

Riverside Home Care Ltd

Riverside Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Riverside Home Care Limited is a community based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were thirty people receiving personal care.

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

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely and staff supported people following good infection control practices.

People were supported by staff who had the skills and knowledge to meet people's needs.

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 supported by staff who were kind and caring and people's equality and diversity needs were respected. People's support needs were assessed regularly and planned to ensure they received the support they needed.

The management team had good oversight of the service and completed regular audits to monitor the quality of the service. Quality reviews were carried out to gather information about people's views.

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

Rating at last inspection

The last rating for this service was good (published 01 May 2019).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key

questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Riverside Home Care on our website at 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Riverside Home Care

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 7 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection was carried out by an inspector, a pharmacy specialist 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 younger adults and older people living in their own houses and flats.

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. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four people who use the service and 19 relatives. We spoke with one health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with felt people were safe. One relative said, "Yes, [person] is safe when the carers are there. They handle [person] well."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe. One relative said, "They [the provider] always do a risk assessment on [person's] home. They are really good."
- The provider had an electronic call monitoring system where staff logged in and out of calls. If the call is not logged into within 15 minutes of the allocated call time, the person using the service and/or staff are contacted to ensure they are safe and well.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People and relatives told us that people received their care calls on time. One person said, "They [staff] are punctual, usually very good with time keeping. I see the same ones most of the time but sometimes they change." One relative said, "The carers do change quite a lot but [person] is happy with them."

Using medicines safely

- We found people received their medicines as prescribed.
- Medicines records we observed appeared mostly well completed and doses signed as administered in accordance with the prescription.
- Care staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- Staff received training in how to prevent and control infection and told us PPE was readily available to them. A health professional we spoke with told us, "The manager always has the appropriate PPE."
- The provider had an action plan in place in order to manage the spread of the Covid-19 virus.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

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 the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

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

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

- People were involved in decisions about their care and a signed agreement to care was recorded on their care plan.
- Where people had a DNAR (do not attempt resuscitation) in place, this was clearly recorded in their care plan.
- Staff had received training in the MCA and told us how they always asked for consent before supporting someone.

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People were supported by kind and caring staff. One person told us, "They [staff] are so kind, very nice girls indeed. I really like their company." A relative said, "They [staff] are absolutely fabulous, they're excellent, I cannot fault them."
- Staff we spoke to told us how much they loved their job and the people they supported. One care staff member said, "I love it. The girls are really nice and the clients. I love what I do."
- We found people's quality and diversity needs were respected and people's individual needs were clearly recorded in their care plans, for example, care plans recorded where people followed a particular religion. The manager told us how they had supported someone to attend church.

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

- People and their families were involved in care planning and their views and wishes were respected and this was clearly documented in people's files.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. People were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were asked about their preferred communication method during the initial assessment. The provider told us in information they sent us prior to inspection, how people could be offered alternative forms of documentation, for example, one person using the service requires their documents to be printed in large text.

End of life care and support

- There was no-one receiving end of life care at the time of 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.

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

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

- Feedback we received about the service was very positive. One relative said, "Management are absolutely marvellous. They are about 24/7, always someone on-call and you get to know them. They are brilliant with communications and we are impressed with the time and patience they have."
- A health professional we spoke with was also very positive about the service. They told us, "The manager is able to discuss issues with us in depth. She really gets it without going outside of her role. She puts herself out, very considerate to clients."
- All staff we spoke with told us how supportive and approachable management was. One staff member said, "I enjoy working at Riverside and everyone is lovely. [Name of manager] is a great boss."

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 manager was open and honest with us throughout the inspection and keen to learn and improve the quality of the service.

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

- The management team had a good working knowledge of the service and completed regular audits. We sampled audits the service completed and found that some were more effective than others. For example, audits of care plans were effective as all care plans we looked at were regularly reviewed and updated. However, audits completed around the safe administration of medication were not robust. For example, we observed an error on the medication recording record which had not been identified and there was no record of actions taken for improvement. We addressed this with the provider during the inspection who assured us they would make improvements to ensure the auditing process was more robust.
- The provider told us in information they sent us prior to inspection, they hold monthly staff meetings in the office to give staff the opportunity to discuss any issues they may have and to get support from other members of the team.
- Spot checks and competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.

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

- Regular reviews of care were carried out to obtain people's feedback of the service.
- The provider sent out questionnaires to people who use the service and feedback we saw was positive. One response we reviewed stated, "They [staff] are all first class, they are like family." Feedback from the questionnaires was analysed and used to improve the quality of the service.
- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs. For example, we spoke with a health professional who told us how proactive the service was in making referrals when people's needs changed.