Ribble Care Ltd

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Inspection report

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15 May 2018

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection at the provider's office took place on 1 and 15 May 2018 for seven and a half hours. The inspection was announced on both days. The provider was given 24 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, the rating for Well-Led has deteriorated from Good to Requires Improvement.

Ribble Care Limited 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 in Settle and surrounding areas.

Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided. At the time of our inspection there were 28 people who used the service for personal care support.

There was a registered manager in post. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The provider, who was also the registered manager, spent most of their time carrying out care visits and employed a compliance manager to run the service from the office. However, the provider carried out no formal monitoring of the service to assess quality. This meant the provider could not be certain the systems and processes used by the compliance manager fully promoted the health, safety and welfare of people who used the service.

People who used the service and care staff all spoke positively about the way the service was managed. The compliance manager completed audits of records and monitored staff performance to make sure any issues were identified and acted on promptly.

People told us they felt safe. Care staff understood how to keep people safe and any potential risks were identified and managed. Risk management plans were in place to ensure people's safe care. Care staff knew how to protect people from risks associated with harm and abuse. Safeguarding procedures and policies

were in place. Staff were aware of their responsibilities to identify and report any allegations of abuse to the local authority.

There were sufficient staff to provide the service people needed. Safe recruitment practices were followed. Care workers felt well supported and received appropriate training.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Care workers understood people needed to consent to their care and were confident they supported people to make their own decisions. People received assistance with meals and healthcare when required. This supported people to maintain their health and well-being.

People told us they were happy with the care they received and were complimentary about the care workers who supported them. People said staff knew them well and treated them with kindness. Staff understood the importance of treating people with dignity and respect and promoting their independence.

People told us they had no complaints and when they had raised any issues, they were dealt with promptly. People were involved in planning of their care and support. Care records were updated as people's needs changed to ensure care workers were fully aware of their needs. The service liaised with relevant professionals and support services to provide sensitive end of life care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated from Good to Requires Improvement. The provider did not have a formal system in place to assess and monitor the work carried out by the compliance manager. Accurate and up to date records relating to people's care and support were maintained. People and staff had opportunities to feed back their views about the service.	**Requires Improvement**

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.

This inspection took place on 1 and 15 May 2018 and was announced on both days. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. 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. We also received feedback from the local funding authority.

During this inspection we visited the office and looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. These included four recruitment records, staff training records and policies and procedures.

We met with the compliance manager and a supervisor during our visit. After the inspection we spoke over the phone with the provider. We tried to contact all the care staff for feedback and were able to speak with two of them. We also spoke with four people who used the service.

Good

Is the service safe?

Our findings

The people we spoke with raised no concerns about their personal safety.

There were up to date risk assessments in care plans which identified risks to people's safety and well-being, relevant to the care they received. This meant that staff had information about how to support people safely.

All staff had received recent training in safeguarding people who used the service and were confident about their responsibilities. There was an up to date safeguarding policy in place and staff received yearly training to refresh their knowledge. Safeguarding records which showed the provider took appropriate action where concerns had been identified. Where necessary, they had been reported to the local safeguarding authority and properly investigated.

Accidents and incidents were clearly recorded. Records showed that appropriate action was taken where there were concerns about a person's well-being. For example, there was evidence of contact with the falls team, doctors, district nurses and social workers.

There was a robust system for checking the backgrounds and suitability of staff before they started work. Written references were sought prior to employment. A criminal background check was provided by the Disclosure and Barring Service (DBS). This helped to ensure people who lived at the home were protected.

There were sufficient numbers of staff to provide people with the support that had been agreed with the service. Care staff tended to support the same people for consistency. People and their told us that care staff usually turned up on time and there were no missed calls. Staff told us they were given sufficient travel time and did not have to rush with anyone's care and support.

Some people who used the service required assistance to take their medicines or to apply skin creams. The service made use of Medication Administration Records (MARs) to record when medicine or cream had been administered. The MARs we looked at contained clear details of the medicine to be taken, dose and time of administration. There were no unexplained gaps in recording.

