

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

Ripon and District Homecare

Bland Close, Whitcliffe Lane, Littlethorpe, Ripon,
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Tel: 01765609712

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

Details about this location

Registered Provider	Ripon and District Home Care
Registered Managers	Mrs. Ruth Foster Mrs. Paula Moody
Overview of the service	Ripon and District Homecare provide care and support to people who live in their own homes, in the Ripon area. The service provides mainly domestic and social support, but does provide some personal care to a few people. The agency's office is situated on the edge of Ripon at the end of an unmade road. The owners always meet people in their own homes and speak to people over the telephone. The registered provider is Ripon and District Home Care.
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 19 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, talked with other authorities and used information from local Healthwatch to inform our inspection.

What people told us and what we found

During our inspection we looked at how people were respected and involved in the service. We found that people had been involved in deciding what support would work for them and how that support would be delivered. People we spoke with told us they felt respected and listened to. We spoke with three people who received a service from the agency. We also spoke with seven relatives. Feedback was positive with comments including "We receive a very good service" and "Overall we are very pleased with the service. The girls that come are very good and are very professional."

We saw from people's care plans that people were supported to live as independently as possible. The agency had carried out an assessment of the needs of each person, and kept this under review, to enable appropriate care and support to be given.

The service had in place policies and procedures covering medication. People told us they received their medication at the right time. Staff working for the agency received regular medication training. This made sure that people received their medication as prescribed.

We reviewed the level of staffing for the agency. People we spoke with confirmed that there were enough staff to support them with their care needs.

The agency had systems in place to make sure people were safely cared for. This included policies and procedures and some quality monitoring systems.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People we spoke with said they had been provided with general information about the service such as fees, the care that could be provided, complaints process and contact information. One person told us "I have been provided with information about the agency, they have given me a booklet" another person said "They sent me a leaflet which included their terms." This was important to make sure people had enough information to be confident the agency was right for them.

We looked at the assessments of two people who had recently commenced having a service from the agency. We were told by the provider that people had a full care assessment before they started receiving the service. The assessment and care records we saw during our visit to the agency's office supported this. People we spoke with confirmed that they had received an assessment prior to any service from the agency starting. One person said "They came out to visit us and carried out an assessment and we talked about what we needed."

People or their representative had signed their assessment to show their agreement with the care they were receiving. The care records we looked at included clear information about people's preferences and how they wanted to be supported. People had been involved and their views were included in the care planning process. This was important to show how people were involved in making decisions about their care.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People who received a service from the agency told us that they were happy and satisfied with the care and support provided. One person told us "The girls are very good I cannot fault them" another person said "The care is very good. They (staff) are all very nice. They are people you can trust I would recommend them."

Relatives we spoke with by telephone told us that they were happy with the overall care their relative received. Comments included "Ripon and District Homecare provide a very good service. They look at my mum as a person and not as a package of care" another relative said "They (staff) do not rush my relative when they are assisting them. They are all very good"

We looked at five people's care records and found them to contain detailed information. The plans had all been reviewed, signed and dated. When any changes to the plans were necessary these were reviewed with the person. We found the records to be individualised and detailed people's choices, capabilities and decisions with the focus on the person regaining the best level of independence they could manage.

We saw evidence of ongoing assessments, such as moving and handling and how the staff supported people in maintaining or improving their independence. We saw in care records we looked at that risk assessments had been completed in areas such as medication. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We also looked at the notes in people's care plans that staff recorded and noted the information was factual and relevant. This meant that care plans contained sufficient information to enable new staff to know what care and level of support a person required.

We spoke with three members of staff by telephone. They told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually provided with up to date information about people's needs. This helped to ensure that people received care which was safe and appropriate to their identified needs. One member of staff said "You always get the information you need beforehand and one of the owners will go through it with you. We are always given enough

time to get from one client to the next, as it is important people do not feel that they are being rushed."

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the agency's policies and procedures regarding medication during our visit.

