Ryedale Homecare Limited

Ryedale Homecare

Inspection report

5A Welham Road
Norton
Malton
North Yorkshire
YO17 9DP

Tel: 01653699360

Date of inspection visit:
28 September 2017
04 October 2017
09 October 2017

Date of publication:
13 November 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 September 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be available to answer our questions and assist with the inspection. We contacted people who used the service by telephone on 4 October 2017 and staff on 9 October 2017 to ask their views.

Ryedale Homecare is based in Malton and provides personal care to people in their own homes within Malton and surrounding areas. The service was registered with CQC in October 2012.

At the time of inspection 56 older people used the service, some of whom were living with dementia. The director, who was the registered manager, was present throughout the inspection.

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.

At the last comprehensive inspection in September 2016, we identified breaches of regulations. The registered provider had failed to keep accurate records of medicines that were administered. They had not completed appropriate recruitment checks before new staff were employed at the service and had not ensured completed and accurate records were maintained. The service was rated at that time as requires improvement overall. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation.

At this inspection, we found the provider had implemented their action plan and met all requirements within the regulations.

Robust recruitment procedures were now in place. We found that appropriate checks had been completed before new staff commenced employment. Staff recruitment records contained full employment histories and gaps in employment had been explored. References had been obtained and there was clear recorded evidence of interviews taking place.

Clear procedures were now in place to guide staff on the safe administration of medicines and staff had received medicines training. Records showed that people had received their medicines as prescribed. Where gaps in records had been identified, appropriate action had been taken. The manager had worked hard to improve quality assurance processes that were in place and now carried out a number of quality assurance checks to monitor and improve the standards of the service. Action had been taken when concerns were found.

Records showed risks were well managed through individual risk assessments that identified potential

issues and provided staff with information to help them mitigate risks, while supporting people to maintain their independence. These had been regularly updated to reflect current needs.

There were systems and processes in place to protect people from the risk of harm. Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns.

New staff completed an induction before they began working in the community. There were systems now in place that ensured staff received the training and experience they required to carry out their roles. Staff performance was monitored and recorded through a regular system of supervision and competency assessment.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make decisions. Signed consent had been sought where possible.

Some people were supported by staff with meal preparation. Records and people confirmed that they were given choice and appropriate support was provided in this area.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. People were clear about how they could get access to their own GP and other professionals and staff at the service could arrange this for them. Care plans focused on each person as an individual and the support they required to maintain their independence. They identified people's daily care needs and were person-centred.

People we spoke with told us they were well cared for and treated with dignity and respect by all the staff. There was a small, consistent staff team which enabled people to build relationships with the staff that supported them. Staff knew the people they cared for and understood their individual preferences.

People who used the service told us they could approach any of the staff with any concerns. The provider had a complaints procedure in place. The document included guidance on how to complain and what to expect as a result.

People who used the service and the staff were enabled to provide feedback. Questionnaires had been submitted to people on a regular basis to gain their views.

Regular staff meetings had not always taken place but plans were in place to improve this. Staff told us they were included in the service and felt supported by the management. They were confident they would deal with any issues raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Robust recruitment procedures were in place. Appropriate checks had been completed before new staff commenced employment.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training.

Risk assessments were in place and were specific to people's needs and their home environment.

Is the service effective?

Good

The service was effective.

Staff performance was monitored and recorded through a regular system of supervision and competency assessment.

Staff completed a thorough induction to the service. Staff had completed mandatory and specialist training.

Staff demonstrated good knowledge of the Mental Capacity Act 2005. Where possible, consent to care and support had been recorded.

People were supported to maintain their nutritional wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Staff promoted people's dignity and privacy when delivering care.

People told us they had choice and control over their care and support and made decisions about how their needs were met.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Positive relationships had been developed.

Is the service responsive?

Good

The service was responsive.

Care plans focused on each person as an individual and the support they required to maintain their independence.

People, and where appropriate their relatives, were actively involved in care planning and decision making.

There was a complaints procedure in place. People told us they did not have any concerns about the service, but said they were very confident that any issues they raised would be acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager had worked hard to improve quality assurance processes that were in place and now carried out a number of quality assurance checks to monitor and improve the standards of the service. Action had been taken when concerns were found.

