they wanted to eat. A relative told us their family member particularly enjoyed that staff

cooked them halal food. The registered manager told us that, in order to try and encourage people to eat, they had introduced a competition for which staff entered photographs of the meals they had prepared to encourage them to be as creative as possible in the presentation. The staff member who was judged to have been the most creative was given a £50 restaurant voucher to spend with family and friends. Staff told us they enjoyed thinking about how best to present people's meals to encourage their appetite.

We saw that the service worked closely with other professionals, including GPs, district nurses and hospice staff to ensure people's healthcare needs were met. Relatives told us that the registered manager would always take their family member to GP appointments if they were unable to do so.

The registered manager told us that, if a person was admitted to hospital, they ensured they visited or contacted the relevant ward as a priority to ensure hospital staff were provided with information about the person's care needs and preferences. This helped to ensure information about people's needs and risks was shared with other professionals when they moved between services.

Is the service caring?

Our findings

At our last inspection in June 2016, we rated this key question as good. At this inspection, we found the provider had continued to build on and further develop the good practice we had previously noted and the key question is now rated as outstanding.

Throughout the inspection, we received consistently positive feedback about the caring nature of care staff and the registered manager. Comments people made to us included, "They are brilliant. They are just so kind and caring. Whenever [name of relative] is in hospital, [name of registered manager] always visits immediately and takes her some flowers. She will also ring and ask if I need anything", "They are absolutely lovely. [Name of staff member] comes in with a smile on her face. Everyone is kind and patient. You couldn't wish for anything better" and "Staff are kind and caring towards [name of relative]. They love her to bits and she always greets them with a smile."

People told us staff were always professional, compassionate and unfailingly treated everyone with dignity and respect. Comments made included, "They are very caring and show the utmost respect to [name of relative]", "They are always respectful towards us" and "They give me my dignity and privacy while I am having a shower."

All the relatives we spoke with told us a strength of the service was the way they cared for the whole family, not just the person they were paid to support. A relative told us how the registered manager had ensured their family member had been able to attend a funeral by taking them in their own vehicle and in their own time.

People who used the service told us they trusted and valued the staff who supported them from Ribble Homecare. Several people told us the staff felt like one of the family. We were also told of numerous examples when staff and the registered manager had gone above and beyond what might be expected of them in their role, to ensure people received care that was exceptionally compassionate and kind. These included ensuring people were never left alone in their final hours, caring for animals when people were no longer able to do so themselves, regularly taking people flowers, carrying out a 'soup run' to ensure people had a hot meal in cold weather and providing people admitted to hospital with a bag filled with items to keep them occupied during their stay as well as toiletries and sweets. The registered manager also showed us bags of lavender which they took to people when they were nearing the end of their life, to help with relaxation and sensory stimulation. The registered manager told us these services were provided to people free of charge and were purely meant to help them feel they mattered to everyone at Ribble Homecare.

We saw evidence which showed how the registered manager had worked with compassion, patience and kindness to engage a person who was resistant to receiving care in their home. The registered manager had succeeded over time to gain the trust of the person so that they could receive the care they required. During this period, they did the person's washing at their own home until a care plan could be put in place, as this was the only support they would initially accept. We also saw that, on another occasion, at the request of a relative the service had provided a person with care and support free of charge to prevent a hospital

admission until a crisis care package could be provided by the local authority. The registered manager told us their motivation in providing such care was that, "We care about people. We have to share our profits with them to ensure they get everything they need."

One of the professionals we contacted following the inspection gave us an example of the exemplary care provided to one person by the service. They told us Ribble Homecare had provided interventions at a level much higher than the commissioned rate at no extra charge to ensure the person was kept safe. They also included the person in Christmas activities in which they had not previously had the opportunity to engage. The professional told us, "This was all free of charge and warmly given. I have no doubt that this made a huge difference to the person's life at that time. The compassion, kindness and humanity shown by management and team was wonderful."

During the inspection, staff spoke about the people they supported with warmth and compassion. They clearly had an excellent knowledge of people's diverse needs and preferences and were committed to providing them with high quality, personalised and compassionate care. All staff told us they thoroughly enjoyed working for Ribble Homecare as they considered they were supported to make a difference to the lives of the people they cared for and their relatives.

The registered manager told us they would always try to match staff with people who used the service based on their personality and interests. One relative told us, "We have the right staff for [name of relative]. It's like they have been picked personally for him."

