

River Stone (UK) Limited

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Inspection report

31 Monarch Drive
Kemsley
Sittingbourne
ME10 2GE

Tel: 07507824426

Website: www.riverstonecare.co.uk

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

River Stone (UK) Limited is a domiciliary care agency providing personal care to 3 people at the time of the inspection.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood people had the right to make decisions for themselves and supported people to do so.

People were supported to be independent, and staff focused on what people could do for themselves. People were supported to manage their health and access specialist healthcare services where appropriate. Staff worked in partnership with health and social care agencies to promote people's health and wellbeing. Where people needed support with meals -or drinks staff provided this support.

The support people needed with their medicines was assessed. People received their medicines as prescribed. Staff were recruited safely and received regular supervision.

Right Care:

People's support plans reflected their needs and promoted their wellbeing and independence. Staff were aware of the risks to people's health and knew how to support them to reduce these risks.

There were enough staff to support people. Staff were recruited safely. People were supported by consistent staff teams who had the skills and knowledge they needed to undertake their role. Staff understood how to protect people from poor care and abuse. People were protected from the risks of infection.

People received kind and compassionate care which was person centred. Staff knew people well and understood their needs, wants and preferences. Staff protected and respected people's privacy and dignity. People's communication needs were assessed to ensure they were communicated with in ways that were appropriate for them.

Right Culture:

Quality checks on the service were not recorded. The provider had not always kept up to date with areas of best practice. These were areas for improvement.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. There was a positive culture at the service, staff were well motivated and spoke positively about the people they supported.

People, and those important to them, including advocates, were involved in planning their care. People and their relatives were involved in regular reviews of their care to ensure staff were aware of changing needs. The provider met with people on a regular basis to seek their views.

Where incidents had occurred, action had been taken to reduce the risk of re-occurrence. The provider was aware of their duties under the law.

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

Rating at last inspection

This service was registered with us on 19 April 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

River Stone (UK) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

Notice of inspection

This inspection was announced. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2023 and ended on 20 June 2023. We visited the location's office on 20 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 11 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative of a person who used the service. We also received written feedback from 1 service user and another relative. We spoke with 4 staff, including the provider, senior care staff and carers. We looked at care records for 2 people and medicines records. We looked at recruitment records for 2 staff members and reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew about different types of abuse and the signs to look for. Staff had completed safeguarding training and knew how to raise concerns.
- Staff were confident that the provider would act if there were concerns. Staff knew how to whistleblow outside of the service if they needed to do so.
- No safeguarding concerns were identified at inspection. The provider knew who to contact in the local authority if they had concerns about people safety.

Assessing risk, safety monitoring and management

- People were supported to remain safe. Staff knew people well and had a good understanding of the risks to people's health and wellbeing. Staff kept each other, and the provider, up to date with any day-to-day changes to people's health. However, there were some areas where care plans could have been improved to ensure guidance for staff was clear. For example, one person was supported with an inhaler. There was a lack of information as to why the person used this medicine. Immediately following the inspection this was addressed and information was put in place for staff.
- There were good levels of guidance in place for other risks. For example, there was detailed information on supporting people to move where they needed equipment to do so. The provider also ensured equipment was regularly serviced, by those responsible for doing so, and therefore safe for staff to use.
- People and their relatives were positive about staff supporting people with their health and wellbeing. One person told us, 'They are good at keeping me safe and well.' A relative said, 'Things are going well, and staff are doing a good job managing [my relatives health condition].'

Staffing and recruitment

- There was enough staff to provide support to people. People were supported by small consistent staff teams who knew people well. Staff arrived on time and stayed the length of the call. There were no concerns about missed calls. The provider and office staff also provided support to people and were able to cover staff sickness and annual leave.
- Staff provided flexible support and adapted to people's needs and wants. For example, staff visit times had been rearranged when one person wanted support to go out for an event.
- There were systems and processes in place to ensure staff were recruited safely. For example, Disclosure and Barring service (DBS) checks were undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. However, prior to the inspection the provider had not recorded they had undertaken staff medicine competency checks to ensure staff were administering medicines correctly. This was addressed immediately after the inspection.
- Medicine administration records were complete and accurate.
- People's support needs with their medicines were assessed. Staff had identified where people needed support and what areas they could manage for themselves.
- Feedback about the support people received with their medicines was positive. One relative said, "They give it at the correct time, and they always enter it on the sheet. They record the time that any [pain medicine] is given. They will tell [my relative] if [they] can't have more yet due to time, they do make sure it's 4 hours apart."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff told us they had sufficient PPE to enable them to undertake their role safely.
- We were assured that the provider was promoting safety through ensuring staff had undertaken infection control training and hand hygiene learning.
- At the time of the inspection the provider had not undertaken an audit of infection control. However, this was addressed at the time of the inspection.

