

Riseup Healthcare Ltd

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Inspection report

Norwich Road
Besthorpe
Norfolk
NR17 2LB

Tel: 01953797130

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Riseup Healthcare Ltd is a domiciliary care service. It provides personal care to people living in their own homes.

People's experience of using this service: There were enough staff available to make sure people received their care visits. However, we received mixed views from people as to whether the care they received consistently met their needs and preferences. This was particularly in relation to the times they received their care visits.

The provider's governance systems had been effective at monitoring the quality of care in some areas but not all, resulting in issues not always being identified and therefore improved where required.

People had been involved in the planning of their care and they told us they were encouraged to give their views about the quality of care they received. They gave us mixed feedback as to whether they felt these views had been fully listened to and consistently acted upon.

People told us they received care from staff who were kind and caring and who treated them with compassion and respect. Most people told us they saw the same staff so they could get to know them well and build caring and trusting relationships with them. People's independence was encouraged to help them remain at home for as long as possible.

The staff who provided people with care and support had in most cases been trained to do so safely. Their ability to provide people with safe care had been regularly monitored and assessed and they were supported to complete qualifications in health and social care.

Systems were in place to protect people from the risk of abuse and avoidable harm. Risks to people's safety had been assessed and staff understood how to reduce these risks for the benefit of people using the service. Where people received help to take their medicines, this was done safely and appropriately.

People told us their consent had been obtained when required and records showed it had been received in line with the relevant legislation. Any incidents or accidents that had occurred had been learnt from to try to reduce them from re-occurring.

Where staff supported people to eat and drink, this was completed to meet people's needs. People told us they received support to maintain their health when needed. Staff worked well with other professionals to ensure that people received the care they needed at the time they required it.

There was an open culture at the service. The management team and staff were approachable and people and staff told us they could contact them when they needed to.

Rating at last inspection: The rating at the last inspection was Requires Improvement (published October 2017) and remains the same at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Riseup Healthcare Ltd

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: One inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Riseup Healthcare Ltd is a service providing personal care to people in their own homes. 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 we needed to be sure that the registered manager would be available to speak with us.

What we did: Prior to the start of the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or serious injury and feedback from the public. We also sought feedback from the local authority who work with the service. This helped us plan the inspection.

On the 10 and 11 January 2019 we spoke with 10 people who were using the service and two relatives. We visited the office location on 28 January 2019 to talk to the registered manager and office staff. Here we reviewed five people's care records, three people's medicine records, three staff records and discussed with the registered manager how they monitored the quality of care people received. We also reviewed in depth the times staff had visited four people for 14 days in January 2019. We gained feedback from four staff working for Riseup Healthcare Ltd for their views about the service and their training and support.

Is the service safe?

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

- All the people we spoke with said they felt safe with staff when they were providing them support. One person said, "I feel safe with all of the staff." Relatives agreed with this.
- Staff had received training on how to protect people from the risk of abuse and understood how to report any concerns.
- The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

Assessing risk, safety monitoring and management

- People told us that staff made sure they were safe when they were providing them with support. One person told us, "I need them to be with me when I have a bath. I will sit on a chair and they help me in. They will usually stand outside the door which I have left open. I can call them if I need them." A relative told us, "They make sure [family member] uses the rail and seat in the bathroom. I trust they're keeping them safe."
- The registered manager had discussed risks to people's safety with them during their initial assessment. They had ensured that staff had clear guidance on what action they needed to take to reduce any risks that people could experience and staff demonstrated they were aware of these.

Staffing and recruitment

- People told us that staff had not missed any care visits and the staff we obtained feedback from confirmed this. The provider had employed a staff member dedicated to planning people's care visits. They told us these were planned two weeks in advance and they had enough staff to cover these visits.
- If staff called in sick at the last minute or could not attend their shift, there were other staff available who could cover these shifts so people got their care visits.
- The provider had ensured most of the required employment checks of new staff had been made before they started working for the service. These included obtaining references from previous employers and whether the new staff member was barred from working within care. However, for one staff member their full employment history had not been explored as is required. The registered manager obtained this during our inspection visit.

Using medicines safely

- Most people told us they received their medicines when they needed them. One person told us, "They come and cream my legs. They make sure they sign to say they've done it."
- Staff told us they had received training in how to give people their medicines. They added that senior staff had recently assessed whether they were competent to do this. Records showed that only staff who were competent to give people their medicines completed this task.
- The staff regularly assessed whether people needed assistance to take their medicines or if they could do

this safely with minimal assistance to support their independence.

- Medicine records (MAR) showed that people had received their medicines when they needed them. This included creams.
- Staff had most of the guidance they required to help them give people their medicines safely. However, there were no PRN (medicines to be taken as and when required) protocols in place to help staff understand when they may need to give these types of medicines. The registered manager agreed to investigate this.

