

Riverside Home Care Ltd

Riverside Home Care

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 May 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Riverside Homecare provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 49 people used the service.

There was a registered manager in place at the time of our inspection. The registered manager was also the provider of the service. 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.

People felt safe with the staff who provided their care and felt they were protected from the risk harm. Staff recognised signs of abuse and knew how to report this. The registered manager ensured people's risks had been looked at and took actions to minimise risks without taking away people's right to make their own choices.

People told us there were enough staff to support them at the times they needed them. Staff told us they felt there were enough staff to provide safe care and support to people. The registered manager told us that advanced planning of staffing levels meant they knew that people's calls were able to be met. People's medicines were checked and managed in a safe way.

We found that the care and support people received was in-line with their consent and agreement. Staff we spoke with understood and recognised the importance of gaining a person's consent before carrying out any personal care for the person.

People were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. Staff supported people with access to healthcare professionals, and provided flexible times to ensure they made their doctor or hospital appointments.

People and where appropriate, family members, were involved in the planning around their care. People's views and decisions they had made about their care were listened to and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People knew how to make a complaint and felt comfortable to do this should they feel they needed to. People were provided with the information they needed should they wish to raise a complaint. People told us they felt that if they had raised any concerns they would be dealt with. The provider had not received any complaints over the last 12 months.

We found that the checks the registered manager completed focused upon the experiences people received.

Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice. Staff felt supported by the registered manager to carry out their roles and responsibilities effectively.

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 was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported to attend external healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and the management listened to their opinions. Clear and visible leadership meant people received quality care to a good standard.

Riverside Home Care

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 inspection took place on 3 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with five people who used the service and three relatives. We also spoke with three staff, the care manager and registered manager. We looked at four people's care records. We also looked at compliments, satisfaction survey for 2014 and 2015, three staff recruitment records and the medication audit.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in a safe way. One person said, "I get my schedule every week so I know who is coming". Another person told us, "Staff are confident". Another person said, "I need two staff, and two staff always come, they never do it on their own".

Staff told us how they supported people to feel safe. For example, one staff member told us that when they left the person they ensured they had what they needed to hand. All staff we spoke with told us they were kept up-to-date with people's care needs and if there were any changes so they were prepared to support the person in the right way. Staff told us they worked as a team to ensure they would be able to keep to the times scheduled for people. People we spoke with told us that if staff were running behind schedule they would always be notified.

We spoke with staff about how they protected people from the risk of harm. Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went on to say that they would contact people in the office or the registered manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority and the registered manager had followed the correct procedures to ensure people were kept safe.

We saw that the registered manager had assessed people's individual risks in a way that protected people and promoted their independence. For example, a meeting was held a person who used the service to discuss how the care package was working for them. The person and staff had highlighted that a 30 minute call was not enough to meet all of their needs in a safe way. We saw from the care records and from speaking with the person and staff that their time was then increased.

All people we spoke with raised no concerns about staffing levels. People told us that they were aware of who was coming to support them when the registered manager sent them their weekly schedule. People told us that the same staff would visit them. One person said, "They arrive exactly on time". People confirmed with us that staff stayed the full time that they were allocated. We spoke with people who required two staff members to attend to their needs. They told us that there was always two staff present at all times. All people we spoke with told us that staff always arrived and that they had never had a missed call.

Staff told us that when they collected their rota for the week they had the opportunity to raise any concerns about travel time, or length of time at a call. They told us that the registered manager listened to them should changes to the rota be required. The care manager told us, "I always ring the newer staff members, to check that they are okay with the rota, as the staff who have worked here longer approach me directly if they have a concern". Staff we spoke with confirmed that they had suitable travel time between their calls and

they did not feel rushed. One staff member said, "There is no rushing around, you have time to interact with people".

The registered manager told us how they were recruiting new staff to cover unplanned absences. Where there were unplanned absences these shifts were picked up by the care manager and the registered manager. The registered manager spoke about how they worked with the local authority when accepting new people. They told us and the local authority confirmed that when they did not have the capacity to provide care this was openly shared so that people remained safe and within the capacity of the providers staffing levels.

We saw records of checks completed by the registered manager to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People we spoke with did not have any concerns about how their medication was managed. One person told us, "[The care manager] has really put herself out. She has helped get my medication in order, which I couldn't have done without her". We spoke with staff who administered medication. They had a good understanding about the medication they gave people and the possible side effects. People's choices and preferences for their medicines had been recorded within care plans.

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well and in the right way. One person said, "Some staff are less experienced, but I think they have got it in them, and they work alongside the more experienced [staff]". Another person said, "I'm very happy with them, they are all very helpful". A relative told us, "They are brilliant, they know what they are doing, [the person] appearance has changed dramatically, and that is all down to the staff taking care of [the person]".

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and medication. Staff we spoke with told us that the registered manager actively encouraged them to progress with their qualifications. One staff member says, "I'm doing a lot, and the diploma is really helping. It makes you more self-analytical about what you are doing". Another staff member said, "I owe [the registered manager] a lot. I've amazed myself with how far I have come. [The registered manager] has offered me the support and patience". Staff told us they felt they had enough training and told us that if they felt they needed more training the registered manager would accommodate this.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. For example, shadowing an experienced staff member. They told us they would only work alone when they and the registered manager felt confident to do so. They also worked alongside the care manager and the registered manager for some of the calls and they found this a good opportunity to assure themselves that they were providing the right care in the right way. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us that the registered manager put extra support in areas that were specific to their learning needs.

