

Ribble Homecare

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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 was an announced inspection which took place on 18 and 19 May 2016. We had previously carried out an inspection in March 2015 when we found seven breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We made requirement actions in relation to staff recruitment procedures, person-centred care, management of medicines, training for staff, need for consent, record keeping and quality assurance systems in the service. Following the inspection in March 2015 the provider sent us an action plan telling us what steps they were going to take to ensure all the regulations were met. They told us they would take action to ensure all the legal requirements were met by May 2015. This inspection was undertaken to check that the required actions had been completed.

Ribble Homecare is a domiciliary care agency which at the time of our inspection was providing personal care to 25 people who lived in their own homes. The registered manager told us that they continued to specialise in providing end of life care to people. Since the last inspection the service had moved to new premises in Blackburn.

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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.

We found significant improvements had been made since our last inspection to how the service was run. This meant that all the breaches in regulations previously identified had now been met.

People we spoke with during the inspection told us they always felt safe when they were cared for by staff from Ribble Homecare. Records we reviewed showed staff had received training in safeguarding adults. They were able to tell us of the correct action to take to help ensure people who used the service were protected from the risk of abuse. Staff told us they would also be confident to use the whistleblowing procedure in the service should they observe any poor practice. They told us the registered manager regularly reminded them to report any concerns they might have about people who used the service so that appropriate action could be taken.

We found that recruitment processes in the service were sufficiently robust to protect people from the risk of unsuitable staff. People who used the service told us staff always visited at the time agreed and stayed for the correct amount of time. They told us that staff did not appear rushed during their visits and always took the time to complete any tasks they asked of them. Records we reviewed showed that the registered manager placed an emphasis on ensuring that staff took their time when caring for people who used the service. This was confirmed by all the staff we spoke with.

People told us they received the support they needed to take their medicines. We saw that staff had received training in the safe handling of medicines. Staff told us they were regularly observed to check they were competent to administer medicines safely, although these checks were not formally recorded. We found that all medication administration records we reviewed were fully completed to show that people had received their medicines as prescribed.

Risk assessments for physical health needs and environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the prevention and control of infection.

Where necessary people who used the service received support from staff to ensure their health and nutritional needs were met. Staff told us they worked closely with the district nurses who were also involved with many of the people they supported due to their complex health conditions. A health professional we spoke with provided positive feedback regarding staff from Ribble Homecare.

Staff told us they received the induction, training and supervision they needed to be able to deliver effective care. We noted that staff were supported to continue their professional development through gaining additional qualifications.

Both the registered manager and care staff were able to demonstrate an understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff told us they would always ensure they had the consent of people who used the service before they provided any care or support. This was confirmed by all the people we spoke with during the inspection.

All the people we spoke with gave positive feedback regarding the kind and caring nature of staff. Comments people who used the service made to us included, "Staff are kind; they have been very good to us", "They [staff] can't seem to do enough for us" and "[Name of staff member] looks after me. She treats me like her own family." A relative also told us, "I trust them [staff]. I class them as family." People who used the service told us they were able to make choices about the care they received and staff enabled them to maintain their independence as much as possible.

Staff had received training in end of life care. We saw that the registered manager had completed detailed care plans where people wanted to discuss the care they would like to receive at the end of their life.

People who used the service told us staff always provided the care they required. A relative we spoke with told us they were particularly impressed with how responsive the service was to their requests for additional visits outside of the agreed care plan to ensure their family member received the care they required. The registered manager told us they did not charge people who used the service for any additional visits as they considered such visits were central to ensuring the service provided people with high quality person-centred care.

Care records we looked at showed care plans were regularly reviewed and updated should a person's needs

change. People we spoke with told us they had been involved in reviewing the care they received.

We noted that there was a complaints procedure in place for people to use if they wanted to raise any concerns about the care and support they received. All the people we spoke with told us they considered their views would be listened to and any complaints taken seriously. There had not been any complaints made since the last inspection. The registered manager told us they would always respond immediately if a person raised any concerns in order to resolve the matter to the person's satisfaction. This was confirmed by a relative we spoke with.

