

River Garden Care Ltd

River Garden Care

Inspection report

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17 May 2019

21 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: River Garden Care is a domiciliary care agency. It provides personal care to people with a range of conditions including physical disabilities and people living with dementia. At the time of the inspection there were 94 people receiving personal care from the service.

People's experience of using this service:

People were not supported by effectively deployed staff. Staff did not always attend people's care calls as agreed.

Staff rostering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full time with people.

The provider's quality assurance systems were not effective. The provider was not effectively monitoring people's calls to make improvements.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well.

The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for.

Staff completed risk assessments for every person who used the service. These included manual handling risks, oral care, eating and drinking and home environment.

There was a system to manage accidents and incidents to reduce them happening again. Staff completed accident and incident records.

Staff administered prescribed medicine to people safely.

People were protected from the risk of infection.

People's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in this assessment. The provider trained staff to support people and meet their needs.

Staff supported people to eat and drink enough to meet their needs and staff supported people to maintain good health. The provider worked with other external professionals to ensure people received effective care.

□

People's capacity to consent to their care and support was documented. People told us staff obtained consent from them before delivering care to them.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected.

People and their relatives were involved in the planning and review of their care and people were supported to be as independent in their care as possible.

Care plans were person centred and contained information about people's personal life and social history, their health and social care needs.

The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.

The provider had a policy and procedure to provide end-of-life support to people. However, people did not require end-of-life support at the time of the inspection.

The nominated individual, the registered manager and staff worked well together as a team.

People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed.

The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding.

The nominated individual and the registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

Rating at last inspection: Good (report published on 9 November 2016).

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

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. 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 visited the service on the 16, 17 and 21 May 2019 and an expert by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in 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. It provides personal care to people with a range of conditions including physical disabilities and people living with dementia.

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 the manager was often out of the office supporting staff. We needed to be sure that they would be in. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection: We looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspection. We also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection:

We spoke with the nominated individual, the registered manager, three office staff and nine members of field staff. We looked at 10 people's care records, and 10 staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, and policies and procedures. After the inspection: We spoke with six people and five relatives.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not always met.

Staffing and recruitment

- People were not supported by effectively deployed staff. One person told us, "They [staff] are not good at time keeping, they're all over the place. 7.00am call may be made at 8.20am." Another person said, "At weekends, I really never know quite who is coming at what time." One relative commented, "Sometimes calls slip a bit that is 9.30am call not until 10.30am." Another relative said, "Calls are not on time, meant to be at 10.30am but care worker arrives at 11.30am or 11.45am. Care worker says 11.30am is the time they were given."
- 'Staff did not always attend people's care calls as agreed. We found multiple instances where people's care plans showed an agreed visit time which differed to the actual time scheduled on the rota. The registered manager told us that some of these were due to people's requests, however, there was no record to show that people had requested staff to come at these times.
- The nominated individual and the registered manager explained that when staff were running late for more than 15 minutes they followed up by calling people using the service and if required they arranged replacement staff. We saw some communication records that showed that the office staff had informed people when staff were running late to their scheduled home visits. However, one person told us, "Carers are often 30 minutes late. Sometimes they phone through if they are going to be very late." Another person said, "Not generally advised if running late unless it's going to be very late, that is 60 minutes." One relative commented, "They [office staff] do not advise when running late." It was not clear from the call records and people's feedback whether each person was informed, when staff were running more than 15 minutes late.
- 'People were not always supported in line with their care and support needs. Call records showed that on some occasions staff had not spent the full allocated time at people's homes. We saw some records which showed people had asked staff to leave earlier than their scheduled visit times. However, one person told us, "Some [staff] stay the full time, some don't." Another person said, "They [staff] are not staying the full amount of time." Both call records and feedback from people showed staff were not staying the full duration of their calls to meet people's needs.'
- Staff rostering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full time with people. For example, we found some staff calls were rostered without sufficient travel time allowed between two different post codes.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought the above concerns to the attention of the nominated individual and the registered manager, who told us they would make improvements by 21st June 2019. We shall check the improvements made at our next inspection.

- We confirmed through our discussions with people using the service there had been no missed calls to them.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel perfectly safe." Another person said, "I feel safe because the carers who call have become regulars." One relative commented, "My [loved one] feels safe and happy with carers."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.
- The registered manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning. □

Assessing risk, safety monitoring and management

- Staff completed risk assessments and risk management plans that included guidance for staff for every person who used the service. These included manual handling risks, catheter care, eating and drinking and the home environment.
- Risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The registered manager monitored them to ensure any areas for improvement were identified and discussed with staff.

Using medicines safely

- Staff administered prescribed medicines to people safely and in a timely manner. One person told us, "They [staff] always get my medication ready for me. They're very much on the ball with that." One relative said, "They [staff] are good at dispensing medicine."
- The provider trained and assessed the competency of staff authorised to administer medicines. Medicine administration records (MARs) were up to date and clear records kept of the medicines administered.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. Regular medicines checks were carried out by the senior staff and if areas of improvement were identified these were put into an action plan and discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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

- People's needs were assessed to ensure these could be met by the service. Senior staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. This looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in this assessment, and used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "Staff are well trained, everything seems to go along alright." One relative said, "The carers seem to be well trained."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety, moving and handling, administration of medicines, infection control, first aid, mental capacity and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. The provider supported staff through regular supervision, appraisals and onsite spot checks.
- Staff told us they felt supported and could approach their line manager and the registered manager at any time for support.

