

Rysvil Care Services Limited

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Inspection report

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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: Rysvil Care Services Limited is a domiciliary care agency providing personal care people in their own home. The service was providing personal care to 43 people at the time of the inspection.

People's experience of using this service:

People told us they felt safe and thought that staff were kind and caring.

The registered manager had systems and processes in place ensuring risks were well managed and care was personalised and reviewed.

Staffing levels, skills and experience were suitable to meet the needs of people.

The provider implemented safe systems for the management of medicines which included staff training and assessments of staff competency.

Staff had a good understanding of preventing the spread of infection by using the protective equipment and good hand hygiene.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way.

People told us they felt involved and listened to. They also said staff respected their wishes and preferences.

Staff supported people with meals and drinks and supported to access specialised healthcare when needed.

Overall care visits were prompt. However, some people told us staff were sometimes late with care visits which was a concern for them. People told us they were talking to the registered manager about this.

The registered manager used systems such as training, policies and care plans to ensure that staff had the skills and knowledge to support people who needed end of life care in the future.

The registered manager and the staff team were clear about their roles and the impact of good care.

The registered manager showed ways that they are working with other agencies and providers to share ideas and improve services.

The service met the characteristics of good all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last inspection report was published on 07/04/2016. The service was rated as Good in all five key areas of safe, effective, caring, responsive and well-led. The service received an overall rating of good at the last inspection.

Why we inspected: This was a planned comprehensive inspection based on the date the last inspection report was published.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Rysvil Care Services Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 between 07 February 2019 and 07 March 2019. We visited the site on the first day and spoke to people over the course of the following weeks.

Service and service type:

Rysvil Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats, older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We initially gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was rearranged due to the availability of the registered manager. Therefore, the service had one weeks' notice of the inspection.

What we did:

Before the inspection we reviewed information we received from the provider on the provider information return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This is called a PIR and the information helps support our inspections.

We also reviewed all information received from external sources such as the local authority.

During the inspection we:

- Spoke with the registered manager.
- Spoke with three staff members.
- Gathered information from four care files which included all aspects of care and risk.
- Looked at four staff files including all aspects of recruitment, supervisions, and training records.
- Health and safety records.
- Records of accidents, incidents and complaints.
- Audits and surveys.
- Complaints and compliments.

Following the inspection, we:

- Reviewed further evidence sent to us by the provider.
- Spoke to five people receiving care from the service.
- Spoke to two staff members.

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.

Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe, people told us, "Yes, I do [feel safe], staff talk to me. They [staff], explain what they are doing as they work with me."
- Staff were aware of how to keep people safe. One staff member said, "It is about keeping the individual safe from harm and abuse. It is about looking out for any physical changes or if someone is not themselves one day. I would definitely contact my manager to let them know what's going on."
- The staff received training on safeguarding adults.

Assessing risk, safety monitoring and management

- The registered manager wrote, reviewed and updated people's risk management plans. These plans were very detailed and covered all aspects of how to support people's physical, medical, environmental and personal needs. People's preferences were also recorded.
- The registered manager directly communicated changes in people's care needs to staff to ensure staff understanding.

Staffing and recruitment

- The registered manager had recruitment policies and processes in place that were followed, to ensure that staff were suitable for the role.
- The staffing levels were based on people's assessed needs and were safe.
- When asked about staffing levels, one staff member told us, "I would say yes we have enough staff to meet the needs of the clients ... at the moment we have enough staff."
- Staff had the right skills and experience for the role.

Using medicines safely

- People mostly managed their own medicines or their family supported them. For example, one person told us, "They [staff] help me by making sure I take my medicines but I can order them myself."
- The provider had detailed systems in place for monitoring and auditing safe management of medicines.
- The registered manager trained and assessed staff in medicine administration and theory and practice to ensure competence.
- People's care plans had information about the medicines used to better inform staff.

Preventing and controlling infection

- Staff told us, "We make sure we have the proper uniform on, gloves, aprons and equipment like that. Everything is about hygiene."
- Systems were in place to minimise the spread of infection.
- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager had a good understanding of processes for learning from when things go wrong and shared this information with the staff.
- The registered manager also researched the latest concerns and developments in the wider care environment and used these to shape the quality of care provided.
- The registered manager told us, "We talk about lessons learnt in person...we mention it in team meetings as a general conversation and we explain the reasons why it has happened."

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

- Most people were very satisfied with their care. People told us, "The staff do review my care needs regularly. They respect my decisions about the care. They give me advice as well."
- However, two people we spoke to told us that their care visits can sometimes be late which can affect meal times. They told us they are speaking to the registered manager about improving this.
- The registered manager had very thorough systems in place for conducting initial assessments of people's needs.
- People's assessments covered all aspects of their choice, preference, beliefs, health and wellbeing.
- The provider wrote people's care plans and risk assessments in line with their assessed needs.

Staff support: induction, training, skills and experience

- Staff told us, "I had an induction, it was what I did over the first few weeks. I went out for 3 or 4 weeks shadowing and reading care plan risk assessments. The other staff explained to me properly this is how you do things. I got to know people well and their families before I started my job with any client. I read their care plan as that tells you what their needs are."
- The provider used a robust induction program for inexperienced staff which included shadowing a more experienced staff member and competency checks of skills.
- The registered manager gave staff training in all areas needed their role. This included regular supervision and annual appraisals.
- The registered manager checked to make sure that staff had the right level of skills and experience for their role.