There were a number of quality assurance systems in place to help drive forward improvements in the service. Staff told us they enjoyed working in the service and considered they provided a high quality of care. All the people we spoke with during the inspection spoke highly of the registered manager and their commitment to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they had no concerns regarding their safety when staff provided them with care and support. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

Required improvement had been made to recruitment processes in the service and to the systems to help ensure the safe handling of medicines.

Risk assessments were in place to help ensure people received safe and appropriate care.

Good 

Is the service effective?

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

People told us they were always asked for their agreement before staff provided any care. Since our last inspection the registered manager and staff had completed training in the Mental Capacity Act (MCA) 2005. This helped to ensure they understood their responsibilities to protect the rights of people who used the service.

People received the support they required to ensure their health and nutritional needs were met.

Good 

Is the service caring?

The service was caring.

People who used the service told us staff were always kind and caring. They told us that staff would support them to be as independent as possible.

Care staff demonstrated a commitment to providing high quality

Good 

person centred care. We observed kind and respectful interactions between staff and people who used the service.

The registered manager and staff had completed training in end of life care. Detailed care plans had been put in place where people wished to discuss the care they wanted to receive at the end of their life.

Is the service responsive?

The service was responsive.

People told us they always received the care they needed. We saw that there were systems in place to ensure people's care records were regularly reviewed and accurately reflected their needs.

There was a complaints procedure in place to enable people to raise any concerns. People were confident that they would be listened to and action taken to resolve any problems they had.

Good ●

Is the service well-led?

The service was well-led.

There was a registered manager in place who demonstrated a commitment to driving forward improvements in the service.

Staff told us they enjoyed working in the service and received excellent support from both senior staff and the registered manager.

There were systems in place to monitor the quality of care and service provision at this care agency.

Good ●

Ribble Homecare

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.

In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. This announced inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority contract monitoring and safeguarding teams as well as the local clinical commissioning groups (CCGs) who regularly commissioned the agency to provide packages of care to request information they held about the service. We were not informed of any concerns regarding the care provided by Ribble Homecare.

We used the 48 hour period before the inspection to speak by telephone with three people who used the service, two relatives and a health professional. On 18th May 2016 we visited the registered office and spoke with the registered manager and three members of care staff. On 19th May 2016 we returned to the office and spoke with a further two members of care staff. With permission we also visited three people who used the service in their own homes to gather their opinions about the service. During these visits we also spoke with two relatives and one member of care staff.

We looked at the care records and medication records for seven people who used the service. We also looked at a range of records relating to how the service was managed; these included staff recruitment and training records, quality assurance audits, and policies and procedures.



Our findings

At our last inspection we found that recruitment processes in the service were not sufficiently robust. During this inspection we found the required improvements had been made to help ensure people who used the service were protected against the risk of unsuitable staff.

We reviewed the personnel files for five staff employed in the service. We noted that all of these files were well organised and included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity.

At our last inspection we found that systems were not in place to ensure the safe administration of medicines. During this inspection we found the required improvements had been made. People we spoke with during the inspection confirmed staff always supported them to take their medicines as prescribed. One person told us, "They [staff] always check I have taken my tablets."

On the first day of the inspection we looked at the medication administration record (MAR) charts for seven people who used the service. We noted that, although these had all been fully completed to confirm people had received their medicines as prescribed, the MAR charts did not include the full administration instructions for staff to follow. The registered manager told us they had not understood this was necessary as all medicines were administered from monitored dosage systems. However, on the second day of the inspection the registered manager showed us that all the MAR charts had been updated to include this important information.

Staff told us and records confirmed they had received training in the safe administration of medicines. They told us they were tested regularly during staff meetings to ensure they understood how to accurately record any medicines they administered. They also told us that their competence to administer medicines was regularly checked by senior staff during 'spot checks' of their practice. The registered manager told us these competence checks were not specifically recorded but they would amend their 'spot check' records to include this information. They told us they always checked the MAR charts for accuracy when they were returned to the office although they did not complete any formal medication audits. They told us they would introduce this into the quality monitoring processes for the service.

All the people we spoke with who used the service told us they felt safe when cared for by staff from Ribble

Homecare. Comments people made to us included, "I don't have any worries about my safety" and "I feel safe with everyone." The relatives we spoke with also confirmed they did not have any concerns about the care their family members received from the service.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. All the staff we spoke with had received safeguarding training and were able to tell us the correct action to take should they have any concerns regarding a person who used the service. Staff also told us they were aware of the whistleblowing (reporting poor practice) policy in place and would not hesitate to raise any concerns with the registered manager. One staff member told us, "[The registered manager] always reminds us to tell her if we have any worries about someone; she's very strict on things like that."

