

Review of compliance

Mrs Jayne Lightfoot Ryedale Home Care	
Region:	Yorkshire & Humberside
Location address:	5A Welham Road Norton Malton North Yorkshire YO17 9DP
Type of service:	Domiciliary care service
Date of Publication:	September 2012
Overview of the service:	Ryedale home care provides personal care and support to people in their own homes in Malton, Norton and the surrounding villages.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Ryedale Home Care was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 August 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with two people who used the service and two carers of people who used the service. People told us they were consulted about their care and that their preferences were listened to and acted upon. They told us they received the care they needed and that the staff took time to explain what they were there to help with. They told us staff did not rush. One person told us, 'I think they are very good and can't think of anything they could do better.' Another person told us, 'They usually arrive on time and they stay longer if there's an emergency.'

What we found about the standards we reviewed and how well Ryedale Home Care was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

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

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with two people who received support from the service and asked how they were consulted about their care. They told us they were involved in making decisions about the support they received and that they were included in reviews. We spoke with a carer who told us that staff discussed care with her, listened to her views and acted on her wishes. People told us that staff worked flexibly with them so that if they needed extra support, this could be arranged. All the people we spoke with told us they were treated with respect. One person told us, 'They are always polite and ask if there's anything else I need before they go.'

Other evidence

People who use the service understood the care and treatment choices available to them; they expressed their views and were supported in promoting their independence and community involvement.

We looked at the assessments and care plans for four people who used the service. The plans were signed by the person or a representative to show agreement. Plans were written from the perspective of the person who needed the care and were expressed in the first person. The manager told us that she carried out an assessment with the person present and asked them their preferences about how care should be

delivered. Plans addressed individual support needs and were reviewed regularly with the person's involvement. This ensured people received the care that was important to them.

Staff told us their training had covered how to treat people with respect and involve them in decisions about their care. We also saw a policy about how to treat people with respect and regard for dignity.

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.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with two people who used the service, and two carers of people who used the service. People told us that staff understood their care needs and that they had taken time to get to know their choices and preferences. They told us they had agreed to their care plans.

One person told us, 'One day I needed to call the staff in at short notice because my husband was discharged from hospital in bad weather. They were able to come immediately and put in all the support I needed. It was very reassuring.' Another person told us 'The staff always know what help is needed. When we need to alter the care package the staff are flexible and understand that our needs change.'

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at four care plans with associated documentation. Needs assessments and care plans had been completed with the person. There was information about the person, their likes and dislikes, their personality and what was important to them including interests and significant relationships. We saw evidence that the plans were regularly reviewed to make sure the care was right for current needs.

Specialists had been consulted where necessary to ensure people had the benefit of expert advice and knowledge. For example, there was evidence of a physiotherapy

report for one person and evidence of training to use a hoist. Discussions with health care professionals were documented in the daily notes. Consultation with family and other involved people was also documented. This showed that the service considered the support networks around each person.

We spoke with a social care professional. This person told us that the service was flexible and responsive in their care provision. She told us that communication with her had been good and that when concerns had been raised, these had been dealt with appropriately and swiftly to ensure the person who needed care was protected. She told us that she had been invited to staff meetings to ensure staff had the correct information to offer good care.

Risk assessments were included where needed and were specific to each individual to minimise the risk of harm. For example, we saw a risk assessment for wheelchair use with clear strategies in place to keep the person safe. We saw another risk assessment around nutrition and drinking. These were updated in line with the care plans.

Staff told us they were encouraged to talk with people on a day to day basis to find out what they needed. They said they had permission to vary the tasks according to health or particular requests. This ensured that care was delivered in a flexible and responsive way.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with two people who used the service and two carers of people used the service. They said they felt safe with staff and that their welfare was protected.

Other evidence

The manager told us that all staff had received safeguarding training during their induction and that further safeguarding training was provided in-house. We saw the records for four members of staff and these showed that staff had completed a comprehensive induction. Staff then completed core training which covered abuse awareness and safeguarding. Some senior members of staff had received training in mental capacity and deprivation of liberty. Care staff could describe what was important to consider when assessing people's mental capacity and told us that they understood people's capacity could vary. We saw written evidence of a safeguarding policy.

We spoke with three members of staff and they could explain what they should do to protect people if they suspected abuse.

We saw evidence that the manager had cooperated in local authority safeguarding investigations. This showed that the manager carried out her responsibilities in relation to safeguarding and ensured people were protected from harm. The provider may wish to note that she had not been aware of her responsibility under the Health and Social Care Act 2008 to send notifications to CQC. The provider is now aware of this responsibility.

Risk assessments were in place for individuals and the environment to ensure people's safety was protected.

The service had a policy for the safe handling of people's money. The manager told us that all money which staff handled was recorded. Staff said they knew how to record any spending to ensure people's money was handled safely and that proper records were kept.

We saw evidence of Criminal Records Bureau checks for staff. This ensured that the service did not employ any member of staff who was known to be unsuitable to work with vulnerable people.

Our judgement

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

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with two people who used the service and two carers of people who used the service. One person told us that the staff were competent and confident of their ability to offer good care. One person told us 'They all know what to do so that I don't have to keep telling them. They are all trained in using the hoist.'

Other evidence

Staff received appropriate professional development.

We looked at the training records for four members of staff. After recruitment, staff attended an induction which covered all required areas and the core care subjects. This meant staff had the training they needed to offer good care. Staff received further support after induction. This involved shadowing other experienced members of staff. Senior staff also observed staff work until they were sufficiently confident and skilled to work alone. Throughout this process there were opportunities for staff to speak on a one to one basis with the manager and to express any concerns or areas for development. We saw written evidence that staff had completed core training to meet people's needs.

The manager told us that she kept a training matrix which alerted her to required training updates.

We spoke with three members of staff. They told us they had received up to date training in core areas and had received training in how to care for people with specific medical conditions according to what was required.

Staff told us that they had received supervision and that they could also approach the manager with any concerns on a daily basis. They told us the manager was positive in her approach and that they had confidence in her ability to support them to ensure people using the service were assisted appropriately.

We saw evidence of supervision notes. These showed that staff were supported to offer good care. Staff told us they had the regular opportunity to discuss their professional development, their skills and the training required to offer suitable care.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that the manager and staff often asked them their opinion of the service both informally and formally through written surveys. People said that the manager was good at listening to any concerns or complaints and that she did her best to put things right.

Other evidence

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager told us that she sent out regular surveys to canvas the opinion of people who received the service. We saw surveys and picked out ten to examine in detail. The manager told us she contacted any person who raised a concern to ensure it was put right. She gave an example of a concern which had been raised, and the action which had been taken. We noted that this had been recorded.

The manager told us that the results of surveys were fed back at staff meetings. The manager also told us that staff meetings were used to discuss best practice, training, staffing issues and any concerns or complaints raised by people who used the service.

The manager told us that she carried out audits which included care planning, medication, risk assessments and daily notes. Any concerns were communicated to staff in their meetings and an action plan for improvement was drawn up.

We saw written evidence that the quality of service was also monitored through assessing the risks associated with the delivery of care such as, the environment, the use of moving and handling equipment and medication.

The provider had a system in place for recording adverse incidents and near misses with actions in place to ensure these did not happen again. We saw records of calls which were unavoidably late or which had been re arranged, with details of contact made to the people concerned. No calls had been missed in the last year.

We saw written evidence that professionals had been consulted to ensure that people received a service to meet their needs. Such advice was recorded in the four care plans we looked at and in daily notes. We saw evidence of consultation with general practitioners, district nurses, mental health practitioners and a physiotherapist.

Our judgement

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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