

River Garden Care Ltd

# River Garden Care

## Inspection report

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Date of inspection visit:  
19 November 2020

Date of publication:  
04 January 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

River Garden Care is a domiciliary care agency registered to provide personal care to people in their own homes. 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. At the time of our inspection about 70 people were receiving personal care from the service.

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

There were enough staff available to deliver care to people. There was an effective system in place for planning and monitoring care visits. People received their medicines safely. Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. Risks to people were managed effectively to reduce harm to them. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection.

People and their relatives knew how to contact the office if they had concerns or complaints. The registered manager and members of the management team shared information with people about the service. There were effective systems in place to assess and monitor the quality of the service. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update): The last rating for this service was requires improvement (published 30 July 2019) and there we found two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating. We carried out a focused inspection to check they had followed their action plan and to confirm they now met legal requirements in the areas we had concerns at our last inspection. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 River Garden Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

### **Is the service well-led?**

**Good** ●

The service was well-led.

# River Garden 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and two Experts by Experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExEs had experience working with older people.

#### Service and service type

River Garden Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 19 November 2020. We visited the office location to see the manager and office staff and to review care and management records.

#### What we did before the inspection

We reviewed information we held about the service which included notifications of events and incidents at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During inspection

We spoke with eight people, 17 relatives, the nominated individual, registered manager, one senior care worker, two care coordinators and a training and recruitment officer. We looked at four care files, seven people's medication administration record sheets, four staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records.

After the inspection

We spoke with four care staff and we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were deployed in a way which met people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and there was no longer a breach of Regulation 18.

- There were enough experienced staff who were appropriately deployed to support people. People and their relatives told us staff completed their care visits as required although they commented that they did not always get their visits at the scheduled time especially at weekends. One person commented, "Carers normally arrive between 8.30am and 9.15am. They stay between half-an-hour and forty-five minutes. It's different at weekends though." One relative told us, "Carers are here morning and evening. Normally they are on time but not at weekends. They call if they are going to be late." We spoke to the registered manager about the feedback from people and they explained they were taking actions to address this issue and we were reassured with their response
- During our inspection we looked at the electronic monitoring system (ECM) used to schedule and monitor visits. People's requirements, staff availabilities and geographical locations were considered in scheduling visits. Staff were allocated travelling time to enable them travel between visits.
- There was a staff member assigned each day to monitor and check the ECM system to make sure people had received their care visits. We found care visits were mostly completed as planned and late visits were within reasonable timeframes. Record showed there had not been any missed visits in the three months leading to our inspection.
- Staff told us they were allocated sufficient time to complete their care calls and to travel from one visit to another. One staff told us, "I have enough time to complete visits. If there is an issue, I let the office know and they adjust my work schedule. We are allocated journey time too. We even have time sometimes to chat with the clients which is good." Another staff member mentioned, "I'm able to complete the tasks allocated within the time. We have travel time too. Of course, we go over sometimes with some clients and we let the agency know."
- Planned and unplanned absences were covered by staff who were willing to do extra hours or by the registered manager and office staff who were available to provide hands-on support to people if needed.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe with staff in their homes.
- Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the management team would take actions necessary to protect people and address any concerns reported.
- The registered manager understood their responsibilities and had responded to concerns in line with their safeguarding procedure. They had made referrals to the local authority, investigated the concerns and notified CQC as required.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks were assessed, and management plans put in place to reduce harm to people. Assessments covered various areas of risks people were exposed to such as risks associated with mental health conditions, physical health, behaviours that may challenge others, accessing the community and activities of daily living. Management plans provided guidance for staff to support people safely. Where people required two members of staff to support them with transfers as a way of reducing risk this was in place. Staff knew the risks people faced and the actions in place to manage them. They told us the registered manager and supervisors provided them with up-to-date information so they could safely support people. Risk assessments were reviewed and updated to ensure people received safe care and support.
- Lessons were learnt from incidents. Staff reported incidents and accidents and records were maintained. The registered manager reviewed these and put action plans in place to reduce the risk of repeat incidents. For example, where people were having falls, occupational therapy team were involved to assess for appropriate equipment to help reduce falls.