People we spoke with told us that the service was reliable and that visits were never missed. They told us that if staff were going to be late either the staff member or staff from the office would telephone to let them know; this was confirmed by our observations during the inspection. People told us they always received the care they were assessed for. They told us staff did not appear rushed and were always willing to complete any tasks they requested of them. Staff meeting minutes we reviewed showed that the registered manager regularly reminded staff that they should always take their time when caring for people who used the service and that there was no need to rush any visits. This was confirmed by all the staff we spoke with. One staff member commented, "They [registered manager] tell us not to rush. They tell us to take our time."

We reviewed the care records for seven people who used the service. We saw that these records included detailed risk assessments which covered nutrition, moving and handling and environmental risks in each person's home. We noted that all risk assessments had been regularly reviewed.

The registered manager told us that, wherever possible, people who used the service were introduced to staff before they provided personal care to them. The registered manager told us this was not always possible when people were discharged from hospital at very short notice. However they told us they would always take into account people's interests and preferences before they allocated any staff to support them in order to ensure they had the best chance of getting along well together.

The registered manager told us that there was a settled staff team in place. We saw on the weekly rotas that we reviewed that each person had a consistent team of staff supporting them. We were told that if one staff member was absent, for example they were going on holiday, then other staff who knew the person well would provide the required cover if at all possible. All the people we spoke with who used the service confirmed that this was the case.

The service had an infection control policy and procedure in place; this gave staff guidance on preventing the spread of infection; effective hand washing and use of personal protective equipment (PPE) including uniform, disposable gloves and aprons. Staff we spoke with and records we saw showed that staff received training in infection prevention and control. We saw that stocks of PPE were held in the registered office. Staff we spoke with confirmed PPE was always available and used.

The service had an accident and incident reporting policy to guide staff on the action to take following an accident or incident. We saw a record of one incident which had occurred whilst a staff member was travelling to visit a person who used the service. Appropriate action had been taken by the provider to help prevent future occurrences.

We were told that there was always a member of senior staff on call to respond in the case of an emergency. This was confirmed by a staff member who told us, "There is always a senior on call and [registered manager] will always come out if we need her." The service also had a continuity plan in place to advise staff how to respond if there was an IT failure at the registered office.



Our findings

At our last inspection we found that improvements needed to be made to the systems to ensure staff received the training they required. During this inspection we found the required improvements had been made.

All the staff we spoke with told us they were always supported to attend any training they considered relevant to their role. Our review of staff personnel files showed that staff had completed training in moving and handling, safeguarding adults, first aid and infection control.

We spoke with a member of staff who had recently been recruited to work in the service. They told us they had no previous experience of working in a care environment but considered that their induction had prepared them well for their role. They told us they had completed on line training and had spent several days shadowing a more experienced member of staff before they were allowed to work independently. They told us they were confident that they would have been able to extend the number of shadow shifts they completed if they had not felt fully prepared to work without supervision.

We saw that all new staff were required to complete a 12 week programme which covered the requirements of the Care Certificate. Staff were also supported to continue their professional development by completing nationally recognised qualifications in care.

On the first day of this inspection we noted that there was no central system in place for the registered manager to monitor when staff were due to complete annual refresher training, although they told us they regularly checked training records for individual staff. When we returned to the office on the second day of the inspection we noted a training matrix had been completed to highlight when staff refresher training was due.

Records we reviewed showed all staff received regular supervision and an annual appraisal. Staff told us they found the supervision process to be helpful and that they were always asked about any learning and development needs they had in relation to their role in the service.

At our last inspection we found both the registered manager and staff did not have an understanding of the principles of the Mental Capacity Act (MCA) 2005. The 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.