People who used the service and the staff were enabled to provide feedback.

Regular staff meetings had not always taken place but plans were in place to improve this. Staff told us they were well supported and the management team were approachable.

Ryedale 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 September 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be available to answer our questions and assist with the inspection. We contacted people who used the service by telephone on 4 October 2017 and staff on 9 October 2017 to ask their views.

The inspection was conducted by two adult social care inspectors.

The registered provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the Local Authority.

During the inspection, we spoke with six members of staff including the registered manager and the office manager. Following the inspection, we contacted six people who used the service by telephone to seek their views about the service.

We reviewed a range of records. This included five people's care records containing care planning documentation and daily records. We also viewed the MARs for eight people and four staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection, we found that the service was not always safe and awarded a rating of 'Requires Improvement'. This was because we found that the registered provider had failed to keep accurate records of medicines that were administered. They had not completed appropriate recruitment checks before new staff were employed at the service. This was a breach of Regulation 12 (Safe care and treatment), Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

People told us that they felt safe. One person told us, "Yes I feel safe. The staff are all very nice people." Another person told us, "I do feel safe. I am in my own home and I have control. I know I can pick up the phone if I ever have any worries over safety."

Safe recruitment procedures were now in place and had been followed. We looked at four recruitment files and could see appropriate checks had been completed before new staff commenced employment. Staff recruitment records contained full employment histories and gaps in employment had been explored. References had been obtained and there was clear recorded evidence of interviews taking place. Disclosure and barring checks (DBS) had been completed before employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

Improvements had been made ensure medicines were administered safely. A robust auditing system was now in place which meant the registered manager could identify any areas of concern and take appropriate action to address this. For example, if it was identified that a member of staff had not signed for medicines administered action was taken, such as a supervision session or additional training arranged.

During the inspection, we looked at a sample of medicine administration records (MARs.) We could see that most of these records contained the required information to enable staff to administer medicines safely. MARs had been completed accurately to state when medicines had been administered. They now included full details such as the person's names, address, any known allergies and GP information. Training records showed that staff had received appropriate training with regards to medicines and competency assessments had been completed by the registered manager.

People we spoke with told us they received their medicines as prescribed. One person said, "Oh yes, I always get my tablets. The staff are very good. They know what I need and when I need it."

The provider had a medication policy in place. However, we identified that the policy was not dated so we could not be sure they policy had been updated to reflect changes in current best practice. We discussed

this with the manager who was able to clarify that the policy had been updated to reflect current National Institute for Health and Care Excellence (NICE) guidance. They told us they would ensure a date was added to the policy.

Records showed risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks, while supporting people to maintain their independence. For example, risk assessments were in place for areas such as mobility, falls, eating and drinking and medication. All risk assessment we viewed had been updated regularly to ensure they contained the most up to date information. When new risks had been identified, risk assessments had been completed. For example, one person had an assessment from the speech and language therapists due to concerns over choking. A choking risk assessment had then been put in place.

Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the registered manager would respond appropriately to any concerns. One staff member told us, "[Manager] is very good. I have reported a concern previously and it was dealt with straight away. I am confident in raising concerns." We looked at training records in relation to safeguarding and could see that staff had received training.

At the time of this inspection there was 23 staff supporting 56 people. We looked at the computer system used to produce the staffs' weekly rotas. We could see that people using the service were allocated their calls at regular times and these were allocated to a regular team of staff. The registered manager told us they were currently recruiting so they could expand the business. The office manager, who was responsible for producing the rotas, was aware of people's preferences with regards to times of calls. They told us, "We often have to turn down packages of care because we know we cannot accommodate the times the person is requesting. Because I do the rotas, I know where we have availability. We do not move our regular service user's times just to accommodate a new package. We couldn't work like that." This meant the provider was ensuring they could meet people's needs before a package of care was accepted.

