

Ribble Care Ltd

Ribble Care Limited

Inspection report

Unit A5
Kirkgate Depot
Settle
North Yorkshire
BD24 9BP
Tel: 01729 822511
Website: www.ribblecare.co.uk

Date of inspection visit: 27 October 2015 and 1 November 2015
Date of publication: 01/12/2015

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	

Overall summary

The inspection visit to the domiciliary agency care office was carried out on 27 October 2015. Telephone contact was made with people using the service and staff on 1 November 2015, this included weekend and evening calls in order to catch people in. We gave the provider 72 hours' notice of the inspection in order to ensure people we needed to speak with were available.

The last inspection took place on 23 July 2013 and the service was meeting the regulations we assessed at that time.

Ribble Care Ltd is owned and managed by Mrs Delphine H Illston. The service is a domiciliary care agency providing support and care to people in their own homes. This may be companionship, domestic help like shopping, or help with personal care, like washing and dressing. The main office is based in Settle, and the agency provides services to people in Settle and surrounding areas.

The service had a registered manager, who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 told us they received safe care, which was reliable and consistent. The service had sufficient staff to meet people's needs, and people were given the time they needed to ensure their care needs were being fully met.

Medicines were administered safely, the service had an up to date medication policy and all of the staff we spoke with explained they attended training before they could administer medication.

People were protected from avoidable harm and staff knew what to do if they suspected abuse. Risks to people were assessed and risk management plans were in place.

Staff had the skills, guidance, support and training they needed to deliver care effectively. All of the staff we spoke with told us they were well supported by each other and the management team.

People were supported to have a good diet. Their healthcare needs were met, and staff referred people for extra clinical or health support when this was needed.

The service was working to the principles of the Mental Capacity Act, 2005 and care staff supported people to make their own choices about their care.

Care staff spoke with enthusiasm about delivering a good standard of care. They told us they would be happy for their family member to receive care from the service. There was a focus on promoting people's independence and maintaining their privacy.

Staff morale was high. The management team and staff were clear about their roles and responsibilities.

People spoke highly about the support they received. People told us they were treated well and that the service not only considered the person they were supporting but their family and friends. Care plans were developed with the person or their representative and reviewed on a regular basis. Care plans were detailed, they took into account people's views and preferences.

Staff referred people to community resources to reduce social isolation, and there was a focus on improving people's quality of life.

The service requested feedback from people about the service and some people we spoke with said they had recently completed a questionnaire from Ribble Care to give their views. People told us when they had raised any issues with the service, they were quick to respond and provide a solution. This showed a commitment to service improvement and listening to feedback from people.

People knew how to make complaints. The service investigated complaints thoroughly and was keen to improve the service.

The registered manager demonstrated a commitment to ongoing service development. The service had effective systems in place to monitor the quality of care provided to people.

People told us they would recommend the service to others.

Summary of findings

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.

People and their representatives told us they felt safe. Staff provided consistent care to people and there were sufficient staff to do this. Staff recruitment was robust.

Medicines were administered safely. People told us they received their medication on time. The service had a medication policy and staff received training before they administered medication.

Staff knew how to protect people from avoidable harm. People had risk assessments in place, where a risk had been identified and staff were clear about what they had to do to reduce the risk of harm.

Good



Is the service effective?

The service was effective.

People spoke highly of the support they received. The service offered a comprehensive induction programme and ongoing training and support which helped to ensure staff had the right skills and knowledge to deliver effective care.

The service worked within the principles of the Mental Capacity Act 2005. People were asked to sign forms to consent to care.

People received support from healthcare professionals and staff liaised with these services in a timely way when necessary.

Good



Is the service caring?

The service was caring.

People told us they received a high standard of care. Their personal preferences were taken into account and they felt they were listened to when their individual needs changed.

The service respected people's dignity and privacy and staff worked in a way which supported people to be as independent as possible.

Staff spoke with compassion about the people they cared for, and all of the staff we spoke with told us they would be happy for their family member to receive care from the service.

Good



Is the service responsive?

The service was responsive.

Care was planned with people and their families. People were supported to set their own goals and these were reviewed on a regular basis.

People were supported to develop links with their local community.