When we spoke with the registered manager and staff during this inspection they were able to demonstrate, as a result of training they had completed, they had developed their knowledge regarding the MCA. Staff told us they now understood they were not able to routinely look to family members to make decisions on behalf of people who used the service as this is not in line with the requirements of the MCA. Staff were able to tell us how they ensure people were in agreement with the support they provided. One staff member commented, "I speak to people constantly. I tell them what I'm going to do as I go along and check they are ok with it. If they say no, a refusal is a refusal." The care records we looked at asked people to sign to indicate they consented to the planned care. We saw that staff had documented where people had been unable to sign due to frailty or disability and recorded that verbal consent had been given by the individuals concerned. All the people we spoke with during the inspection confirmed staff always asked for their consent before they provided any care and support.

At our last inspection we were concerned that care records did not contain sufficiently detailed information regarding the support people required from staff to mobilise or the positional changes they needed to maintain their skin integrity. During this inspection we noted care records now contained more detailed guidance for staff to follow. A record was also maintained of any positional changes carried out by staff. This helped to ensure people received effective care.

People supported by the service lived in their own homes and could therefore eat what they wanted. All the staff were trained in food hygiene and assistance was given to help people shop for food as necessary. Staff we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone.

All the staff we spoke with told us they recognised the importance of checking care plans and care records each time they visited a person who used the service. One staff member commented, "Care plans are very important. You read up when the nurses have been. You make sure you know everything about someone before you start working with them." Another staff member told us, "Care plans are important. The first thing is to read the care plan. If it's not accurate I would speak with [registered manager]."

Records we looked at contained information about people's health conditions and details of their GP and other health care professionals involved in their care. Staff we spoke with told us they worked closely with the district nurses who were involved in the care of most of the people they supported due to their complex medical needs. A health professional we spoke with during the inspection told us, "We have very good communication from staff. They tell us of any problems. They are very good compared with some care agencies."



Our findings

The registered manager told us the service continued to specialise in providing end of life care to people. At our last inspection we were concerned that only one member of staff had completed training in end of life care and there were no end of life care plans in any of the records we reviewed. At this inspection we found that, in line with our recommendation, all staff had now completed training in how best to support people who were at the end of their life. The registered manager had also completed detailed care plans with people who wanted to discuss the support they wanted to receive at the end of their life.

All the people we spoke with provided positive feedback about staff in the service. Comments people who used the service made to us included, "Staff are kind; they have been very good to us", "They [staff] can't seem to do enough for us" and "[Name of staff member] looks after me. She treats me like her own family." A relative also told us, "I trust them [staff]. I class them as family."

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. Staff were able to tell us about things that were important to the people they supported.

Staff we spoke with demonstrated a commitment to providing high quality care and to promoting people's independence as much as possible. One staff member told us, "If they are able we help people to do as much as they can. We want to make sure people are as independent as possible." Another staff member commented, "You give people your best. We treat people as if they were one of our family."

All the care records we reviewed contained a 'one page profile' of each person who used the service. This provided information about people's life history and interests and helped to ensure staff were able to develop meaningful relationships with the people who used the service.

When we looked at the responses from the most recent satisfaction surveys distributed by the provider we noted all of these included positive comments regarding the caring nature of staff. Comments people had written included, "I consider you and your staff's dedication to giving the highest degree of dignity and care to people as exemplary", "Your morning staff literally always brought sunshine to the house and the evening staff left peace and tranquillity to [name of relative] at night" and "[Name of staff member] is very caring and a pleasure to have in our household. She goes above and beyond her role."

All the staff demonstrated respect for the fact that they were supporting people in their own homes. This

meant people who used the service were central to any decisions made. A staff member told us, "We are going into their house. We have to make them feel comfortable. We are there to do whatever makes them happy."

With permission we visited three people who used the service at their homes. We observed how one staff member interacted with a person who used the service. We saw they were relaxed and friendly in the way they spoke with the person. They told us how they supported the person to regain some of their independence by encouraging them to do the exercises devised by the physiotherapists involved in their care. The person who used the service told us they enjoyed the company of the staff member who provided most of the support they required and that all staff treated them with dignity and respect.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw that care records were stored securely to help maintain people's confidentiality. We saw that information about advocacy services was given to people who used the service. Advocacy services provide people with support to challenge any decisions made by health and social care organisations about the care they require.

All of the people we spoke with during the inspection told us they would recommend the service to other people without any hesitation.

Our findings

The care records we reviewed showed that when a referral was received the registered manager completed a needs assessment and care plan with the person concerned. The registered manager told us that they would not agree to provide packages of care when they considered they did not have the staff available to meet a person's needs. They commented, "We know our limits to ensure we are always able to provide quality care."