Some people had 'as required' medicine, such as pain relief. There was information on the MAR about what the medicine was for and the maximum dose to be taken. However, when such a medicine had been administered, there was no reason recorded why they needed it, which would help to identify any trends. We raised this with the compliance manager who agreed to include this in future.

Staff were trained in managing medicines and were observed in practice by a manager before being assessed as competent.

During our telephone calls with people who used the service, no issues were raised regarding the cleanliness and hygiene practice of care staff. People told us care staff wore gloves and aprons, as appropriate, when

they supported with personal care.

Good

Is the service effective?

Our findings

People told us they were supported by competent and trained staff. Comments included, "The carers are all good" and "They are very nice".

Care staff received training which provided them with the skills to carry out their roles. Records showed that training in topics the provider considered essential was refreshed yearly to make sure staff had up to date guidance.

The provider carried out most of the training for staff in using specific equipment such as hoists. However, we were unable to ascertain if the provider was trained to do this. This meant there was a risk of staff being trained incorrectly. The compliance manager made sure staff received online training in moving and handling prior to working alone, and followed this up with observation of staff competency during spot checks. We recommend the provider ensures they are certified as someone who can train other staff in this topic.

New staff had an induction to become familiar with their roles. Care staff told us that they felt this had helped them settle in. New staff were able to shadow other members of the team for a week, and longer if they needed to.

Care staff told us that management was supportive and they had supervision meetings where they could discuss work issues and performance. Supervision took place regularly and at a frequency determined by the needs of each staff member.

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.

No one was currently subject to any restrictions on their liberty. The compliance manager told us the majority of the people supported with personal care had capacity to make their own decisions, although two people had legal authority for a representative to make decisions on their behalf.

People confirmed that care staff sought their permission before carrying out personal care or some other task. People had also signed relevant consent forms for the provision of personal care and for the service to be able to share information.

The service assisted some people with food preparation and cooking. Care plans included information about any particular likes, dislikes or health needs, such as whether a person was diabetic.

Care plans provided information about people's health needs and the support they required. There was

evidence of the involvement of healthcare professionals, such as a district nurse or doctor, when required. Care records showed that staff were quick to liaise with health professionals when a concern had been identified.

Good

Is the service caring?

Our findings

We received positive comments from people about the care they received. These included, "Their (staff) attitude, the way they deal with things and way they help. They are excellent", "They are very nice. Sociable" and "I am quite happy".

The care staff we spoke with demonstrated a caring approach to their work and told us they liked their jobs. One staff member said, "I really enjoy my work. I like meeting our clients and getting to know people". The compliance manager explained that, with the exception of one person because of funding, the minimum visit time was half an hour. The people we spoke with told us care staff had time to socialise. One person confirmed, "We get time to chat and have a laugh".

People told us they were treated with dignity and respect and that their privacy was maintained. We spoke with the nominated dignity champion who was a supervisor at the service. They told us, "We talk about this in team meetings. I bring up issues to promote dignity, for example, the use of 'pet' names (such as 'dear' or 'darling')". The compliance manager occasionally visited people to carry out 'welfare checks'. This was a way of finding out how people were feeling and if they were being supported appropriately by staff.

Care plans included information about how people preferred to be supported to remain independent. For example, one person needed support to brush their teeth, but wanted to do as much as possible themselves as a way of keeping their independence.

We talked with the provider about how they promoted equality and diversity within the service. They told us that if they identified a need related to equality or diversity they would discuss this at the assessment stage, and include in the care plan. There was an equality policy which made it clear people with protected characteristics (such as disability or race) would not be discriminated against. The compliance manager demonstrated a clear commitment to providing a service which took account of individual needs.

Good

Is the service responsive?

Our findings

Each person had a care plan which described the support they needed. Care plans were mostly person centred and contained clear information about how to support people. Staff members told us that support plans contained sufficient detail for them to be confident in supporting people. One member of staff said, "Care plans are really helpful".