Rotas were produced a week in advance and staff collected them from the office every Friday. Staff we spoke with told us, "When we collect our rotas we spend time looking at them to ensure they are ok. All the calls are close together so travelling is not an issue and if we do need to travel we get plenty of time." Another member of staff told us, "I generally have the same rota each week. There aren't any changes normally unless someone is on holiday" and "If there is any sickness then the office usually ring staff to see if they want additional work. The office manager and manager help out too. We quite often see them with a uniform on."

People we spoke with confirmed that staff generally arrived on time, and if they were late it was usually due to traffic. One person told us, "They usually arrive at the same times each day, sometimes a couple of minutes out but nothing to worry about. I know if they were going to be very late they would ring me and let me know."

Good

Is the service effective?

Our findings

At the last inspection, we found the service was not always effective and awarded a rating of 'Requires Improvement'. This was because it was not always evident that people had consented to the care and support that was provided. The provider did not have a policy around Mental Capacity Act 2005 and consent in place. We also found that staff had not completed training to ensure staff had the knowledge and skills to carry out their role. As a result of these findings we made recommendations within the report and asked the registered provider seek advice and guidance from reputable sources. At this inspection, we found improvements had been made.

There were systems now in place that ensured staff received the training and experience they required to carry out their roles. We were provided with records for the training completed. All training was up to date and the manager had a 'training board' which enabled them to track when training was due for renewal. We identified that there were gaps on the training board. We discussed this with the manager who was able to evidence that refresher training had been arranged. The registered manager told us, "I am not great with computers so I prefer to have a training board that I can look at instead of something on the computer. Whenever a member of staffs training is due to be refreshed I take the date off the board. That way I know if there are gaps where dates should be, I know they need refresher training. I am able to keep on top of training working this way."

Staff we spoke with confirmed they had sufficient training to be able to provide effective care to people. One told us, "I have done lots of training and I get told when I need to refresh this. I have also done some specialist training in dementia and diabetes. If we think we need any additional training we just speak to [manager] and they arrange it for us. I can't complain about the training." Another member of staff told us, "[Manager] encourages us to do additional training, especially if it is specific to someone we support. I did diabetes training – the district nurse deals with administering insulin but at least I now know if the person's blood sugar levels are low or high and what action to take."

People we spoke with told us they thought staff had the skills and knowledge they needed. One person told us, "They all know what they are doing" and "I have no concerns about their (staffs) skills. I know they do training and they seem to know what to do if I have any concerns."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA) and the provider now had a policy and procedure in place. 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

We looked at records to establish how consent to care and support was now sought. We could see where possible, signed consent had been sought from the person. Where they were unable to sign, it was noted the reason why they could not sign and that verbal consent had been sought. The manager was able to describe what action they would take if they had concerns about a person's capacity. They gave an example of where applications to the court of protection had recently been made, following assessment and best interests meetings being held in relation to the person's property and affairs.

New staff were required to complete an induction before they started working in the community. Following this induction they 'shadowed' an experienced member of staff until they felt confident working alone in the community. The registered manager told us, "New staff always shadow experienced staff and then we ask for feedback on how the new member of staff has performed. There is no limit on the amount of shadowing a new recruit does. It is until we are confident and they are confident in the role. It also means that new staff are introduced to service users."

Staff told us they were supported in their role and records of supervision were evidenced from documentation seen during the inspection. This process was also confirmed from discussion with staff. One member of staff told us, "I have had supervisions, generally every three months or so I think. They are useful because it is done one-to-one so you can discuss concerns. I also get 'spot checked' in the community."

Some people who used the service required support from staff with meal preparation. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. One person told us, "They help me prepare meals. I choose what I want and they do the bits I can't manage. They are good like that." Another person told us, "They always make sure I have plenty of food to keep me going. They will leave snacks out because they know I would struggle to get to the kitchen to get them myself."

All staff had received appropriate training in food hygiene. Training records we looked at confirmed this. This meant people could be supported with food and nutrition, where necessary.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers. People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them. The registered manager was proud of the relationships they had developed with professionals in the local community. They told us, "We do go above and beyond. We collect prescriptions, speak with GP's, physiotherapists and district nurses. We do what we can to help them and work as a team. We are all on first name terms we speak that often."