The service actively encouraged feedback from people. Complaints were investigated thoroughly and the service was open and keen to learn from these.

Good



Summary of findings

Is the service well-led?

The service was well-led.

All of the staff we spoke with told us they were well supported, they attended regular staff meetings and told us communication was good.

The service had effective systems in place to evaluate its effectiveness. The registered manager showed a commitment to ongoing service development.

People who used the service told us they would recommend it to others.

Good



Ribble Care Limited

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.

We inspected the service on 27 October 2015. The inspection was announced. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service office to assist us with the inspection.

The inspection was undertaken by one inspector as the service is relatively small.

Before our inspection we reviewed all the information we held about the service. We reviewed all of the notifications and safeguarding alerts. We had also requested a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any feedback. However, the local authority did provide feedback about the service and sent us information about their most recent visit to the service; they had also received an action plan from the provider, detailing the work underway. This was used to inform the planning of our visit.

During the inspection we spoke, on the telephone, with six people who used the service and four relatives or representatives. We tried to speak with a further seven people but they were unavailable.

On our visit to the agency we spoke with four members of staff which included the registered manager, compliance manager and two administrators. We also spoke with a care worker on the telephone. We tried to speak with a further four care workers, but they were unavailable. Voicemails were left for them so that they could contact us to tell us about their work.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at six care plan records and three staff files.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “I am totally happy with everything, they are very good and I have no concerns about my safety.” A relative told us, “We are in safe hands. The carers are very good and know what needs doing.”

People told us care was delivered reliably and that staff were usually on time. They told us that occasionally emergencies arose which meant staff could be unavoidably delayed, but they understood this could happen from time to time. If staff were running late they had a system in place to alert either the next person they were due to visit or they contacted the office who could make the call for them. The compliance manager told us there were ‘black spots’ in rural areas and that mobile telephone connectivity was sometimes an issue, but they knew where these areas were so knew to contact people using a landline whilst they were visiting a client. Despite the occasional late arrival, people told us they had never had to wait too long.

The service had enough staff to meet people’s needs. Staff worked to a rota, which they were given a week ahead. Staff told us they usually had the ‘same round’ and more or less knew who they were visiting on a regular basis. The service had a system in place to cover any shortfalls in hours or if an emergency arose. The registered manager explained they made every effort to provide consistent staff to people. This was important, as people needed staff who knew them well and how they liked their support giving. This also meant that they could more easily identify if people’s needs changed.

The service had effective recruitment and selection processes in place, to make sure staff employed were suitable to work with people who may be vulnerable by way of their circumstances. We saw evidence that appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

There was a record of probationary reviews which took place after one, three and six months to make sure that the member of staff was working effectively before being offered a permanent contract.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. The service had an up to date and comprehensive safeguarding policy, which offered guidance to staff. We saw safeguarding practice was embedded within the service. During the initial service assessment staff were prompted to consider whether any safeguarding issues or risks had been identified. This meant staff considered the importance of protecting people from harm in the short and long term.

All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. A new compliance manager had started at the service recently, and staff had started to attend training to update their knowledge based on the changes following the introduction of the Care Act (2015). This showed the service supported staff to keep up to date with changes in legislation and practice. Staff records we saw confirmed this.

Since the last inspection the service had not submitted any safeguarding notifications to the Care Quality Commission (CQC).

The whistleblowing policy was up to date and contained clear guidance for staff about who they should contact if they had any concerns. The staff handbook also provided additional advice to help senior staff respond well to concerns raised by staff. All of the staff we spoke to told us they felt any concerns they raised would be listened to and acted on appropriately by the management team.

Medicines were managed safely. The service had a clear medication policy which staff followed. Staff told us they underwent comprehensive training before they were able to administer medication.

People using the service were assessed to see what level of support they needed with their medication. We looked at two people’s medication administration records and could see these had been completed correctly by staff.

People told us they received the support they needed to take their medication. One person said, “They help me with my medication and fill out a chart to say I have had it.” We were told that medication charts were always filled in

Is the service safe?

immediately, and kept in a safe place. We saw evidence that these charts were audited and checked regularly by a senior member of staff when they visited the person in their own home. Old copies were archived in the office.