Preventing and controlling infection

- People told us staff always took precautions to stop the spread of infection. One person told us, "They are all very nice staff and wear gloves and aprons."
- The staff had received training in infection control. They demonstrated they understood the need to wear protective equipment and to wash their hands where needed.
- Staff had access to protective equipment when required such as disposable gloves and aprons.

Learning lessons when things go wrong

- The staff understood they needed to report and record any accidents or incidents that occurred when they provided people with support.
- The registered manager had reviewed any incidents or accidents to see if any lessons could be learned to help them from re-occurring in the future. Staff were advised of any changes required to help them reduce risks to people's safety.

Is the service effective?

Our findings

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

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

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

- Care records showed that people's needs and choices had been assessed with them and/or a relative before they started using the service. This included physical, mental, social and cultural needs. Outcomes that people wanted to achieve had been discussed and recorded in their care record. People's care needs had been regularly reviewed to ensure the service could continue to meet them.
- New technology had been introduced to help the registered manager monitor whether care staff attended the care visit. They could also see if staff had stayed for the correct amount of time to give people all the care they required.

Staff support: induction, training, skills and experience

- Most people and relatives told us they thought the staff had been trained well. One person said, "I think they are quite well trained, they do everything I need alright."
- Staff told us they felt the training they received was good and provided them with the skills they needed to give people effective care. They also said that senior staff had assessed their competence to provide people with safe on a regular basis.
- Staff received a comprehensive induction when they started working for the service. This included attending some classroom based training sessions and shadowing a more experienced staff member. New staff completed the Care Certificate which is a recognised qualification within health and social care.
- The staff records we checked demonstrated staff had received training in many different subjects to help them provide people with effective care. However, we did see that some staff were supporting a person with the maintenance of their PEG tube without the relevant training. A PEG (Percutaneous endoscopic gastrostomy) tube is a tube which is passed into a person's stomach to aid them with nutritional intake or taking medicines. The registered manager told us that staff did not need to do this task as it was a relative's responsibility. They agreed to stop staff doing this immediately.

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

- People told us they received support to eat and drink when needed. One person said, "I have ready meals which the staff reheat for me. They will ask what I fancy. They will also leave me a sandwich if I want and always make a hot drink."
- Staff understood the importance of making sure people ate and drank enough to meet their individual needs. Staff told us they monitored this where they were concerned and that they contacted other healthcare professionals for their advice where needed.
- Staff had clear guidance regarding what meals people liked to have prepared and how they liked to take their drinks.

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

- Staff told us they worked with other agencies such as the local authority and NHS to ensure people received effective care. They said they would contact any healthcare professional required to support people with their healthcare needs.
- The records we looked at showed that other professionals had been contacted when needed. For example, staff had contacted an occupational therapist to review a person's equipment. This was so the person could remain as independent as possible.

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

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

- People told us their consent was sought before staff provided them with support. One person said, "They always ask before they do anything. They are very polite."
- Staff demonstrated an understanding of the MCA and told us they always offered people choice to help them decide about their care.
- Records showed that where required, an assessment of people's capacity had taken place. Information was in place to guide staff on how to provide care to people in their best interests if they were unable to consent to this. Where possible, people had signed their care record to demonstrate they had agreed to the care being provided.
- If another person had the legal authority to consent on behalf of a person, for example if they held a Power of Attorney, these details were captured in people's care records. This helped staff to understand who could legally consent on behalf of the person.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said that staff treated them with kindness, compassion and were considerate. One person told us, "The staff treat me well I am very happy they come to see me." Another person said, "They are all lovely girls. I get on with them all we have fun. They are great people. They are always asking me if they can do anything, like this morning the carer made my bed I didn't know they did that sort of thing. We are chatting all the time I look forward to them coming."
- Most people said they saw the same staff member so they could build up a caring and trusting relationship with them. One person told us, "It is very often one of two or three regular that come. We have got used to one another now." Another person said, "It is very important to me that I get the same staff as they need to know needs. Initially I was getting a lot of different staff and it was difficult and frustrating as they didn't understand my needs. However, it has settled down now and I have two or three regular carers and we have a good rapport." However, one relative told us they were concerned their family member saw up to ten different staff members each week. The registered manager agreed to look into this to see if this could be reduced.
- The staff we spoke with demonstrated they knew people well including any diverse needs they had. They spoke about people in a kind and caring way. People's life history had been captured as part of the initial assessment process to help staff strike up conversations that were of interest to people.
- Over time as people's individual personalities became known, the registered manager matched specific staff to them so they could build caring relationships.