Good

Is the service caring?

Our findings

At the last inspection, we found the service was caring and awarded a rating of 'Good'. At this inspection, we found the service remained 'Good'.

People we spoke with told us they were well cared for and treated with dignity and respect by all the staff. Comments included; "They [staff] are all so kind. I know them well and they know what help I need. They all treat me with respect" and "I have no issues with the staff and the way they treat me. They have the upmost respect for me and my home."

People we spoke with spoke positively about the staff and management team. They told us they had choice and control over their care and support and made decisions about how their needs were met. Comments such as, "The staff are marvellous" and "They come into my home and respect it. They do things how I like them done and they listen."

Staff told us they worked in a way that protected people's privacy and dignity. For example, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One member of staff told us, "We get to know people really well because we see them on a regular basis. I always make sure people know what I am doing. I look at these people as my own family." Another told us, "Some people can manage personal care tasks on their own and we respect that. If people do need help I always make sure doors and curtains are closed and keep them covered with a towel or dressing gown. I think we are very respectful."

There was a small, consistent staff team which enabled people to build relationships with the staff that supported them. It was evident that staff knew the people they cared for very well and understood their individual preferences and people we spoke with confirmed this. People usually knew who was coming to visit them as staff worked set shift patterns. The times of people's calls were consistent and people told us they were usually notified if a member of staff was running late. The manager told us how they tried to accommodate everyone's preferences. We could see that when people had requested a change in the time of their call, this had been accommodated.

Staff we spoke with spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and helping them remain in their own homes. One member of staff told us, "I was new to care when I joined Ryedale Homecare and I was a little nervous at first. I can tell you now it is the best thing I have ever done. Visiting the service users makes my day. I am proud that I am supporting people to remain in their own homes."

At the time of inspection, no one using the service was accessing support from an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Good

Is the service responsive?

Our findings

At the last inspection, we found the service was responsive and awarded a rating of 'Good'. At this inspection, we found the service remained 'Good'.

People told us the service was responsive to their needs. One person told us, "They do what I ask them to do. If I am little under the weather, they will do a more for me. It is never a problem."

We asked how the provider ensured they were able to meet a person's needs before a new care package commenced. The office manager told us they generally received referrals for new packages of care from the local authority. They said they discussed the package of care with a social worker to establish people's needs and preferences. If they felt they could provide the support that was needed they made arrangements to visit the person in their own home so they could complete an initial assessment. From this in depth care plans and risk assessments were developed. People we spoke with confirmed this. One person said, "The manager came out right at the start and we chatted about what I wanted the staff to do and times of visits. They have stuck to their word."

During the inspection, we looked at five care plans. We saw these included background information centred on the individual. Life stories had been developed and contained information such as personal history, current and past interests, keeping in touch with people and information on things the person enjoyed doing, past and present. We also noted that records included information on the person's next of kin, other contacts such as GP's and information on any allergies.

Care plans focused on each person as an individual and the support they required to maintain their independence. They identified people's daily care needs and were person-centred. For example, a person's personal care plan detailed that they were able to dress independently if they were sat down, but needed 'pull on trousers' as this was easier for them to manage. We found care plans to be well organised and easy to follow.

We asked people if they had been involved in the development of care plans and if discussions had taken place around what was important to them. One person told us, "I remember the manager coming and asking me what I wanted. They wrote it all down and I have a file with all my notes in that the staff look at. I know it is there if I want to read it. My family sometimes look at it."

Staff were extremely knowledgeable about the people they provided support to. They told us that they had regular shift patterns and visited the same people on a daily basis which was generally at the same times. Staffing rotas we looked at confirmed this. Staff told us they informed the office if they were going to be running late to a visit and office staff would then inform people receiving the service.

The registered manager told us they monitored people to ensure the current package of care was meeting their needs. They provided an example of one person who staff had reported concerns over as they were struggling with other aspects of daily life. As a result, a discussion and assessment took place by the local

authority and additional support was arranged. The registered manager told us, "We do go above and beyond but that is what our service is all about. We want to ensure people are getting the best possible support and the assistance that they need to remain in their own homes."

