

I Care (GB) Limited

# South Ribble Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection visit took place on 31 July 2018 and was announced. This is the first inspection since the service registered with CQC in July 2017.

At this inspection we found the service was rated Good.

South Ribble Care is a domiciliary care agency. It is part of I Care Ltd and provides personal care to people who live in their own homes. The service covers a wide range of dependency needs including people with a learning disability, people with mental health problems, people living with dementia and older people.

At the time of our inspection South Ribble Care was providing a service to 60 people.

There was a registered manager in place. A registered manager is a person who has registered with CQC to 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. Having a registered manager is a condition of registration with CQC. The registered manager was based at I Care's Blackpool office. Although he was not based at South Ribble Care, the care manager at South Ribble office was able to contact the registered manager as needed.

People told us staff safely supported and cared for them or their family member. They said they were friendly and caring. One person said, "My carers' look after me so patiently. I know them and feel safe with them."

There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people. Staff supported people with and managed medicines safely. People we spoke with told us staff were competent in the support they gave with medicines.

Staff told us they had enough time to care for people in an unhurried and dignified way. People said staff usually arrived on time, stayed for the correct time allocated and did not rush them.

People told us they were usually supported by the same group of staff who they knew and liked. They told us they had confidence in their staff team who were familiar with their needs and preferences.

Staff were recruited safely and had received training in how to care for people. They also received regular one to one supervision to discuss, current care provided, future plans and any support or training need. These measures gave them with the skills and knowledge to provide safe and effective support.

Staff supported people to have a nutritious dietary and fluid intake, taking into account the person's

nutritional needs, likes and dislikes.

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

Staff understood the requirements of the Mental Capacity Act (2005). People who received support consented to care where they were able. Where people lacked capacity, appropriate best interests' decisions were carried out.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate, their relatives had been involved in making decisions about their care.

People we spoke with knew how to raise a concern or to make a complaint. The complaints procedure was available to them and they told us any concerns were listened to and acted upon.

We found the registered manager, care manager and staff team had clear lines of responsibility and accountability. They were clear about their roles and provided a well-run and consistent service. People and their relatives were encouraged to give their views about the care provided. They told us they were pleased with the support they received. They told us the care manager was competent and well respected by people who used the service, their relatives and the staff team.

The care manager and senior care staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. The care manager monitored the service provided and informed the registered manager of any concerns.

## 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

There were suitable procedures in place to protect people from the risk of abuse.

Senior staff carried out risk assessments including risks to the people they supported, and of the home environment. Written plans were in place to manage these risks.

Staff recruitment was carried out robustly with safety checks made before people began supporting people.

Staff had good infection control practice to reduce the risks of cross infection. There were processes for recording accidents and incidents.

Medicines were managed safely and given as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The care team demonstrated their understanding of the Mental Capacity Act.

People were supported with good nutrition and appropriate healthcare.

Staff had sufficient time to support people and provided safe and effective care.

### Is the service caring?

Good ●

The service was caring.

Relatives spoken with were pleased with the support and care their family member received. They said staff respected their privacy and dignity and they were treated with kindness and

compassion.

People supported and their relatives were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans reflected their preferences, needs and wishes. They had been developed with them and their family to identify what support they required and how they would like this to be provided.

Staff were knowledgeable about how to support people in the way the person preferred.

People and their families told us they knew their comments and complaints would be listened to and acted on effectively.

People's end of life wishes had been discussed and documented where they were willing to discuss this.

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

**Good** ●

The service was well led.

Staff sought people's views, suggestions and comments.

The care manager monitored the health, safety and welfare of people. and assessed the quality of service people received. Action was taken to make improvements, where applicable.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support.

# South Ribble Care

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This comprehensive inspection visit took place on 31 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit as, we needed to be sure someone would be in the agency office.

The inspection team consisted of an adult social care inspector.

Before our inspection on 31 July 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people who used the service had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about the service. They included three people who received care and support, and three relatives. of people who received care and support. We also spoke with the care manager and five care staff. The registered manager was not available on this inspection. We looked at the care records, risk assessments and medicines information of three people, staff training matrix and staff and service user rotas. We checked staff recruitment and staff supervision records of three staff which were held at the head office in Blackpool. We looked at records relating to the management of the service and quality assurance monitoring. We also checked the office base to check it was a safe workplace.

# Is the service safe?

## Our findings

We spoke with people who were supported by the service and their relatives. All spoken with were praising of the care manager and staff team. They told us they supported them safely and competently. One person told us, "My carers' are so patient and attentive. I always feel safe with them. A relative told us, "They are so safe and reliable. I know [family member] is ok with them." We also spoke with commissioners of the service who had no concerns about South Ribble Care.

