

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Riverside Care Agency

Suite 41, Anglo House, Worcester Road,
Stourport On Severn, DY13 9AS

Tel: 01299823777

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Riverside Home Care Limited
Registered Manager	Mrs. Rosemary June Johnson
Overview of the service	Riverside care agency is registered to provide personal care to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 September 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During this inspection we spoke with seven people who used the service and one relative about their experiences of the support they had received. We also spoke with four of the staff.

All the people we spoke with who used the service spoke positively about the care they received. One person told us that the staff: "Always try their best". A relative told us that: "Riverside have done wonders with helping to improve my mother's health". All the people we spoke with told us that the care workers who supported them understood their care needs, treated them with dignity and respect and had the knowledge and skills to support them safely.

Staff employed at the service had access to further training and told us that they felt supported by their peers and the registered manager. One staff member said that they had: "Full support to do training". Another said: "Any problems, worries or just the need to have support, the managers are always there for you". This meant that staff had the support and knowledge to meet the care and welfare needs of people who used the service.

We saw that the provider had systems in place to monitor and assess the quality of services provided. Feedback was regularly sought from the people who used the service, families and staff. The managers regularly observed the care staff when they carried out tasks and they would also seek feedback from the people who used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People we spoke with who used the service understood the care and treatment choices available to them and they had been involved in the decisions about their care and support. One person told us: "The carers are all top notch". Another person told us the staff: "Will always do things the right way. You receive the care in the way that you want". A member of staff told us that: "People tell us what care they want and this is how care plans are written". All the care records we looked at showed involvement from the people who used the service or where this may not have been possible their families or carers.

All the staff we spoke with said that they always used people's preferred names. A person who used the service confirmed this and said that this made them: "Feel special and respected". This meant that people had been treated with dignity and respect.

The six staff we spoke with all said that they try to keep people's independence as much as possible. One member of staff said that: "Our job is not to do everything for them but to assist with their needs". This meant that the people who used the service had been given the opportunities to maintain some independence and participate in meeting their own care needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we looked at the care records we found that people's needs were assessed, planned and delivered in a way that matched their individual care plan. The staff we spoke with were all able to demonstrate knowledge of people's individual care needs, and what they said matched with what we read in people's care records. One person told us that: "They (staff) are always prepared to go the extra mile". One relative told us that they: "Had never had a service as good as Riverside".

We saw that the registered provider had carried out environmental risk assessments about people's homes before they started to provide a service. This included measures for care workers to follow to reduce any identified risks as much as practically possible. These risk assessments included people's personal needs such as mobility, medications and general well-being. This meant that people were supported to receive care in a way that associated risks to themselves and care workers was minimised.

When we discussed with the staff about what happens if a person's needs changed they said they felt the service had been quick to respond. One member of staff said that: "The moment we think a person's needs are changing, we will speak with them and reassess what we (staff) are doing". We saw evidence in the care records where risk assessments and care plans had been reviewed and updated to meet people's changing care needs. This meant that the provider had taken proper steps to ensure that the care and welfare needs of people who used the service continued to be met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us that all staff were trained in the identification of all types of abuse and safeguarding procedures. The staff we spoke with confirmed this. All the staff were clear about the action they would take if they suspected someone had been abused. The service had a safeguarding procedure in place and a whistle blowing policy to enable staff to raise alerts about poor practice or allegations of abuse. We found evidence in the care records where this had happened and the local authority contacted. This showed that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All the staff we spoke with said they would report any issues of poor care. People told us they felt safe using the service. One person who used the service told us when asked about what they would do if they were concerned about a member of staff: "I would speak straight away to the manager. All the carers are really careful and mindful, so that you know what they are going to do. I never feel threatened". All the people we spoke with felt confident that they would be protected against abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that new staff were given a full induction which included safeguarding, manual handling, medication and other areas that were appropriate to their roles. One staff member told us that the provider was : "Excellent with the communication, supervision and training". Another staff member said that the provider: "Always gives access to training all the time". This meant that staff received appropriate professional development. One person who used the service said: "The staff are all knowledgeable and professional".

All of the staff we spoke with said that they felt they had good supervision and support from their managers. We looked at some of the supervision records and these showed that supervisions were happening on a regular basis. This meant that the staff had been given enough support to enable them to deliver care safely.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had a system in place to monitor the quality of its service.

We saw that the managers carried out unannounced spot visits on staff as they carried out their work. The results of these were recorded and discussed with staff. This meant that the provider had been able to monitor the service provided by its staff and make improvements where necessary.

We saw that the provider had used complaints and compliments to monitor the quality of its service. The provider had not received many complaints but we found evidence where comments and suggestions had led to actions for improvements identified and followed up by the provider. One person who used the service told us the provider had: "Definitely listened and dealt with any issues that I have had in the past".

We found that questionnaires were sent out to the people that used the service on a regular basis. We saw that action points had been identified from the feedback received. This meant that the provider had listened to and responded to feedback to improve the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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