

Warrington Community Living Ryfields Village

Inspection report

Arena Gardens
Orford
Warrington
Cheshire
WA2 7GB

Tel: 01925582000
Website: www.extracare.org.uk

Date of inspection visit:
22 January 2020
24 January 2020

Date of publication:
04 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ryfields Village is a domiciliary care agency. It is registered to provide personal care to people living in their own homes. At the time of the inspection, the service supported 50 people.

People's experience of using this service

Throughout the inspection, the management team were open and transparent. It was obvious they were passionate about the service and committed to making any necessary improvements. However, there were elements of service management that required improvement.

Medication management was unsafe and placed people at risk of harm. People did not always receive their medicines as prescribed. Record keeping in some areas such as medication administration required improvement and CQC and the local authority had not always been notified about incidents of a safeguarding nature.

The majority of people's needs and risks were properly assessed with guidance for staff to follow in the provision of their care. Some information needed updating or greater detail. People's care plans were person centred. Their wishes and preferences with regards to their care were clearly documented and respected by staff.

People's feedback on the service was positive. Everyone spoke highly of the staff team including the manager. On the whole people said they received support from the same staff most of the time. This enabled people to get to know and build positive relationships with the staff supporting them. People's daily records showed that they received the support they needed in accordance with their care plan.

People told us that staff were kind, caring and patient. They told us their privacy and dignity were always respected and their independence promoted as much as possible. From the records we viewed and the feedback we received it was obvious that people's care was planned and well organised.

Staff were recruited safely and received regular supervision and training. Staff told us they felt supported and that the management team were approachable and open. Staff spoken with knew people well and knew how to protect them from the risk of abuse.

People told us they knew how to make a complaint but no-one had any complaints about the support they received. Everyone was more than happy with the service they received.

Rating at last inspection

The last rating for this service was good (published 11 August 2016). There was also an inspection on 27 November 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This was a planned re-inspection because of the issue highlighted above.

Follow up

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

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ryfields Village

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

This inspection was undertaken by one inspector.

Service and service type

Ryfields Village is a domiciliary care service providing support and personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation on a shared site or in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support at the service.

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 gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the office would be open and that the manager or another senior person would be in the office to support the inspection.

Inspection activity started on 22 January 2020 and ended on 24 January 2020. We visited the office location on both days of inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and contacted the local authority to gain their feedback. We also considered the findings of the service's visit from

Healthwatch in March 2018. We used all this information to plan our inspection. The provider was not required by CQC to submit a Provider Information Return prior to this inspection.

During the inspection

We spoke with seven people who used the service. We also spoke with the manager, the deputy manager, an interim manager, a team leader and a care assistant.

We reviewed a range of records. This included three people's care records and a sample of medication records. Four staff files, staff training and supervision records and relating to the management of the service.

Is the service safe?

Our findings

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

At the inspection on the 11 August 2016, this key question was rated as requires improvement.

Using medicines safely

- The management of medicine was not always safe. The competency of staff to administer medicines had been assessed but there were elements of staff practice that needed improvement.
- There were times when some people did not have any medication for staff to administer as they had run out. It was not clear who was responsible for ordering this medication. For instance, staff or the person's family. The arrangements in place to organise this, were not robust.
- There was no effective system in place to ensure that medicines which needed to be taken with or just after food, were administered in this way. This placed people at risk of unwanted side effects.
- There was a lack of guidance in place to advise staff when and how to safely administer some of the 'as and when' required medications people were prescribed.
- Records in relation to the administration of medication were not always adequately maintained. This made it difficult to account for some medicines and to tell if they were given correctly.
- Since the last inspection, a pattern of persistent medication errors had been made.

Unsafe management of medicines places people at risk from serious harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were a small number of complaints raised by people using the service that were of a safeguarding nature. The manager had ensured these issues were investigated internally to protect people from potential harm. However, they had treated them solely as a complaint and had not referred them to local authority or CQC in accordance with safeguarding procedures.
- The interim manager and the team leader told us that each morning people received a telephone call to check on their welfare and to ensure they were okay; this helped people feel safe and cared for.
- Staff received safeguarding training and knew how to identify and respond to signs of potential abuse.
- Accident and incidents were documented appropriately. The number of accident and incidents occurring was minimal.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Most of the risks in relation to people's care were assessed and managed. One person lived with a medication condition that was not properly documented or monitored. This was acted upon during the inspection.
- Most of the time staff had clear information on what people's support needs were and what they needed help with.
- Staff had training in infection control to ensure that they knew what precautions to take to prevent the

spread of infection.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs but some people felt there was a high staff turnover. One person said "That's the only problem I have, a high turnover of staff. You just get used to them and they go". Another person told us "You do see a few new faces quite a lot. Sometimes you have a longer 'run' with the same ones but some start and don't stay long".
- Staff were recruited safely. This helped ensure they were suitable to work with vulnerable people prior to appointment.

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

At the inspection on the 11 August 2016, this key question was rated as requires improvement.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Records showed that staff helped prepare some people's meals as part of their support package.
- Staff recorded what meals they had prepared for the person and what snacks and drinks they had left with them to promote their intake.
- People's needs and choices were described in their care plans for staff to be aware of.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As domiciliary care services provide support in people's own homes, they have to apply for a DoLS through the Court of Protection with the support of the person's local authority team. This type of DoLS is called a judicial DoLS.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been made.