We looked at three care plans. These all had risk assessments which identified potential risk of accidents and harm to people. This included assessing safety in the person's home to reduce any environmental risks. There were actions in place to reduce risks and instructions and guidance for staff. This assisted them to provide safe care which reduced risks to people. People and where appropriate, their relative were involved in the assessment and review of risks.

There were procedures in place to minimise the potential risk of abuse or unsafe care. The staff we spoke with understood their responsibilities to report any unsafe care or abusive practices. They told us they would report any unsafe care or abuse if they became aware of this. Staff had received safeguarding children and adults training and they explained the actions they would take. We could see they had the knowledge to reduce the risk for people from abuse and discrimination. There had been no safeguarding alerts raised about the service since registration at this location.

There were procedures in place for dealing with emergencies and unexpected events. People had contact details for the on-call rota they could use in emergencies or unexpected additional care needs. We looked at how accidents and incidents had been managed by the service. We found there were few. However, where these had occurred, they had been reviewed to see if lessons could be learnt.

We looked at the recruitment procedures and recruitment information for three staff who had been employed by the agency. We spoke with staff who said their recruitment had been thorough. All had informative application forms in place. A Disclosure and Barring Service (DBS) and references had been received and all checks completed before the new member of staff could start work. These checks are made by an employer to reduce the risk of employing staff unsuitable to work with vulnerable people.

We asked people if their care and support was provided when they needed it. People told us the support provided by the staff team met their needs and staff arrived on time, and stayed the full agreed times. We looked at staff rotas and how the service was staffed to see if there was sufficient time for staff to travel between supporting people. We also spoke with staff who told us they usually supported people in a small geographical area, so had minimal travel. Only if they were covering sickness did they have farther to travel.

People told us staff had enough time on visits to support them or their family member as they needed. They were complimentary about the care and support staff provided them and trusted 'their' staff. Staff said they had enough time to carry out the care packages agreed, but would speak with the care manager if more time was needed. They were confident she would deal with any issues.

We looked at the procedures the service had in place for assisting people with their medicines. People told us they were satisfied with the support they had with their medicines. Staff told us they were confident with supporting people with medicines and had received medicines training. We saw staff had recorded the support they provided people to take their medicines. The care manager checked to make sure staff were competent in supporting people with medicines and gave medicines safely.

Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. They used personal protective clothing such as disposable gloves and aprons if providing personal care.

## Is the service effective?

### Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

We spoke with people who told us there had been a full assessment of their needs carried out before they received any care. We saw from this a plan of care had been agreed with the person and where appropriate, their relatives. These had been regularly reviewed with the person to ensure the information was up to date and appropriate. We saw people's dietary needs for health, religion, culture or personal preferences had been assessed and any support they required with their nutrition documented. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

People told us staff provided helpful and useful support which met their needs. They told us staff knew and understood their or their family member's care needs and preferences. One person said, "We have the same small group of staff who know what they are doing without being asked." Care records seen demonstrated input from staff was informative and noted any changes in health. Staff alerted families or assisted people with their healthcare needs. Where staff were involved in health appointments or meetings with people's relatives and health professionals, they shared information about people's health needs. This meant the person's family and relevant professionals had the information they needed about their care needs so the best care or treatment could be provided.

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. We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records.

We spoke with five staff who told us they received regular one to one supervision where they discussed their work and development with their manager. The care manager told us supervisions were also carried out observing the way a member of staff supported a person. Documentation confirmed this. Staff told us they were encouraged to make suggestions and discuss any concerns and any support or development they needed. They felt this made them more skilled and reflective carers.

We also looked at staff training. All staff had achieved or were working towards national qualifications in care and were knowledgeable about different areas of care. We saw and staff told us they had a classroom induction as well as e-learning before they began caring for people. They also worked closely with other carers so they knew how care was delivered to individuals before supporting people alone.

The service provided equality and diversity training to all staff as part of their induction. The care manager said the training helped staff discuss and to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service could accommodate diversity in the workplace and create a positive and inclusive environment. Other staff training included; safeguarding, moving and handling, the Mental Capacity Act, infection control, food safety and first aid. This training assisted staff to understand relevant care practices. Staff told us they received training that was appropriate to the care needs of the people they supported. One member of staff told us, "We have loads of training. It gives us the time to think and talk about how we care for people." Another member of staff said, "We often get in house training by our trainers, so we can relate it well to the people we support."

## Is the service caring?

### Our findings

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, independence and live a meaningful life. Staff spoke with respect and sensitivity when talking about the people they supported.

People we spoke with told us staff were caring and helpful. They told us they were pleased with the way the care manager and staff at South Ribble Care supported them. One person said, "My girls look after me so well. They are so friendly and willing." Another person told us, "They are wonderful. I get on very well with them. They have made such a difference."

People told us staff spoke with their family member in a kindly, courteous and respectful way. One person we spoke with said, "I am more than happy with my carers. They are polite, friendly and treat me with respect." Another person told us, "All the staff do a good job. They are very professional with my personal care." A relative told us, "The carers always take [family member's] privacy and dignity into account when they provide care. They shut the curtains so no-one can look in."

