

Riann Care

Riann 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Riann Care is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of this inspection there were 10 people receiving personal care services.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We received positive feedback about their care and support from people who used the service and their relatives. We found improvements had been made in the areas where we had concerns at our last inspection. At that inspection the provider was operating under a different name.

People told us they felt safe when supported by staff from Riann Care. There were high standards of hygiene. People had their medicines administered in line with their wishes. Care workers arrived at the right time and stayed for the right amount of time to support people without rushing them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were satisfied their care workers had the right skills and knowledge to support them.

People were complimentary about the management and office team, describing them as being approachable and responsive. We found suitable management systems and processes in place to sustain improvements that had been made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 December 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The provider has changed the name of the service since the last inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 29 September and 3 November 2022. Breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to improve. We identified necessary improvements in safe care and treatment, good governance, fit and proper persons employed, and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect or assess the service using our new ways of working.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Riann 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team comprised an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection so the provider could make sure people and their relatives consented to our contacting them for their feedback on the service.

Inspection activity started on 24 August 2023 and ended on 4 September 2023. We visited the location's office on 31 August 2023.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from local authority professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and 7 staff. We had telephone feedback from 7 people who used the service, either directly or through a relative who was involved in their care. We reviewed records, including 5 people's care plans, risk assessments, staff records, and other records to do with the management and delivery of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found the provider did not have robust systems to make sure people had their medicines safely and as prescribed. This was a breach of Regulation 12 Safe care and treatment. At this inspection we found improvements had been made and sustained. The provider was no longer in breach of this regulation.
- The provider had improved their processes for scheduling training and competency checks for staff who administered medicines. Records showed relevant training and checks had been completed. People could be confident staff had the skills and knowledge required to administer medicines safely.
- The provider had improved their processes for recording and auditing medicines, including topical creams. They had implemented an electronic care recording system which meant managers could check immediately if medicines had been administered according to people's care plans. This was supplemented by regular audits of medicines records. The provider's processes were effective in checking people had their medicines safely and according to their needs.

Staffing and recruitment

- At our last inspection we found the provider did not have robust recruitment systems in place. This was a breach of Regulation 19 Fit and proper persons employed. At this inspection we found improvements had been made and sustained. The provider was no longer in breach of this regulation.
- Records showed the provider made the necessary checks to make sure staff were suitable to work in the adult social care sector. These included complete employment history, evidence of satisfactory conduct when working with adults in a care setting, and Disclosure and Barring Service (DBS) checks. DBS checks help providers make safer recruitment decisions.
- Feedback from staff and people confirmed there were enough staff with the right skills deployed. People told us their care workers attended at the right times, stayed for the correct length of time, and could support them in a professional, unhurried manner. One person said, "The timings are mostly good and I have never felt rushed or that they are clock watching."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff had appropriate training in how to recognise and report abuse. They knew how to apply their training and were confident procedures would be followed correctly if needed.
- People felt safe while staff supported them in their home. One person said, "We are so safe and well cared for. I can't tell you what a godsend they are."

Assessing risk, safety monitoring and management

- People were supported to live safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. People's care plans and risk assessments guided staff to support people safely while preserving as much independence as possible.
- People's care plans included ways to manage risks to their safety and wellbeing in a positive way. These included managing risks to allow people to go out on their own, and risks around people having a bath or shower.
- People told us staff supported them to do what they wanted to do safely. One person's relative said, "They assess the risks that might be in her path and make sure she is as safe as possible I would say."

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements to maintain standards of cleanliness and hygiene in people's homes.
- The provider had kept their infection control and prevention guidance up to date in line with government guidance. Where necessary, staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we found the provider did not have effective systems in place to monitor and audit staff training. They could not show that staff had completed the required training. This was a breach of Regulation 18, Staffing. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- There were appropriate records in place to show staff had completed relevant training. Where individual training courses were not complete, there were dates in the near future when staff would complete them.
- Staff told us they were prepared by their induction and follow up training to support people according to their needs and in line with the provider's values. One staff member who had worked for other, larger providers, said the training in Riann Care was the best they had ever had.
- People and their relatives were all confident their care workers had the right skills and experience to support them. One person said, "I would say they must have had pretty robust training because there isn't anything that they can't or won't help with."

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

- People's care plans were personalised and reflected their needs and wishes. Staff reviewed plans regularly. Care plans reflected a good understanding of people's needs, including assessments of their communication and social needs.
- People told us the assessment and care planning was effective. One person's relative said, "She gets really great care and they follow the care plan we agreed." Another said, "She was assessed on the 13th and her care was confirmed within 2 days."

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

- Where people's assessed needs included support to eat and drink, this was done effectively and in line with their needs and wishes. One person's relative told us, "They do help with meals and they know what she likes and dislikes that's for sure." Another person said, "They lay out my supplements, so all I have to do is take them."

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

- Staff worked with healthcare professionals such as community nurses and GPs. People and their relatives were confident that staff would consult with other agencies when planning care, and staff would recognise if people needed to see other professionals. One person's relative said, "They would of course contact the

doctor but I am always made aware of any potential issues."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were assessed as possibly lacking mental capacity for certain decisions staff recorded assessments and any best interests decisions. Records showed good practice around assessing mental capacity, supporting decision-making and best interests decision-making.
- Staff were aware of the need to obtain consent before supporting people. One person told us, "They will always ask my permission before attempting to provide care." Another person's relative said, "They always let her know what they are doing to help her and never start a task without letting her know."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found the provider did not have effective management systems to monitor and ensure compliance with the fundamental standards all providers must meet. This was a breach of Regulation 17 Good governance. At this inspection we found improvements had been made and sustained. The provider was no longer in breach of this regulation.
- The management team had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's vision and values to staff who knew how to apply them in the day to day work of the team. Staff were clear about their roles and how to deliver a service in line with those values.
- The management team understood and demonstrated compliance with regulatory and legislative requirements. There was an effective internal audit system to check the service met the fundamental standards required by regulations.
- Feedback from people about the management of the service was positive. One person told us, "I have a good relationship with the office and feel that they are most efficient and well run." Another person's relative said, "The management makes it what it is."

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

- Management and staff put people's needs at the heart of everything they did and achieved good outcomes for people. Staff told us there were good two-way communications with management which helped them focus on the best care and support for people. Staff told us there had been noticeable improvements in the way the service was managed.
- People and their relatives confirmed they received individual care which resulted in good outcomes. One person's relative said, "I just don't think we could have coped this far without them and without the management helping me to organise things." Another told us, "I simply am unable to fault the care, carers or the management."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They had open communications with people and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had processes in place for engaging with people and their families. Records of quality assurance calls with people showed they were very satisfied with the service, with some giving "100%" or "10/10". One person's relative told us, "We have had a questionnaire to complete, and I always give them top marks." Another said, "I feel they always listen and have her best interests at heart."
- The provider engaged with staff through team meetings, individual supervisions, and a staff survey. Responses to the staff survey included "Company are very caring, communication is outstanding", and "Number one priority are the clients".

Continuous learning and improving care

- The management team had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Ideas for improvements came from quality audits, input from people and their families, input from staff, and care plan reviews with people and their families.
- People we spoke with were happy with the care they received and could not identify any areas for improvement. One person said, "I wouldn't say that there is anything that needs to be changed." Another person's relative told us, "We are most content and pleased with the care given and there is not a single thing that needs to be altered."

Working in partnership with others

- The service worked in partnership with other health and social care organisations. Records showed there had been partnership working with a person's GP when the person needed to have blood tests, and consultation with a physiotherapist when developing another person's care plan.