People who used the service told us they could approach any of the staff with any concerns or worries they had and that there was an on call facility they could also use to share any concerns out of normal office hours. One person told us, "I have no complaints. If I did I know I could speak to the staff that visit or ring the office. I have confidence it would be dealt with."

Staff we spoke with were aware of their role and responsibilities in relation to complaints or concerns and what they should do with any information they received. The registered manager told us there was also an 'open door' policy at the service and staff often popped in to have a coffee and chat, promoting a further forum to raise concerns. Staff we spoke with confirmed this. Comments included, "I have no problems raising any complaints. [Registered manager's] door is always open."

There had been no complaints made to the service in the past 12 months. The provider had a complaints procedure in place and we saw this was contained within their 'service user guide' which was provided to people when they began to receive a service. The document included guidance on how to complain and what to expect as a result.

Good

Is the service well-led?

Our findings

At the last inspection, we found that the service was not always well-led and awarded a rating of requires improvement. This was because we found that the registered manager had failed to implement and complete effective quality assurance audits to improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the service was meeting requirements set out in regulations.

The registered manager had worked hard to improve quality assurance processes that were in place and now carried out a number of quality assurance checks to monitor and improve the standards of the service. Quality assurance and governance processes are systems that help the registered provider to assess the safety and quality of their services, ensuring they provide people with good services and meet the appropriate quality standards and legal obligations. Monthly audits were completed for medication administration records (MARs) and daily visit reports. A monthly analysis of findings was produced which highlighted any areas of concern. We could see that when concerns had been found the manager had taken appropriate action. The manager provided an example of when action had been taken. They told us one member of staff had made a number of errors when recording on MARs. As a result, they were suspended from administering medicines until competency assessments and supervisions had been completed. However, the action taken had not been clearly recorded. We discussed this with the manager who told us they would ensure all audits included a section to record actions taken.

The registered manager was responsible for developing care plans and there was a checklist in place to ensure they contained all the required information. The same process was now used for recruitment checks. This helped the registered manager to ensure all documentation was present and up to date.

People told us they thought the service was well-led and spoke highly of the manager. Comments included, "[Registered manager] is a lovely person and they are always around" and "I cannot fault them. If I have any minor issues I ring and they are sorted straight away."

During the inspection, we looked to see how feedback was sought from people who used the service and if the registered manager took action to make improvements when areas of improvement were identified. Satisfaction surveys had been completed in March 2017. We looked at these and found that they were all very positive and contained no negative comments. The registered manager told us, "Although the feedback was positive we identified that the response rate for completing and returning satisfaction survey was poor. In March we sent out 56 surveys and only 16 were returned. We are looking at ways to improve the response rate. We want good and bad feedback so we understand the areas we need to improve."

People told us they were regularly visited by the registered manager. One person told us, "[Registered manager] comes here quite often. They ask how I am and if I am happy with everything." The registered

manager told us they used these visits to check that people were satisfied with the service and that it gave them the opportunity to check all documentation was in order as well as observe staff practice.

We asked staff about the management of the service and if they felt involved and valued as a member of staff. All the staff spoke with praise for the registered manager and their approach. One member of staff told us, "I always feel supported. [Registered manager] is brilliant. The best I have ever had. They listen and take on board what you are saying." Another member of staff told us how they had been supported when they had personal issues. They said "[Registered manager] was fantastic. We sat down together and discussed what I could and couldn't do and they have stuck to their word. Everything was sorted for me and I have had no problems."

Staff meetings had not taken place on a regular basis. The registered manager confirmed these had previously only been planned to take place once a year. However, they told us that three monthly meetings were in place moving forward. They were able to demonstrate this and the first meeting was due to take place in October 2017. A memo had been sent to all staff inviting them to the meeting.

It was clear that the manager had an active role in the day-to-day running of the service, often receiving telephone calls from people who used the service, professionals and staff seeking advice. The registered manager said, "I am very committed to the service we provide. I love going out and seeing people. Staff are always popping in when they have a break between calls for a general chat and catch up. I like to have that 'open door' approach and it seems to work well."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the registered manager.