Staff had received training in equality and diversity and there were policies in place to help ensure they provided care which promoted and respected people's rights. We saw that staff also completed a cultural awareness booklet to help them understand people's cultural beliefs and how they might impact on the care people wanted or needed. One relative told us how their family member was extremely pleased that the staff who supported them were able to provide care in line with their cultural beliefs. They commented, "The service is very culturally sensitive."

The service specialised in providing care to people at the end of their lives. The registered manager had therefore employed a professional to deliver end of life story work free of charge to anyone who expressed an interest. We saw an example of their completed work and were told the person and their relatives had found the process to be extremely helpful. The professional involved told us, "The work is done creatively to meet the needs of the individual either via art, music or written word. The overriding feeling when engaging is happiness and laughter and both service users and families have fed back that they get so much from this and so do I." This professional was also employed by the service to provide emotional support to staff who might be affected by the death of a person they had been supporting.

Staff told us they felt valued, respected and cared for by the registered manager and the provider. One staff member told us how the provider had supported them both emotionally and financially when they were experiencing personal difficulties. Another staff member told us how they had been extremely impressed by the service provided by Ribble Homecare to a member of their family. All the staff we spoke with told us they would have no hesitation in recommending the service to others. This view was also confirmed by all the people who used the service, their relatives and professionals we spoke with during the inspection.

We noted there were numerous 'Thank You' cards on display in the registered office. All of these contained extremely positive feedback about the caring nature of staff and how they had supported people in a kind and compassionate manner, particularly when they were at the end of their life. We saw one person had written, "Thanks for bringing a smile to [name of person] during his last few days."

The service actively prevented social isolation of the people they supported to improve their health, well-being and sense of being involved in a community. Regular parties and events were held at the registered office, where food and entertainment was provided free of charge. People spoken with during the inspection told us how much they valued the opportunity to leave their homes to attend the events. The registered manager also told us the events had been successful in enabling people to make and sustain friendships with others supported by the service.

Is the service responsive?

Our findings

At our previous inspection in June 2016, this key question was rated as good. At this inspection we found the service continued to provide care which was responsive to people's needs.

People told us they found the staff who supported them to be helpful and ready to carry out any tasks they requested. Comments people made included, "[Name of staff member] is really pleasant and nothing is too much trouble. She will do anything I ask of her" and "They always ask if there is anything I need."

People also told us that the service was responsive to any suggestions they made or requests for the times of visits to be changed. For example, a relative told us, "If I need to get out, I just need to ask and they will provide care." Another person commented, "They really work with us. Our expectations are very high and they meet them." In addition, people told us the registered manager always rang the person in receipt of care or, where appropriate their relative, once a package of care had been put in place to ensure they were happy with everything.

We saw that care records had been regularly reviewed and updated. People spoken with told us they were involved in making decisions about the care provided by Ribble Homecare. One person told us, "We had a review about three months ago. We went through the plan to see if anything had changed."

The registered manager had introduced a system to colour code people's care records so that, if a person was receiving end of life care, staff could easily recognise if a person's health was deteriorating. This also meant staff could ensure people's end of life wishes and preferences were put into place.

The service used different types of technology to support people and staff, including contact using a web based private messaging service to alert staff to any concerns or changes in people's needs or risks. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. The provider also used tracker devices and cameras installed in company cars to help ensure staff arrived at people's homes at the agreed time and spend the correct amount of time supporting people.

We looked at whether the provider was following the Accessible Information Standard. This Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager was aware of this standard and had introduced communication tools, including picture cards, to help people express their needs and wishes. They told us they would also introduce an accessible information policy; this would help ensure consistency of support.

A complaints policy was in place which included timescales for a response and the contact details for relevant external organisations. Information about how to make a complaint was also included in the service user guide. Records we reviewed showed there had been eight complaints received about the service

since the last inspection. It was noted that all complaints had been investigated and a response provided to the complainant.

People spoken with during the inspection told us they were aware of the complaints procedure and would always speak with the registered manager if they had any concerns. Everyone spoken with were very satisfied with the care provided and had no complaints. However, they were confident that if they did raise any concerns, these would be taken seriously by the registered manager. Comments people made included, "If I have ever raised anything, [name of registered manager] has addressed things immediately" and "I see [name of registered manager] regularly and she always checks if everything is ok."

The service specialised in providing care and support to people who were at the end of their life. Staff had completed training at the local hospice to help ensure they were aware of best practice guidance for end of life care. We spoke with the professional who was responsible for providing this training who told us staff were committed to ensuring people received high quality, compassionate care. They also told us, "Ribble Homecare is the service of choice for people who need end of life care." They advised this was because the service had a policy of ensuring no one died alone at home and would always ensure a member of staff was present at the end of a person's life if there was no other friend or relative who was available to support the individual concerned.