The registered manager explained to us they completed a medication incident form if they discovered any medication errors. The registered manager told us they had reassured staff this was about learning from mistakes and being transparent and not about a blame culture. This showed the service was keen to develop and learn from mistakes.

People had appropriate risk assessments in place; these included moving and handling, falls assessments and environmental risk assessments as the care was delivered in the person's own home. Staff had access to supplies of protective clothing including gloves and aprons, to help reduce the risk of infection.

Accidents and incidents were recorded and reviewed to establish whether there were any patterns or trends identified. This showed the service was keen to improve, to ensure people were supported as safely as possible.

Is the service effective?

Our findings

People received effective support based on their individual needs. People spoke highly of the staff that supported them. One person told us, “The carers are really good; they know what they are doing. They look after my [relative] in a kind and proper way.”

Staff had the skills and knowledge required to support people who used the service. Staff had a good induction which equipped them to deliver a high standard of care. The induction included mandatory training such as; moving and handling, medication, safeguarding and infection control. New staff also spent a pre-determined length of time, dependent on experience, shadowing a more experienced member of staff. Following on from this staff had access to more specific training courses as necessary.

All of the staff we spoke with told us they had access to a wide range of training courses, we were told training was ‘often and in depth’. One member of staff told us that training was high on the agenda.

Staff had access to regular supervision; this was held at least every two months. Supervision is an opportunity for staff to discuss any training and development needs they have or to talk about concerns they have about the people they support. The manager can also give feedback on individual’s practice. One member of staff told us they felt well supported and that they could go to the manager or compliance manager to discuss any aspect of their work.

Staff told us they could ring managers for support at any time and had access to on-call support, which was available out of office hours if they needed advice or support in an emergency. Staff told us they felt confident to seek support from their peers too.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people’s consent. Staff told us they understood how to apply this on a day to day basis. People were asked to sign a consent form to show they agreed to support, and we saw people had signed their own care plans. This showed the service recognised the importance of people giving their permission to receive care and support. At the time of the inspection there were three people who had a court of protection authorisation and two people who had a lasting power of attorney in place. These are legal directions which protect people who cannot make decisions at the time they need to be made about financial or welfare matters.

People were supported with their nutritional needs. We saw people’s ability to prepare meals and to eat and drink was assessed before the service started. One person told us staff prepared a lunch time meal for them four days a week and that the arrangement worked well. Staff were also instructed to make sure they left a drink with people, before they left them, so that if they needed it they had one to hand, until the next visit.

We saw evidence that the service was in contact with other relevant health care professionals based on each people’s needs. For example, the service had referred people to the community nursing team for support with continence. One person told us care staff were attentive and noticed changes in their relative’s emotional needs and acted on it straightaway.

Is the service caring?

Our findings

People told us they received care and support in a caring and professional way. They gave positive examples of their relationships with staff. One person told us, “They are [staff] really lovely girls, kindness itself.” Another person told us, “They are great at what they do.”

People were treated with dignity and respect. One person told us, “They are respectful and kind to me. I always look forward to them coming.” One member of staff explained to us how they were mindful about how they approached people as they understood they were a visitor in the person's own home, and had to be respectful of that. Staff explained how they focused on maintaining a person's independence, trying to keep them in their own homes for as long as they wished. People told us staff had the time to listen to them, and adapted the care provided based on what was needed on each particular day. One representative told us how impressed they were by the quality and high standard of care, giving the care provided a nine out of ten.

Staff spoke enthusiastically about their jobs. One member of staff spoke to us about the importance of showing empathy and working alongside the person to help them with their personal needs. There was a commitment from staff to provide person centred support, which was based on the needs of each individual.

People were given an information pack at the start of the service. The compliance manager explained to us this was an important part of setting out the expectations of the service they provided. This meant people had the information they needed to understand the service and could refer back to it as they needed to.

People's care plans contained information about what was important to them, including people's preferences and was written in the first person. People were involved in planning their own care package, including what they needed to be able to live at home. The care plans were regularly reviewed. Staff were able to identify any additional support needed and could then refer people to the appropriate health care professional or community organisation. This meant they were assessing the whole person and their circumstances, not just one element of their life.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personal to them. People and their families were involved in the assessment and care planning process. One relative explained to us it was important they were involved in the initial assessment stage as their relative was unable to make decisions about what they needed.