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

- People told us, "At lunch time as they come for meals and make me a sandwich and tea. At night they help cook my dinner and make sure I am fine. Most of the choice I make myself...I dictate what to eat and they make it."
- People's dietary preferences were clearly explained in their care plans to better enable staff to meet people's needs.

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

- One person told us, "Staff support me to access to doctors. They take me there and will change their day so that they can take me. I am happy. I receive good, proper care."
- We looked at agreed care visit times against records of care visits in daily notes and these matched. This confirmed the provider was delivering care at the agreed times ensuring a consistent approach to meeting

people's preferences.

- The registered manager acted as a liaison with health professionals to ensure that the correct assessments for requirement took place.

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.
- We checked whether the service was working within the principles of the MCA and they were meeting the requirements.
- People confirmed that staff asked for their consent before providing care. Signed documentation within people's care files supported this.
- Staff respected people's decisions.
- Staff supported people to have greatest choice and control of their lives. Staff worked in the least restrictive way possible; the policies and systems in the service supported this practice.

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

- People told us staff were very patient and kind.
- One person said, "Staff never rush me. They are lovely, all really nice,"
- Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice.
- People said staff encouraged them to be as independent as possible.
- We saw many positive hand-written compliments from people and relatives. For example, one relative wrote, 'A huge thank you for all the lovely care you gave to my relative. I could not have asked for a more caring team to look after my loved one. You are all truly wonderful people.'

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

- People confirmed they were involved at all stages of care planning and made their own decisions about their care.
- For example one person said, "They [management] do ask for my feedback regularly and come around to my house and fill in a form about my views [about my care]."
- Documents looked at showed evidence of people's involvement in initial assessments and ad-hoc reviews as well as formal reviews.
- Records of contact showed the registered manager and care staff had regular conversations about the care and any changes or extra one-off services needed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff uphold their privacy and dignity.
- One person explained how they like to be independent but staff encourage them while staying safe as they can fall if they do too much.
- Staff received training on confidentiality and information governance.
- The registered manager securely stored all paper and electronic records.

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

- People told us that staff were supporting to them to meet their individual needs in relation to health, cultural and social needs.
- When asked about personalised care, one staff member explained, "It is to treat somebody well making sure they are at the centre of their care. It is about meeting the client's needs and cultural needs based on what they want now not just your views. We do this by going in and asking them 'how do you like your tea or your breakfast?' and if they have a special preference like leaving our shoes at the door. We document those things in people's care plans so that staff know."
- Care plans and care records showed people's preferences and wishes were at the core of the planning process.
- The registered manager used information about people's history to enable staff to have a better understanding of people, their interests and preferences.
- Care records updated daily by staff documented relevant information. We suggested that more personalised information such as, people's emotions, interactions and outcomes would further develop these records.

Improving care quality in response to complaints or concerns

- People told us, "If I had a complaint I just phone up and they respond. I have only had to do this once but they were very good and resolved it quite quickly."
- The registered manager could show an open and honest approach to managing complaints should when occurred.
- Staff told us, "I can ring the registered manager anytime with a concern including weekends and they will solve it. The registered manager is very fair."

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, one person could tell us how the staff member had supported them to prepare for when they might need to use a hospice. This included explaining the paperwork and visiting hospices to understand how they supported people with end of life care. This had helped the person not be as worried.
- The service had good systems in place to support people on end of life care such as training, policies and care plans.

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.

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

- The registered manager told us, "We comply with the care plan and the care people receive, which is the core of the business. Care visits are timely. We work collaboratively with the client, health professionals and family. We then do annual reviews and update care plans and risk assessments. We listen to people and visit clients. We have a very good relationship with all staff and clients."
- Staff told us, "I think the staff here go the extra mile to really understand the person not just their diagnosis but to approach a person as a human being. We show respect and uphold dignity and getting their views as well and treating someone holistically."
- People told us, "They visit us from the agency. I am very happy with [staff name] they are like family here; [staff name] has worked here for years. I feel safe. I trust them with my life."
- The management team and care staff were all very passionate about ensuring they gave quality, person-centred care.
- The registered manager and staff team had a good understanding of their responsibilities.
- The registered manager showed an open and honest approach to care provision.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were all able to define their roles and how to put these into practice.
- The registered manager and staff team all understood the impact of good care on the people they were supporting.
- The registered manager showed a good understanding of legislation. This included the requirements of the Health and Social Care Act and their responsibilities within their management role.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- One person told us, "Oh yes they come round regularly...I get quite regular visits, from the agency.."
- There was clear and regular telephone and face to face engagement with people and staff to feedback on the service provided.
- Staff told us, "I have worked in different sectors but what I really like about Rysvil Care Services is that the registered manager is very supportive and opened minded. They are willing to listen and not just throwing in their own opinions especially when we have staff meetings. I find it outstanding as it gives me the chance to speak and develop and you don't get that in other places."

- People and staff gave positive feedback about the registered manager and care staff.
- Information was in formats suited to the individuals' communication needs.

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.
- The registered manager told us, "Sometimes we talk about things on television that staff have seen such as if a care home has been closed staff will mention it to me and we will talk about. We mention it in team meetings and as a general conversation and we have to explain the reasons why it has happened."

Working in partnership with others

- The registered manager told us, "I am a member of Hertfordshire Care Providers Association and I attend a lot of their conferences and workshops. They also provide training and networking opportunities and you meet with other providers and talk I attend the same meetings in Central Bedfordshire as well. The disability centre offer workshops and training. I also attend training and conferences, for example I went to one in Birmingham recently."
- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people.
- The registered manager attended local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care they provide.