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the registered manager and staff. They told us they had regular one to one conversations with the registered manager which was a good opportunity for them to discuss their learning and development. A staff member told us they were well supported by the registered manager and their peers and felt confident to ask questions.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "They always listen to me, they are very good like that". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that

people consented to their care. One staff member told us, "I ask for permission first, you can't force them to do anything. It's their right to refuse". They went onto say that that if the person refused they would offer them an alternative. The registered manager had a good understanding of this process and how the assessments were to be completed.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They always make sure I have had something to eat and drink when they come to visit me". One member of staff said, "We know people well, but if we didn't the care plans are very detailed, even down to how many sugars people like in their tea". Staff told us they always offered a choice of meals where possible.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff supported them to appointments, or ensured they provided them with their personal care needs so they were ready in time for their appointments. We saw examples where staff had worked with specialist nurses to provide continuity of care to people. Staff told us that where people required further support from other health care services these were made. For example, a staff member told us that when they found a person's skin was becoming sore they contacted the district nurses to seek advice.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "They are absolutely brilliant". Another person said, "They are all very respectful towards me." A relative told us, "They are very good. Excellent with [the person], they are calm and patient, staff really understand [the person]".

The registered manager shared with us a compliment that they had received from a family member. They had commented that, "It has been such a positive and happy experience. You obviously choose your ladies [staff] well and you and they deserve praise". We saw a further compliment from a person who used the service, where they explained that during the poor weather where staff could not drive to their home. A staff member walked over two miles to make the call to provide care for the person. The person expressed how they appreciated how staff went above and beyond to meet their needs.

Staff we spoke with knew people as individuals and told us about how people's independence was promoted. For example, ensuring their care needs were met at a time that suited the person so they could attend their planned social events. Staff told us that caring for the same people on a regular basis meant that they got to know people and their families well.

One staff member we spoke with told us that they always received feedback from the registered manager if a person had been complimentary about the care they had provided. The staff member told us, "It is good to know that you are doing it right for people, and people are happy with what I have done". Staff told us that they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with them meaningful and would spend any extra time talking with them.

People told us that staff supported them to make their own decisions about their care and support and they felt involved and listened to. All the people we spoke with told us that they knew the care manager and registered manager well and were able to have regular conversations about their care needs and support. They told us that they felt listened to, and any changes that they had discussed were always followed through and acted upon.

People told us that staff were flexible and worked with them to ensure they received the support when they required it. One person told us "I always have lots of hospital appointments and they are brilliant at changing the times for me".

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "They are always courteous towards me". Another person said, "The staff are friendly and make me feel comfortable. It makes the day better". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us they were always given a choice and staff respected their decision. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or ring staff in the office if they needed too. People told us that they had an initial assessment before they began using the service. People told us that after that the registered manager or the care manager would visit them to see if they were happy or wanted to change their care plan. They said that following this they had annual reviews where checks were made to see if they were happy with the arrangements and if there was anything else they wanted to change. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us that staff always respected their decisions about their care and that their individual needs were met. We found that people's needs were assessed and reviewed where required. Staff we spoke with knew about the needs of the people they cared for. Staff told us that they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for three people and could see people's likes and dislikes were recorded for staff to be aware of. People confirmed that their likes and dislikes were recorded and staff followed these. Where more complex needs were identified, staff were aware of how to support the person.

We found that the registered manager was aware of people's changing needs and ensured that staff were informed of any changes. The care manager told us, "I do the initial assessments for everyone; I like to see everyone, so I know who we are providing care to and what they need from us". They continued to say, "I am out there working a lot with the staff and know exactly what is going on with everyone".

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "They are very understanding and approachable, I wouldn't have a problem ringing the office". Another person told us, "I would speak to [the registered manager's name] if I had any problems, she would definitely do something about it". All people, relatives and staff we spoke with believed the registered manager would resolve a complaint should they have to raise one. We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the registered manager had provided information to people about how to raise a complaint within their service user guide when they began using the service. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

Is the service well-led?

Our findings

We spoke with the registered manager who knew people who used the service and staff well. People who we spoke with told us they found the registered manager and the care manager were approachable and responsive to their requests where it was required. People confirmed that they had met people who worked in a management role. All people we spoke felt confident that any questions they may have would be answered by staff who worked in the office or the registered manager. One person told us that the staff who cared for them were able to respond to their needs.

We spoke with staff about the service they worked for. One staff member said, "Everyone is very approachable and they do listen to you, they are very good". Another staff member said, "They've got really good communication and understanding. Because [management] go out as well, they know people's needs well". They told us that this meant they understood what people needed, how much time they needed so were able to ensure staff were receiving the right amount of time with people and the right travel time to get between calls. They finished by saying, "They are really lovely to work for". A further staff member said, "We always get people's compliments passed onto us, it gives me the encouragement and confidence that I'm doing a good job and making a difference". Staff told us that they had regular contact with the registered manager and care manager who worked in the office and were kept updated this way. One staff member told us that going in the office once a week was useful to keep updated with people's care needs.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us that they visited people to check that the service was meeting their needs. We found that through these visits actions were sometimes needed, for example, an extra call during the day.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us that they visited people to check that the service was meeting their needs and audits took place of the daily records. The registered manager checked these for language used to ensure comments were written in a respectful way. The registered manager also checked medication charts to ensure staff had completed these correctly. It was identified at one audit that record keeping for administration of creams had not always been completed accurately. The care manager told us that this was discussed with staff to ensure they were completing the charts correctly.

The registered manager showed us the results of an annual quality of care survey that had taken place in November 2015. The provider had sent 20 surveys and received 13 responses, the responses were positive with no actions to take forward. Where people had written further comments these demonstrated that the leadership of the service was effective and demonstrated good management. For example, one comment said, "A few problems with time keeping, i.e. Coming too early to cook tea, but this was dealt with very efficiently". Further comments showed that people were happy with the delivery of the service provision. For example, "The quality of the service is very good and I would recommend you to anyone". And "Any issues are dealt with professionally, politely and quickly".