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

- Staff supported people to eat and drink enough to meet their needs. One person told us, "Staff are very good at preparing what I ask for." One relative said, "My [family member] does shopping and food is all in the fridge. My [loved one] tells them [staff] what they want to eat and they prepare it as asked."
- People's care plans included a section on their diet and nutritional needs.
- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other external professionals to ensure people received effective care. For example, when staff shared concerns regarding a person's declining mobility, the senior staff arranged to carry out a mobility assessment at the person's home and follow up with an occupational therapist referral.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse, GP or a hospital appointment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

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

- People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans.
- People and their relatives, where relevant were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to people.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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; respecting equality and diversity

- Staff supported people and showed an understanding of equality and diversity. For example, a member of staff told us, "I am passionate about equality, it is about giving them [people] the same opportunity and treat them equally irrespective of their religion and faith." Another staff member said, "Everybody has a different background from their religion and upbringing. I respect them as they are which I have learnt, for example; I ensure the plate is warm and cup is warm before I use them for serving."
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives were involved in the assessment, planning and review of their care.
- People and their relatives told us they had been involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "The carers we have are very respectful and helpful. We are quite happy with the care we get." Another person said, "I am very pleased with the care I receive. I find the care workers very pleasant." One relative commented, "They [staff] seem to genuinely care and are fairly cheerful and consistent. My [relative] has been quite impressed." Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided personal care.
- People were supported to be as independent in their care as possible. One person told us, "They [staff] do respect my wishes; if I don't feel like doing something, they don't insist. They let me do things myself, if I want to do them." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, washing face, brushing teeth, eating and walking with mobility aids.
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could manage to do for themselves.
- Staff communicated with people in the way they understood. The nominated individual told us that if people required information in different formats, they would make this available in line with the Accessible Information Standard.
- Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.
- Staff told us they would discuss with their line manager or the registered manager any changes they noticed when visiting people to ensure their changing needs were identified and met. Records we saw showed that care plans were up to date and reflected people's current needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. People and their relatives gave us feedback about how complaints were managed. One person told us "There have been one or two hiccups but when I have reported it, it's been sorted out." One relative said, "I never wanted to complain, the communication with office is good. You can call them at any time, even weekends, and if you don't get to talk to someone immediately you can leave a message and they always call you back."
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The service had maintained a complaints log, which showed the registered manager had investigated and responded in a timely manner when concerns had been raised.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care. The nominated individual told us, in the previous year, they had provided end of life care to a person, in collaboration with the healthcare professionals and the local hospice. Staff received training to support people if they required end -of life support. However, no-one using the service required end-of-life support at the time of our inspection.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Not all regulations were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The provider's quality assurance systems were not effective. The provider was not effectively monitoring people's calls to ensure that these were taking place as planned.
- The provider had not always analysed staff rostering, travel time between calls and late visits, so patterns could be identified and improvements made. We brought this to the attention of the nominated individual and the registered manager. During the inspection, the provider developed an action plan to show how they planned to make improvements to monitor the calls and take immediate action to ensure people received home visits in line with their care plans. We shall review this at the next inspection.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw some good practice in relation to the quality assurance and monitoring of care and support being delivered to people. There was a positive culture in the service, where people, their relatives and staff opinions were sought to make service improvements. One person said, "From time to time a manager turns up; they have all been very pleasant and kind. It has a really, really nice feel about the "company." One relative told us, "I met the new manager the other night. She came to help out. She's very nice."
- As a result of quality assurance visits undertaken, one person's moving and handling risk assessments were reviewed and updated with clear guidance for staff about hoisting. For another person their nutrition risk assessment was reviewed and updated with guidance for staff about their swallowing difficulties and the need for soft food.
- The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding. As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were updated, staff refresher courses had been arranged, complaints were investigated and daily care records improved.
- The senior staff carried out spot checks of staff to ensure care was provided as planned.

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

- The service had a registered manager in post. They had displayed their last inspection report rating and notified CQC as required.
- The nominated individual, the registered manager and staff worked as a good team. There was a clear

staffing structure in place and staff understood their roles and responsibilities.

- The service had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them.
- The nominated individual and the registered manager encouraged and empowered staff to be involved in service improvements through periodic meetings. Areas discussed at these meetings included internal auditing of care plans, risk assessment procedures, staff training, medicines management, staff supervision and spot checks, satisfaction surveys and coordinating with health and social care professionals to ensure continuity of care.
- We observed staff were comfortable approaching the nominated individual and the registered manager and their conversations were professional and open.

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

- People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. For example, some people's home visits had been rearranged to suit their preferences.

Working in partnership with others

- The nominated individual and the registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.
- Feedback from a social care professional stated that they had found no concerns in their quality monitoring visits about the safety and quality of the service being provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not supported by effectively deployed staff.