Using medicines safely

- People were supported to take and manage their medicines in a safe way. One person told us, "The medication is all documented in the care plan and it's all in a Dossett box. It's all fine, no errors."
- Staff had completed training in the safe administration and management of medicines. People had care plans in place with regards to the support they received with managing their medicines.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed and dated. The care coordinators completed audits of MAR regularly and actions taken to address concerns if any were found.

Preventing and controlling infection

- There were systems to reduce the risk of the spread of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- People and their relatives told us staff followed procedures to reduce the risk of infection. One person told us, "Staff wear appropriate personal protective equipment (PPE) including plastic shoe covers before coming in. They keep everything clean." Another person said, "Staff wear the masks and gloves. They wash their hands. There is a big black bag for the waste and a yellow bag for anything that needs to be sealed." Another person commented, "Staff wear masks, gloves, plastic aprons and plastic shoe covers. They wash their hands on arrival with hot water. I am kept nice and clean."
- Staff told us they were provided personal protective equipment and they used these as needed.
- The registered manager kept themselves updated with government guidelines and shared information regarding infection control with staff.



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

### Continuous learning and improving care

At our last inspection we found the provider had failed to operate systems to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there were systems for monitoring and assessing the quality of the service; and these were effective. The service was no longer in breach of Regulation 17.

- The quality of the service was regularly checked and monitored and improvements were made where required. Records showed various checks and audits took place to identify gaps in the service. These included electronic call monitoring system (ECM), medicine management audits, care plan audits, daily care logs and recruitment checklist. The nominated individual completed a quarterly compliance assessment of the service. They identified areas requiring improvements and devised action plans to rectify those areas. For example staff had undergone training and supervision to improve when some errors in the management of medicines were identified.
- The care coordinators and supervisors carried out regular spot checks to check how staff performed their duties. Staff told us they were called to the office for supervision if they were found not to be following procedures. Where people had expressed a concern, it was followed up. For example, two people had expressed they did not have an up to date care plan. The registered manager arranged a review with them.
- The service sought feedback from people and their relatives through satisfaction surveys. The survey conducted in August 2020 which focused on the service people received during the pandemic showed people were happy.

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

- People and their relatives confirmed that the service met their needs and was delivered to high standards. One person said, "They [staff and management] seem to be interested in us. They meet our needs. The company is well managed." A relative told us, "I know the registered manager and some one of the senior staff members. They seem quite organised and thorough in their care planning. They are efficient in communicating and they send newsletters about three times a year."
- Staff were trained and supported to provide effective care to people. One staff member told us, "The company is brilliant! I couldn't ask to work for a better company. They put the clients in the centre and support the staff/care workers to enable them to deliver good care. I'm very happy working with them. They

always act on feedback and resolve issues." Another staff member, "I feel well supported. I know they care and [are]interested in us as care workers. They are always available to listen and guide you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on duty of candour responsibility

- There was a registered manager in post who understood their role and responsibilities in providing effective care to people.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service and displaying their last inspection rating.
- The registered manager and nominated individual had developed a business continuity plan to accommodate the challenges posed by the Covid-19 pandemic. It covered how the service would ensure people's needs and how the service would continue to run effectively. The plan was reviewed regularly in line with changes and updates in government guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and senior staff maintained communication with people and their relatives regularly through reviews and spot checks. People and their relatives told us they felt able to contact the office to speak to a member of the management team if they wanted to complain or speak to someone about the service. They said the management listened and tried to help when they contacted them. One person said, "Whenever I ring the manager there is always a very quick response. I ask to speak to the registered manager and she will speak with me."
- The registered manager communicated and kept staff up to date with information through supervisions and meetings. Regular memos were also sent to staff to share information with them.
- The provider worked closely with the local authority to improve and develop the service. The registered manager liaised with health and social care services to meet people's needs.