Care plans focussed on how people's needs were to be met in line with their preferences. There was background information for each person which provided a brief personal history and gave staff an understanding of their character and personality. There was a clear description of the care tasks to be completed at each visit.

Useful background information was provided in care plans, although the amount of detail varied. One person's lifestyle plan included a description of their background and family involvement. This assisted staff in seeing people as individuals and supported social conversations

Care plans were up to date and reviewed as necessary. The compliance manager visited people in their homes to discuss and review care plans. The provider explained that because they operated a small service they knew people well and were able to respond quickly to any urgent requests for support or changes in needs.

There was a complaints procedure in place and information about complaining was given to people when they first started using the service. The compliance manager told us there had been no formal complaints over the last year. They described the actions they would take in response to receiving any complaint. The compliance manager explained that a compliment/complaint form was left in people's care files at their home, together with a stamped and addressed envelope.

The service sometimes supported other professionals to care for people at their end of their lives. This was often on a fast track basis, with the service being provided at short notice. We looked at the records for one person who had very recently started end of life care. The information did not have much detail. However, the compliance manager told us they knew of the care to be provided and had allocated three carers who had also been informed of the person's needs. They added that with fast track referrals they were often provided with limited information to start with. The compliance manager said they would complete a more detailed plan as soon as possible. When we returned we noted that there was a full care plan in place which gave much more detailed information.

Close family and friends of people at the end of their lives were given a booklet, which contained useful information and guidance. It included practical suggestions to help people and their loved ones cope at this important time.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who was also the registered provider. We were not able to meet them during the office visit so we spoke with them over the phone afterwards. They told us they spent most of their time on care visits to people who used the service and left management of the service to the compliance manager.

The provider explained they had meetings with the compliance manager to discuss the service and review what was happening. However, the meetings were not recorded and the provider carried out no formal monitoring of the service to assess quality. This meant the provider could not be certain the systems and processes used by the compliance manager fully promoted the health, safety and welfare of people who used the service.

They compliance manager said that although they felt confident in their role, they did not feel fully supported by the provider in the day to day running of the service. However, they added that the provider supported them in trying new approaches and ideas.

We recommend the provider review their responsibilities with the compliance manager so there are clear expectations for each of their roles.

The provider told us it was good they had regular contact with people who used the service and it was an effective way of getting feedback and finding out people's views. They also told us they attended meetings with the local funding authority to discuss the service.

We spoke with the compliance manager about how they maintained the quality of the service. They told us, "I have oversight of everything. I keep a log of all calls, events and conversations. Each care staff hands over to me by text at the end of the day so that I am aware of any issues and staff are safe".

The compliance manager completed frequent spot checks during visits to people who used the service. These included observation of staff attitude and gaining feedback from people about the care staff who supported them. There were also monthly visual health and safety checks at each person's home and occasional welfare and quality assurance visits.

Questionnaires were sent out to people twice a year to gain feedback about the quality of the service. The compliance manager completed an analysis of the results which included conclusions. We looked at the analysis completed October 2017 which overall was very positive. A staff survey was completed in March 2018 and this also contained very positive feedback.

Records were kept up to date and held securely. Data protection was an important issue for the compliance manager and they had completed an impact assessment for the new General Data Protection Regulations (GDPR) to assess how they applied to the service. There was evidence that regular audits took place on areas such as infection control, medicines and care plans. Any issues were acted on promptly and

discussions with staff took place as necessary.

The compliance manager demonstrated a good knowledge of the people supported by the service. They were able to describe improvements which had been made over the last few months, as well as ideas and plans for the future. They spoke passionately about making positive changes to how domiciliary care is provided. They also told us they were aiming to get the Investors in People award in the future.

Care staff told us they were happy with the how they were supported by the compliance manager. One staff member said, "I can talk to [Name] anytime. You can go to them about anything and know you will get support. She is strict but you know where you stand".

The provider explained that because it was a small team of staff they had regular contact and frequently discussed how they were getting on. This was supported through the mobile phone communication and regular team meetings.