The care plans we saw were person centred with a focus on supporting people to continue to live in their chosen accommodation. We saw areas where people needed support, such as with washing and dressing or preparing a meal, were assessed initially and then on an on going basis to make sure the care being provided was appropriate. We saw from the care plans we looked at that the daily records provided detailed information about each person and staff were able to review these over time and identify any triggers or signs that a person was in need of additional support. They could then talk to other organisations and agree if visit times needed to be extended or more regular. This showed that the service was responsive to changing needs and indeed had reduced the number of visits for one person as they had improved since returning from hospital.

People were supported to be involved in their local communities and because staff were often from the local area they were able to share local information and support people to access facilities.

People were sent questionnaires twice a year to seek their views about the service and enable the service to evaluate their effectiveness. It was clear when speaking to people that they had received these and some people were still in the process of completing the ones sent out in October 2015. The compliance manager told us that 35 questionnaires had been sent out on 27 April 2015, and 23 responses had been received. A further 26 questionnaires had been sent out on 10 October 2015 and 12 responses had been received to date. We noted that some of the comments were positive. However, the manager had not yet analysed the most recent responses but was due to formulate an action plan if there were any areas where improvements could be made. This showed the service was keen to receive feedback and learn from this.

The service had received several thank you cards over the last 6 months, congratulating and acknowledging the care and support people had received from the service.

Since the last inspection the service had received one formal complaint. We reviewed this and found it had been investigated thoroughly. The registered manager explained to us that any complaints were reviewed to establish whether there were any key themes or anything they could do to learn from the complaints. This showed they were open to and acted on all complaints received.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team consisting of two administrators, a compliance and training manager and sixteen care workers. At the time of our visit the service was expanding the office area and had moved doors so they could make use of an adjoining unit. This increased their existing office space and would add a reception area, a private office and kitchen and rest area. The reception area would also be used as a training room. At the time of our visit, twenty eight people were using the service to support them with their personal and physical care needs. The registered manager did not want to expand the company but aimed to provide a very good service to a small number of people. She saw this bespoke and personalised service as being at the heart of the ethos of the service.

Throughout the inspection we were provided with the information we needed. Records, policies, audits and staff files were easy to follow and well organised. All of the staff we spoke to were keen to share their experiences with us.

Staff morale was high. When we talked to care staff it was clear they enjoyed working for the service. One member of staff told us they had worked in the care sector for a number of years, and felt this was by far the best service they had worked in. When we asked why, they told us they felt staff had time to spend with people, which meant they could work towards helping people achieve more independence. In addition to this, they told us training and support from the management team was very good. Another member of staff told us they knew what good care looked like and that this service was, “very good, a super little company.” Another comment made to us was, “we put people first, and the ethos and attitude of staff is all about the person.” They went on to say that this is why they enjoyed their work and stayed with the service.

People who used the service told us they would recommend it to others. They said the office staff, and managers were always available if issues arose, and that people felt they would always be listened to. All of the people we spoke with told us they felt the service had delivered what they had explained from the start.

The registered manager understood her role and responsibilities. The service had effective and robust systems in place to audit the quality of the care they provided to people. These included medication and care plan audits. In addition to this staff had on going ‘on site’ observations, known as spot checks. This gave managers the opportunity to assess the person’s approach to delivering care along with practical issues such as whether they had their identification badge and were wearing the appropriate uniform. This showed the service was committed to ensuring all staff were delivering a good standard of care.

Policies were up to date and based on good practice guidance and up to date legislation. Staff meetings took place on a regular basis and staff told us these were helpful. Staff explained communication was good. They said they received a copy of the meeting minutes if they were unable to attend and signed to say they had read them.

The service was committed to on going development and had recruited a compliance manager who was also responsible for training delivery to help with this. Feedback was given at staff meetings about new developments and staff were encouraged to become involved.

The service works in partnership with other health care professionals to develop integrated health and social care for people. One initiative is to help towards preventing unnecessary hospital admissions and reducing the time people spend in hospital. This had been welcomed by people using the service.