Care plans seen and discussion with people confirmed they had been involved developing and reviewing their care plan. The plans contained information about peoples' wishes and preferences as well as their care and support needs.

We spoke with the care manager about access to advocacy services should people require their guidance and support. Information was available for people and their families. Advocacy services offered independent assistance to people if they wanted them to act on their behalf or give support to make decisions about what was important to them.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. They told us they had no concerns about South Ribble Care.

## Is the service responsive?

### Our findings

We asked people what arrangements the service had made to identify, record and meet people's communication and support needs. They said staff had discussed how the person communicated before care was arranged. Staff made sure they were familiar with people's methods of communication, particularly where non-verbal or in an alternative language.

We looked at three people's care records. Care plans seen confirmed the assessment identified people's needs including the ways the person communicated. We saw where people had an alternative way of communication, this was recorded in their care plan. Staff told us of one person who was from a different country and spoke little English. Staff used pictures, gestures and learnt basic words in the person's language to assist in communication. This was reflected in their care plan. We saw care plans were regularly reviewed and updated in response to any changes in care or circumstances.

People told us staff provided care as agreed in their care plan. They told us staff listened and supported them to make choices about their care. One person told us, "The whole staff team are fabulous." People also told us staff always stayed for the correct amount of time. They said staff didn't miss visits and let them know if they might be late.

People told us there was an on-call rota so they could always get in touch with the service. They said the care manager responded to emergencies promptly. One person told us, "The staff team always make every effort to honour any last-minute changes we make. They are very flexible." A relative said, "[The care manager] is always willing to help even coming out herself to support [family member] at all hours."

The service had a complaints procedure which people were aware of. The procedure was clear in explaining how to complain and reassured people any complaints would be responded to promptly. People told us knew how to make a complaint if they were not satisfied with the care and support provided. People we spoke with said they had not needed to complain but felt the care manager would be supportive if they had any concerns. One person told us, "I've no concerns, no qualms whatsoever." Another person said, "We would contact [care manager] if we had any problems or complaints – but we haven't needed to."

South Ribble Care were able to support people heading towards the end of life. Their wishes had been recorded where they were willing to discuss these, so staff were aware of how they wanted to be cared for. We saw relatives of people who had been supported at the end of life were praising of the care manager and staff team. One relative said in a survey, '[Family member] got to know and trust you before things got serious. Your care helped the family to continue to function and [family member's] needs were taken care of so expertly.' Another relative commented, 'You touched [family member's] world and gave your hand and care at the right moments for [name] and us. Thank you.'

## Is the service well-led?

### Our findings

The registered manager was registered with CQC to manage South Ribble Care and another I Care location. He was based in Blackpool and was not available on the day we inspected. However, the care manager, who managed South Ribble Care daily was able to tell us about the service.

People we spoke with told us it was easy to get in touch with the care manager. They said they were approachable and willing to listen and help. They told us they could ring anytime or could go into the office to discuss things if they needed. One person told us, "[Care manager] is just lovely. She will do anything to make things better for me. I think she is marvellous." A relative said, "[The care manager] always tries to make any changes we ask for – and usually succeeds. She is very personable."

We found the registered manager, care manager and staff team had clear lines of responsibility and accountability. They were experienced and knowledgeable and the care manager and team were familiar with the needs of the people they supported. They also had support as needed from the registered manager. A relative of a person who had been supported by South Ribble Care sent a message of thanks to the care manager, stating, 'You and your team did an amazing job allowing [family member] to stay at home for so long.'

Discussion with the care manager and staff team confirmed they were clear about their role and provided a well-run and consistent service. All staff spoken with were committed to providing the best possible service. There was a low rate of staff turnover. Almost all staff had worked with the organisation from two to twelve years and were very positive about the support and training given to them.

Staff told us they felt supported by the care manager and could also speak with the registered manager when they wanted to. They felt they could contribute to the way the service ran through staff meetings, training, supervisions and appraisals. One staff member said, "[Care manager] is brilliant. She is always there to talk to. I can't say a bad word about her." Other members of staff told us, "I have never worked for anyone like [care manager] She is absolutely committed. Fabulous." And "I have never had a boss like [care manager] I never want to leave here, she cares so much about the people we support - but also about the staff."

The organisation had systems and procedures in place to monitor and assess the quality of their service. Monitoring checks were carried out by the care manager and senior care staff. These were to confirm staff were punctual, polite and respectful and they stayed for the correct amount of time allocated. Also, to check medication was administered safely, care plans up to date, and staff were practicing good infection control. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. The information was forwarded to the registered manager so they were aware of how the service was operating.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included GP's district nurses and

other healthcare professionals. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This is the first rated inspection of South Ribble Care I since the location registered with the Commission in July 2017. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.