Learning lessons when things go wrong

- Incidents and accidents were reported and recorded. This included assessing if any medical intervention was needed or if any actions needed to be taken to reduce risk.
- Action was taken following incidents. For example, following a medicine error one person's care plan was updated to provide clearer information for staff.
- The provider monitored incidents for trends. No trends were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. This included people's physical needs, mental health, and well-being. For example, one person needed support with how they expressed their feelings. There was clear and detailed information on this to enable staff to provide consistent support.
- Recognised tools were used to assess people's level of need and risk. For example, to assess if people were at risk of falls.
- People's needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexuality and religion had been assessed to identify if there were areas where people needed or wanted support. For example, people's sensory needs were assessed where appropriate to ensure staff knew how to support them with needs such as coping with loud noises.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to support people. Training was a mixture of online learning and face to face. Staff training included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff undertook specific training to meet people's needs. For example, diabetes awareness, learning disability and autism learning. One relative said, "They know what they are doing and how to support [my relative], I don't have to worry anymore."
- Staff received regular supervision. Staff were positive about the training and support they received. Staff told us, "100% I feel supported in the role. The communication is really good at this agency. The information is there, and the support is there."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported to make meals. Staff provided this support to people where this was needed.
- Where people needed support with risks relating to food and drink this was in place. For example, where people needed support with diabetes staff were aware of the advice provided by healthcare professionals regarding eating and drinking. People made their own choices about what they ate and drank. However, staff encouraged people to make healthy choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to monitor aspects of their health. For example, staff supported people to monitor their blood sugar having received training from a relevant healthcare professional to do so.
- People were supported to access healthcare appointments including regular health checks as appropriate. This included supporting people to access dental care as part of the support provided to manage their oral health.
- People were referred to specialist healthcare professionals for support for their physical health and fitness. For example, people were referred for physiotherapy support to assess if new physical activities were safe for them to participate in. One person told us, 'They are good at supporting my health.'

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions and choices for themselves as appropriate. Staff understood the MCA and that people with capacity had the right to make decisions for themselves regardless as to whether or not staff agreed with those decisions. One person told us, 'They are good at allowing me to make my choices.'
- People were able to make decisions for themselves. However, staff understood the processes required to be in place should people need to have decisions made in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind staff who cared about their health and wellbeing. Comments included, "The support [my relative] gets is really good. They all care about [my relative]. The staff are really friendly."
- Staff spoke about people in a kind and respectful way. The language staff used when speaking about people was professional and accessible.
- Staff supported people with their emotional wellbeing as well as providing support for people's physical needs. This had enabled people to build relationships with a consistent and stable staff team. One relative told us how this support had led to their relative being calmer and said, "They look after [my relatives] emotions well."

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

- People and their relatives were involved in decisions about their care and support. One person told us, 'My carers are good at doing what I ask.'. A relative said, "They let [my relative] lead and it's about what [they] want to do."
- People were able to communicate and express their views to staff. People had consistent staff teams which aided communication and helped overcome communication barriers such as anxiety.
- The provider visited people on a regular basis to listen to their views. People were offered the opportunity to have an advocate where they did not have one in place already. Advocates are independent people who support people to express their views.

