

Ripon and District Home Care

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Inspection report

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15 January 2019

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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

About the service: The service supports people with personal care needs in their own home. The service supported 26 people when we inspected. Some people were living with dementia and some had a physical disability or sensory impairment.

People's experience of using this service: All the people and relatives we spoke with felt staff provided care in a dignified and respectful way. Positive relationships had been fostered between staff and the people they cared for which meant they understood people's preferences, but also that they enjoyed and valued each other's company.

People told us their feelings of wellbeing benefited from the person centred approach staff had to their work. People were able to describe the little things staff did which meant a lot to them and made them feel valued and cared for. The service was responsive to people's changing needs and people felt involved and listened to. The service paid attention to people's social needs and worked to overcome isolation for people.

The provider had challenged themselves since the last inspection and improved the care plan systems, medicines management and their approach to monitoring quality and safety. They told us they felt more confident and understood better what was happening in the service because of this.

Staff felt supported and felt more confident now they had better systems to support them to fulfil their role. All the staff understood the providers vision to ensure people were treated as individuals and worked to ensure they delivered person centred care for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider involved people, relatives and staff in the management of the service and used feedback to determine how they could continuously improve. Everyone we spoke with felt confident to raise concerns to the provider and understood they would be listened to and acted upon.

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

Rating at last inspection: At the last inspection the service was rated requires improvement (published 19 January 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 well-led

Details are in our Well-Led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults of all ages.

The service had two managers registered with the Care Quality Commission and they are also the owners or provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. We will refer to them as the provider throughout this report.

Notice of inspection: This inspection was announced to ensure the provider was available to support the process.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries; and 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 we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Inspection site visit activity started on 14 January 2019 and ended on 15 January 2019. We visited the office location on 15 January 2019 to see the provider and review records.

During the inspection, we spoke with two people who used the service and two relatives over the telephone to ask about their experience of the care provided. We visited four people in their own homes. We spoke with six members of staff including the registered managers, assistant manager and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

At our inspection in October 2017 the provider had failed to robustly record their assessment of risk relating to the health safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Where people needs changed or incidents occurred the provider had not always implemented or reviewed risk assessments to prevent a reoccurrence. The provider instigated a new process on the day of inspection to ensure this happened in the future.
- The environment and equipment had been assessed for safety.
- People told us they felt safe. One person said, "Staff are a good lot. They keep me safe. They do my shopping and always bring receipts for my money spent."

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

Staffing and recruitment.

- People received care in a timely way. Staff were on time and communicated any changes if they were delayed.
- The provider operated a safe recruitment process.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated and appropriate action taken to prevent future incidents.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Records to evidence actions such as updating risk assessments following an accident were not in place. The provider implemented a new process to ensure robust records were kept following the inspection.

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.

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.

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "I feel safe with staff and they are well trained. They know what they are doing. If anything crops up I get a good answer or they find out for me."
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The provider was developing a system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.

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

- Where care workers needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- People benefited from staffing monitoring their wellbeing and health. One relative told us, "The staff have to report any skin issues to me. They are very thorough with this."

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 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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Records were not always clear where decisions had been made in people's best interests. The provider agreed to ensure records were available in future.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness. People were positive about the staff's caring attitude. Positive relationships had been fostered between staff, people and their relatives. Everyone we spoke with valued their relationship with staff and explained the staff and provider worked together with them. A member of staff told us, "I feel we work as a team. We encourage people not to give in and to do things with us. We strike that balance very well."
- One person told us, "I have lots of friendly banter with staff, which is a good thing. I am able to talk to them and have a laugh. Staff know my sense of humour. I have a good relationship with them all."
- Staff spent time to get to know people's preferences. They used their knowledge of people's life history to develop good relationships.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. One member of staff told us, "One person needs us to negotiate and prompt them to be independent so they remain supported in their own home."
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff explained how they worked in a way to maintain independence, they said, "It is easy for us to do things for people, but it is good to stand back and support them to do things for themselves. As long as we are there at the side to support them."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Progress was regularly monitored. A member of staff told us, "The care plans are a great help to help me know people's capabilities. They are really informative and well laid out, easy to read and understand."
- People were empowered to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. This included supporting people to use technology to communicate with families abroad.
- Staff supported some people with their social needs. They were supported to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice. One person told us, "I am happy with the carers. We take a short walk together and maybe go to the shop. Their presence is a relief from being alone and a very valuable service to me."
- People benefited from a very responsive service. People told us that staff increased calls if they were unwell and that staff will often drop in when off shift to see if they were alright. A relative sent a compliment which read, "Staff were flexible to my family member's needs. They tuned into the level of help they needed. Staff took time to have a chat which was greatly valued."
- The responsive way staff approached their role meant people felt the small unique things they did to care for them and people appreciated this. One person said staff helped to feed the birds in the garden and that this was, "A little thing but it means so much to me." Another person referred us to a poem which they felt said what they wanted, it read 'You came to me as a carer, one day you'll leave as a friend. Your patience is unlimited, it never seems to end. All those little things I used to do without a second thought. You see them all and understand just what old age has brought.'
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. People and relatives felt they would be listened to if they raised concerns. The provider used any complaints to improve the service where possible.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted 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.

At our inspection in October 2017 the provider had not ensured robust systems and arrangement were in place to assess and monitor the service's quality and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008(Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The provider worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- The provider completed a series of checks and understood the quality and safety of the service. Since the last inspection the provider had implemented a series of changes to achieve this. They had also developed their own knowledge of the regulatory requirements. They planned to continue to embed changes and look for further opportunities to continuously develop the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Leaders demonstrated a commitment to provide person-centred, high-quality care which consistently provided good outcomes for people. People and their relatives without exception told us they were happy with the service and that they would recommend it to others. One person said, "The managers kindness and understanding is the best thing about the service. I have already recommended it to others."

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

- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the provider was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. A member of staff told us, "They are definitely good managers. I have never felt so comfortable, they listen to my opinion. They are fantastic and always there for you."

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- The service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.