We spoke with people and their relatives about medication and what kind of support or assistance they needed. Only one person who received a service told us that they needed some support with this. They told us "They (staff) always give my medication at the right time, they always then fill in all of the paperwork." Two relatives we spoke with also confirmed this. One said "They (staff) give my father's medication on time and then complete their records" another said "They are on the ball with my relative's medication."

We looked at the medication administration record (MAR) in the five care records we looked at when we visited the agency's office. This showed us that several people needed some assistance and had received their medication as prescribed and that it had been given to them appropriately. Staff who had the responsibility for medication had signed records to say that this had been given. There were no gaps or errors on the MAR sheets. We saw from the agencies training record that staff had regular training in medication.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us "The staff are fantastic. I don't think I would be alive if I did not have them" another person said "All of the staff are very nice, pleasant, efficient and polite." People we spoke with all told us that they felt there was always sufficient staff to support them on a day to day basis. One relative said "I am really happy with how my relative is coming on, as she is becoming more independent. The staff are very good as they have a very good mix" another relative said "The staff from the agency are fantastic. I am really impressed with them as they really look after my relative."

We were given copies of the last two weeks staff rotas. We were informed by the provider that the staffing levels for the agency were flexible as they were based around the level of support people needed. This included supporting people to attend various appointments such as a visit to the doctors. One person we spoke with told us "I was not well and had to go to the A & E department at the local hospital and (name of staff) took me.

When we looked at rotas to check staffing numbers these were consistent with what we had been told. Rotas showed that people received the same staff wherever possible. People we spoke with confirmed that they received the same members of staff from the agency. This meant that people received continuity of care by a regular staff team that they knew.

We were also given a copy of the training record for agency staff. This showed the variety of training, that staff from the agency had undertaken. Staff at the agency had completed training in areas such as first aid, medication, food hygiene and safeguarding. We spoke with three members of staff who confirmed that they had received all the necessary training they needed. This helped to ensure that people were supported by suitably trained staff. We spoke with three members of staff. One said "I am very happy working for the agency. We get great support. The training is very good. The agency is currently looking towards getting some dementia training for us" another said "You get good support from the owners they are always there for you" and another said "We have a very good team of staff. We get good support from the owners."

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

Everyone we spoke with told us they were happy with the service they received. Comments included "Overall, this is a fantastic service. I would recommend Ripon and District Homecare to anyone."

The provider told us that they regularly contacted people via telephone to discuss if people were satisfied with the service they received from the agency. The agency then completed a quality monitoring form with the information they received from people they had contacted. People we spoke with confirmed that they were contacted by the provider and were asked their views about the service. One person said "I am always in regular contact with the agency" another person said "We have been asked by (name of person) if we are happy with everything."

However the provider may wish to note that sending out surveys to people who receive a service and their relatives would give people the opportunity to share their views anonymously if they should wish to do so. The agency should also seek the views of other interested parties such as local authorities and other health care professionals that they work with. They should also consider surveying staff for their views. This would ensure that the agency had an overall view about service provision from a wider source.

We looked at a range of records which showed the service was being appropriately monitored. We saw that systems were in place to make sure staff were meeting people's needs safely. People we spoke with and staff we interviewed told us they felt confident in taking any concerns to the manager.

Both managers we spoke with informed us that regular spot checks were being carried out by them. This is when one of the managers visits a person in their own home to check that they are satisfied with the overall service and that staff from the agency are carrying out their work appropriately. However, the agency was unable to evidence these checks being completed as they were not being recorded. The provider may wish to ensure that these checks as part of their quality monitoring are recorded. This would ensure that staff were supported at all times and people were receiving a good quality service from the agency.

We looked at the agency's complaints procedure. The provider had not received any since the last inspection. We saw that a number of letters and cards of commendations from people who were receiving or had received a service from the agency. We saw comments such as "Thank you so much for everything I could not cope without you all. (Name of staff) you go beyond the call of duty" and "Thank you for the excellent care you are all giving, it has enabled us to have a life of our own" and "Thank you again for all your kindness and support – way beyond a simple business matter. You all really care."

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.

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