We saw that, since the last inspection, the registered manager had further developed care plans to document how people wished to be cared for at the end of their life. The service worked closely with other professionals, including GPs, district nurses and hospice staff to ensure people received the care they needed and wanted. We saw feedback from a district nurse about the responsiveness of staff. They had commented, "I just wanted to email to thank both the carers who attended to [name of person who used the service] this morning, also the manager on duty, [name of registered manager]. The carers reported to their manager that the patient had deteriorated, breathing had changed and the patient was unwell and this was reported to the District Nurses without any delay. I just wanted to feedback that the carers early detection of end of life deterioration enabled us to contact the family and gain information that the patient was unsettled. We managed to arrange for a nurse to go to the patient before she passed away, to offer reassurance to the family." This demonstrated the service was responsive to people's changing needs to help ensure they were able to have a dignified and pain-free death.

The registered manager had introduced a system to colour code people's care records so that, if a person was receiving end of life care, staff could easily recognise if a person's health was deteriorating. This also meant staff could ensure people's end of life wishes and preferences were put into place. The registered manager had also been proactive in contacting people's GPs with their permission, to try and ensure anticipatory medicines were in place; this would help to prevent unnecessary hospital admissions.

Is the service well-led?

Our findings

At our previous inspection in June 2016, this key question was rated as good. At this inspection we found the service continued to be well-led by the registered manager and provider.

People spoken with during the inspection spoke extremely positively about the registered manager and the way the service was run. They told us they would not hesitate to recommend Ribble Homecare to others. Comments people made included, "[Name of registered manager] is excellent. You couldn't ask for a better manager", "It's a well-run service" and "I would definitely give the service 10/10."

Staff provided glowing feedback about the way the service was managed and the fact that they felt they were able to make a positive difference to people's lives. They also told us they felt fairly treated by the provider and registered manager. Comments they made to us included, "I love coming to work. It's nice to be able to make someone's life a bit easier", "I love working here. They [registered manager and provider] are approachable and nothing is too much trouble for them for anyone, staff and service users alike. I am proud to work for them and [name of registered manager] will always come out and support us. She looks after us."

The registered manager demonstrated a commitment to continuous improvement in the service. They told us they were proud to run the service as if it was a family. They commented, "I want to remain as small as we are so we can keep up the quality. We want to have a reputation for providing high quality care and we are pleased when we are recognised for doing so."

Since the last inspection, the provider had introduced a number of schemes to reward staff. These included instant bonuses for staff who received positive feedback from people who used the service, relatives or professionals. Monetary rewards were also given to staff who were perceived to have gone above and beyond their role and to the member of staff who was awarded 'carer of the month'. Staff had the opportunity to receive a company car which they were also able to use for personal use for a small weekly fee. Staff told us they really appreciated these rewards and that they made them feel valued employees. The registered manager told us the rewards systems had helped to prevent staff turnover.

The provider had a number of systems in place to gather feedback from people who used the service. Regular spot checks on staff performance were used as an opportunity to ask people their views about the service they received. Satisfaction surveys were also distributed by the provider on a regular basis. We looked at the responses from the most recent survey conducted in August 2018 and notes all the comments were extremely positive. Comments made included, "All the staff are very professional. I would be lost without them" and "After feedback, there has been improvement with our relative's care and we are now happy and have no concerns."

The staff we spoke with were clear about their responsibilities. They were able to access policies and procedures to support them in their role. However, we noted these policies related to outdated regulations and standards. The registered manager told us they would arrange for these to be reviewed and updated as

a priority.

Records showed regular staff meetings were held. We saw these meetings were used to inform staff about expected levels of practice as well as to ensure staff were aware of policies, procedures and issues such as treating people with dignity and respect.

Records showed that the service worked in partnership with a variety of other agencies to ensure that people received the support they needed. These included social workers, district nurses, GPs and the local hospice.

Systems were in place to monitor the quality and safety of the service. The registered manager completed regular checks of care documentation, medication records and care plans although the care plan audits had not identified the shortfalls we found in relation to the lack of risk management strategies for staff to follow. The registered manager took immediate action to begin to rectify this issue and told us the care plan audit tool would be updated to ensure it captured whether this information was included in people's records; this demonstrated their commitment to improving the service.

The provider was meeting the requirement to display their most recent rating at the registered office and on the website; this was to inform people of the outcome of our last inspection.