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

- People told us they could express their views to the registered manager and staff when they wanted to.
- People could express their views in a variety of ways. This included completing an annual survey regarding the quality of care they received or at face to face reviews which had been held every three months.
- Staff told us they always involved people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and that their independence was encouraged. One person said, "They used to have to do a lot for me like help me wash but I can do all that for myself now. They will do anything I ask them, they are all very nice and caring."
- Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. They spoke about how they encouraged people to be as independent as possible for example, encouraging people to walk more.
- Care records had been written to promote people's independence. There was clear information to guide staff on how they could support people in this area.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- We received mixed views from people regarding whether the service consistently met their needs and preferences including in relation to the timings of their care visits. One person told us, "They stay the full time and usually get here on time." A relative told us, "They are really good with [family member]. I am happy they know what they are doing. If there was a problem [family member] would say." However, another person told us, "The morning call is fine however, they are then coming between 11am and 12pm to give me lunch followed by tea at 3.45pm which is too early as I am not always hungry. Some of my medication has to be given before I have food." A relative told us how their family member often did not have a sufficient gap between their morning and lunchtime call. They said this had resulted in them missing their lunchtime meal.
- The records we checked showed that staff had rarely been late visiting people. However, they did show that some people's care visits had either consistently not been meeting their preferred care visit time or had not been adequately spaced to meet their needs. For example, one person's care visit at tea time was outside of their preferred time for seven of the 14 days in January 2019 that we checked. The registered manager had not considered that this person's care visits needed to be at a certain time due to their medication needs. The registered manager agreed to immediately review people's care visit times to ensure they met with people's preferences and individual needs.
- People told us their preferences regarding whether they had a male or female carer visit them had been consistently met.
- People had been involved in the planning of their care. An initial assessment had been completed with them and/or a relative when necessary. From this a detailed care record had been produced that gave staff clear information on how to meet people's individual needs. Staff demonstrated they understood this information.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and were happy to do so if required. We received mixed feedback from people regarding the response they received from complaints and concerns. One person told us, "Over the years we have had a couple of hiccups, but they have been sorted out." Another person said, "When at first I had several carers I did have to complain but they listened and were quick to understand." However, another person said, "I would have no hesitation to contact [registered manager] and bring up issues. I do feel however that she doesn't always listen."
- Staff told us they responded to verbal complaints when they had been made. However, a record of this response had not always been kept demonstrating the complaint had been responded to. The registered manager agreed to implement this.
- Where written complaints had been received, these had been recorded, investigated and fully acted upon in a transparent way.

End of life care and support

- No one was receiving end of life support at the time of the inspection. However, staff told us they worked with various healthcare professionals at these times. The registered manager told us that people's wishes were sought at this time and that these were respected.

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

Service management and leadership was inconsistent. High-quality, person-centred care had not always been delivered. Some regulations may or may not have been met.

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

- Some improvements that had been identified as being required at our last inspection had been met but there remained some repeated issues. For example, although people's written complaints had been recorded and learnt from, a staff member told us that not all people's verbal concerns had been recorded or investigated as a complaint. Also, some people again told us that they were not always advised of changes to their care visits or if staff were running late. One person told us, "Staff are often changed but I am not informed of this." Another person said, "I have asked time and again that [registered manager] tells me when they make changes to the rota, but nothing changes."
- The staff said they made every effort to advise people of any changes in advance but said this was not always possible for example, if people did not answer the phone when they called. Records had not been kept showing when staff had contacted people to advise them of changes or if staff were running late which would help the provider determine whether this had been done. Both concerns had been found at our last inspection.
- Some systems that were in place to monitor the quality of care provided to people had been effective at driving improvement within the service. For example, the completion of staff training was monitored to ensure it was up to date. People's care needs were regularly reviewed to ensure the care provided met these needs. However, not all systems had been effective. For example, one person's daily notes had been audited but the audit had not identified that staff were assisting this person with their PEG without the relevant training. This could have been unsafe. Audits of staff recruitment files had been completed but had not identified that one staff member did not have a full employment history on file.
- The provider had improved their electronic monitoring system so they could closely monitor staff attendance at care visits. This had helped to prevent people experiencing any missed visits.
- The registered manager was responsive to our feedback and agreed to review these areas immediately and make the necessary improvements.
- People's views had been sought through the completion of an annual survey and regular reviews of their care. Where they had raised a concern or area for improvement by completing this survey, this had been acted upon. For example, a number of people had stated that they wanted to see the same carers on a more regular basis. In response, the registered manager had recruited more staff and people told us this had improved.

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

- Staff understood their individual roles and responsibilities. Some staff provided care to people, others were

responsible for planning people's care visits and others for monitoring the quality of care provided.

- The registered manager understood their responsibilities and kept up to date with any changes within the care sector through reading various magazines.

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

- Most people told us they felt the service was well led and would recommend it to others. One person told us, "I would definitely recommend them. I am very happy." Another person said, "I am happy with my care I would recommend them."
- People said they could approach the staff or registered manager at any time and without concern. The staff obtained feedback from with agreed with this. This demonstrated an open culture.
- The staff were happy working at the service, they felt valued, listened to and appreciated.
- The provider understood the duty of candour and offered an apology and/or involved people when things went wrong.

Working in partnership with others

- The registered manager had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required.
- Information was provided to people about other services to promote their safety and wellbeing such as the local fire service who would visit and check the person's home. Staff told us they would contact such organisations on behalf of people if there was a need for this.