People told us the service provided from Ribble Homecare was responsive to their needs or those of their family member. Comments people who used the service made to us included, "The carer does everything I ask her to" and "They [staff] do anything I want. They are very good people." A relative also commented that they were very impressed with the responsiveness of the service. They told us their family member received several visits each day to meet their personal care needs but that they could always contact the registered manager if their family member required additional support with personal care outside of the arranged visit times and a staff member would always attend to provide the necessary support. The registered manager told us that they did not charge for these additional visits as they considered it part of providing a quality service which was responsive to individual needs.

We found staff completed a record of each visit they made. This included information on what care had been provided. Staff told us they would always contact the registered manager if they considered that a person's needs had changed. We saw that care plans were up dated if any changes occurred. This ensured they were reflective of people's current needs.

We saw that there was a system in place to review the care provided by Ribble Homecare with the people they supported and, where appropriate, their relatives. People we spoke with told us they were able to make changes to the care they received if they felt this to be necessary. The registered manager told us they would make every effort to accommodate any requests they received from a person to change their care plan.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. This information was also included in the service user guide which was given to people when they started using the service. We were told there had not been any complaints received at the service since our last inspection.

All the people we spoke with who used the service told us they would be happy to raise any complaints or

concerns they might have with the care staff or registered manager. They told us they were sure any concerns would be listened to and taken seriously. One person told us, "I would speak to [registered manager]. She's been to check that everything is ok." Another person commented, "I would ring [registered manager]. She came at once when we had a problem at the beginning and things were sorted out straight away." A relative told us, "I would phone [registered manager] if I had a complaint but there is no need for me to do this. I wouldn't change anything."



Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout this inspection.

We asked the registered manager about the key achievements of the service since the last inspection. They told us they had worked extremely hard to ensure the required improvements identified as necessary in that inspection had been made. Our findings during this inspection confirmed that significant improvements had been made to the way the service was run since our last inspection.

At our last inspection we found a lack of effective systems in place to monitor the quality of the service provided. During this inspection we noted a number of quality assurance processes had been introduced in the service; these included audits of care plans and staff personnel files. We saw that action had been taken to address any shortfalls identified during these audits.

We noted that senior staff had completed regular 'spot checks' on the performance of staff. We saw that these checks were documented and that some included feedback from people who used the service, all of which was very positive. We discussed with the registered manager how the recording of these spot checks could be more detailed to include details about exactly what had been observed and feedback always sought and documented from people who used the service or their relatives. The registered manager told us they would amend the 'spot check' form and ensure all senior staff received training in what was expected of them when completing checks on staff performance and service quality.

We saw that the provider distributed regular satisfaction surveys to people who used the service. We noted that all the completed surveys we reviewed provided positive feedback about the service. The registered manager told us that if they did receive any negative feedback, either verbal or written, they would always visit the person concerned to discuss the comments they had made and try to ensure any issues raised were resolved to the person's satisfaction.

All the people we spoke with during the inspection provided positive feedback about the registered manager. During the inspection we found the registered manager demonstrated a commitment to providing high quality person-centred care.

All the staff we spoke with told us the registered manager was both supportive and approachable. One staff member commented, "It's hard sometimes when people we have been caring for die but we get support from [registered manager]. We are nothing without [registered manager]." Staff told us they enjoyed working for the service and that everyone was treated fairly. We saw there were systems in place to recognise the achievement of staff. These included both financial rewards and a 'carer of the month' award.

Records we reviewed showed regular staff meetings were held in the service. Staff told us they enjoyed attending these meetings as they were used to provide them with additional training and to provide feedback on team performance. Staff told us they were always able to put forward any suggestions they had for improving the service and their views were taken seriously. One staff member commented, "We are listened to. They [registered manager] consider our suggestions and always come back with an answer."

It is a requirement that CQC ratings are displayed both in the registered office and on the website for the service. When we checked the website for the service prior to completing the inspection we noted there was a link to the most recent CQC inspection report but the ratings awarded during that inspection were not on display. We reported this to the registered manager when we contacted them to announce the inspection. When we visited the registered office on the first day of this inspection we noted the required action had been taken and the ratings were now clearly displayed.