Respecting and promoting people's privacy, dignity and independence

- Care plans set out clear guidance for staff to ensure people's privacy and dignity were maintained. For example, ensuring doors and curtains were closed when staff were supporting people with personal care.
- People's care plans provided staff with guidance on what staff could do for themselves. For example, what food and drinks people could make for themselves. People were encouraged to maintain their independence and skills of daily living. One relative said, "They encourage [my relative] to go with them to the laundry room and be involved in washing their clothes. They encourage them to do things for [themselves]".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who had had the opportunity to get to know them well. Staff had a good understanding of people's individual preferences and needs. For example, staff knew details about routines which were important to one person and how these impacted on the person's day.
- People were involved in reviewing their care. The provider and staff met with people to discuss their views on their care and make changes to their support as required. People and their relatives told us they were involved in their care reviews. One staff said, "We discuss things with [the person]. [The provider] speaks to [the person] to get feedback on how things are going. We discuss things in a group to share ideas and work in one way, that really helps."
- Regular reviews of people were also arranged with the local authority where people's needs changed. For example, where one person needed extra support due to a change in personal circumstances.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff understood how people communicated. Where people needed support to develop their communication skills this was in place. For example, staff supported one person with expanding their reading skills.
- Some people using the service were able to communicate with little support. However, the provider was aware they needed to ensure people received information in a way that was meaningful to them, if this support was needed in the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people using the service needed support with social relationships and activities. Where this was the case staff provided this support.
- Staff supported people to maintain relationships with the people who were important to them. People were supported to go out with friends and relatives. One relative told us, "We all go to the pictures, we all go together. We go out for a meal; staff help with all this."
- Staff encouraged people to participate in activities. For example, one person was now going into town on a weekly basis where they had not done so before. One person said, "They are good at supporting me to do

activities that make me happy."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed and wanted to do so.
- No complaints had been received. However, there was a system in place to respond to complaints if they arose. One relative said, "I have never had any cause to complain. I would speak to the carers and then to [the provider]. I have no concerns."

End of life care and support

- At the time of the inspection no one was in receipt of end-of-life care. People had family who would make arrangements if the person was to pass away unexpectedly.
- Care plans included information on people's religious preferences. However, people had not put other plans in place at this time. The provider was keeping this under review and was planning to re-visit this at people's next care review to establish if people wanted to express any wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Prior to the inspection there was no effective auditing system in place to support the provider with effective governance. The provider told us about checks they made to assess the quality of the service, however, these were not recorded and had not aligned with some areas of best practice. For example, auditing had not ensured staff competency to support people with the medicines had been assessed. Immediately after the inspection the provider started to put written audits in place. This was an area for improvement.
- The provider had attended some webinars to learn about specific topics such as keeping people's personal information safe. The provider was not always up to date with best practice in the care of people they support. We raised this with the provider who agreed this was an area for improvement.
- The provider understood the requirement to inform CQC of significant events, such as safeguarding incidents, if these happened within the service, as required by law.
- There were regular meetings for staff. Staff discussed people's support needs and topics such as keeping people safe from abuse and activities people could engage in. The provider also worked alongside staff which enabled them to have an overview on staff practice.

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

- The provider had instilled a culture of values-based care within the staff team. They shared their vision which focused on people's rights, privacy, dignity, choice, respect and control.
- There was a positive culture at the service. Staff were motivated and happy in their role. They spoke well about the management of the service and how they were treated. One staff said, "There is always support there from the providers if I need it, they are supportive."
- People and their relatives felt positive about the management of the service. One relative said, "[The provider] is really supportive of [my relative], he talks to [them] and listens to [them]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

- The provider understood their responsibilities under duty of candour. When things went wrong or there were incidents people, and their relatives were informed as appropriate. One person feedback to the service, 'Staff deal with incidents quickly and openly.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly invited to provide feedback on the service provided. This included through surveys undertaken every 4 months. Feedback from people was positive. Comments included, 'It's something special to see the change in my relative. Very happy and smiling.' And "Thank you again for your excellent service.'
- Staff told us they were listened too and were provided with an opportunity to express their views. Feedback from staff about the service was also positive. One staff said, 'I have nothing but praise for the company. They care equally for staff and service users.'

Working in partnership with others

- The service worked in partnership with a wide range of health and social care professionals to improve outcomes for people. This included occupational and physio therapists, dieticians, and specialist nurses. Where specialists had provided guidance regarding people's care staff were aware of it.
- Staff had worked with specialist nurses to learn how to support one person with their medicines. Staff had attended bespoke learning so they could work in partnership to provide the person with this support.