- No-one using the service was subject to a judicial DoLS at the time of our inspection.
- None of the people whose care we looked at during the inspection lacked capacity to make specific decisions in respect of their care.
- Staff had information on people's ability to communicate and make decisions about their care. This included what aids they needed to be able to communicate their wishes effectively. For example, hearing or pictorial aids.

Staff support: induction, training, skills and experience

- The majority of people we spoke with felt staff had the skills and experience to support them.
- Staff received appropriate training support and supervision. Staff we spoke with said they felt well trained and supported in their job role.

Adapting service, design, decoration to meet people's needs

- This service was designed to be delivered in people's own homes.
- People we spoke with told us that the service and its staff were flexible and accommodated any changes that needed to be made to visits. Their comments included "If for any reason I need a bit more help, they give it. The carers are very flexible" and "Yes [my support is managed well – they seem organised. The early start, 6.30am suits me because I'm slow to come round".

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.

At the inspection on the 11 August 2016, this key question was rated as good.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- Everyone we spoke with had nothing but praise for the kindness of staff and told us they were treated with dignity and respect at all times. People's comments included "The girls are all very, very kind. We have a little chat, we're all friendly, like family. We get on very well with each other"; "Absolutely [I am treated with respect], I mean that from the heart. They are a wonderful set of girls and I enjoy them coming in".
- People told us they were treated with dignity and respect. One person said, "I've had no problems [regarding dignity/respect issues]; nothing at all. I've got a lovely set of both younger and older carers, and they're all very polite".
- Everyone told us staff provided the help they needed. One person said "The carers help me with washing or a shower and help me get dressed; I can manage some of it and they let me do that. They get my breakfast and come and check if I want help with getting lunch or tea".

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

- People told us they were involved in discussing and planning their own care. This was good practice. Their feedback included "We were all involved [in my care plan]. My relatives and myself. It has carried on like that since" and "I was there with my family and I was able to have my say in all the decisions [about my care]".
- The provider had recently asked people's views on the quality of the support they received. Overall people's feedback was positive. We saw that the provider had listened to people's feedback to improve the service.
- The provider's held 'open door' drop in sessions for people to chat to managers from the service; give their feedback and discuss any concerns. This provided people with regular opportunities to express their views on the care they received.

Is the service responsive?

Our findings

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

At the inspection on the 11 August 2016, this key question was rated as requires improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's day to day support was planned in accordance with their needs and wishes. People told us that they were involved in planning their own care and had a choice in the support they received.
- Staff had information on what was important to the person in their day to day life; their preferred daily routines and their likes and dislikes. Staff were knowledgeable about people's needs and the person they were caring for.
- Records showed and people confirmed, that their visits took place on time and for the duration that was required to provide them with the support they needed. Their comments included "The carers are never late, or early by more than a few minutes"; "The carers are always more or less on time. I think there were a couple of times when the office has rung me to say they are on their way, because they've been held up, but I could count those on one hand and "If there's an incident or delay, they let me know: the office or team leader rings me.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the Accessible Information Standard.
- People's communication needs were identified and explained in their care plans. Pictorial aids were in place for those people who found verbal communication difficult.
- Information about the service for example, the provider's complaints policy, was available in an 'easy to read' format. Easy to read information uses simple, jargon free language, shorter sentences and pictures to help people who may find small print or complicated information difficult to understand.

Improving care quality in response to complaints or concerns

- People told us they were happy with the support provided and had no complaints. They us they knew who to talk to if they had concerns and that they felt confident doing so.
- Records showed that any complaints received were investigated and responded to by the manager.

End of life care and support

- The service worked in partnership with other health and social care professionals to support people at the end of their lives.
- No-one using the service was in receipt of end of life care and support at the time of the inspection.

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

At the inspection on the 11 August 2016, this key question was rated as requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care;

- The systems in place to ensure the management of medication was safe, were not robust. The provider had identified that improvements needed to be made but the action taken was ineffective. This placed people at ongoing risk of avoidable harm.
- Some people's care plans required updating or greater detail and some record keeping required improvement. For example, medication charts and some people's food and drink records.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard. People's feedback on the care they received was used to improve the service.
- The manager monitored accident and incidents; safeguarding and complaints used this information to improve people's experience of care.
- The culture of the service was positive and it was obvious that the staff team worked productively together to ensure people's support was provided as agreed.

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

- There were clear roles and lines of responsibility between the manager and other members of the management team. Staff morale was good and staff felt the management team were supportive and approachable.
- The manager and the management team had sufficient oversight of the service and were open and transparent. They were aware of the issues with medication and it was obvious they were committed to and passionate about providing people with good care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had not always ensured that notifiable incidents of a safeguarding nature were reported to CQC. From discussions with the manager it was clear this was a genuine misunderstanding. Registered providers must notify CQC of certain changes, events or incidents that affect their service and the people who use it.
- The manager had ensured the latest CQC rating of the service was displayed and the provider's website also displayed this information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were involved in their own care and said the management team were approachable.
- People's support was co-ordinated with local GPs, district nurses and people's families.
- The provider held regular drop in sessions for people to express their views about the service and regular events for people using the service to participate in, to prevent social isolation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication management was unsafe and placed people at risk of avoidable harm.