

Riccall Carers Ltd

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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

The inspection took place on 1 September 2016 and was announced. We carried out telephone interviews with people who used the service, relatives and members of staff between 12 and 16 September 2016.

At the last inspection that took place on 19 August 2013 the provider was meeting all the regulations that were assessed.

Riccall Carers Limited is registered to provide personal care to people living in their own homes. At the time of the inspection there were 443 people receiving support from the service. Personal care was provided to people living in York and surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe and were well cared for. Staff knew about local safeguarding protocols and had followed these appropriately, to keep people safe. Incidents and allegations were notified to the local safeguarding team and CQC.

We were told staff provided care safely and we found the provider followed robust recruitment checks, to employ suitable people.

There were sufficient staff employed to ensure the reliability of the service. Staff consistency and punctuality were kept under constant review by means of an electronic monitoring system and through a daily business meeting. The provider ensured there were enough staff before new placements were agreed.

Staff managed medicines safely. New medicine recording charts were in the process of being introduced and a new member of staff was due to start work with a dedicated role to undertake medicines audits.

Staff had completed relevant training. We found that they received regular supervision, to fulfil their roles effectively and to provide people with high quality care. Training was provided by an in-house training department, which was a feature of the service and meant that staff received highly relevant training.

Staff obtained people's consent before providing care. This meant that people were encouraged to be in control of their support.

People's health needs including nutritional care needs were identified and staff worked with other professionals to ensure these needs were met.

People who used the service and their relatives spoke of staff's kindness and said they were caring. Staff said they treated people with privacy and dignity.

Assessments of people's care needs were undertaken before services were started. Care plans were person-centred and comprehensive. Senior managers and staff were knowledgeable about the people they supported. People who received care and their relatives were positive about the quality of care provided.

Events requiring notification had been reported to CQC.

Effective management systems were in place to promote people's safety and wellbeing and to drive forward continuous improvement. We found that action had been taken, or was planned where the need for improvement was identified.

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.

People told us they felt safe and secure with the service they received. Staff were recruited safely and deployed flexibly.

Staff were confident in local safeguarding protocols and followed these to protect people.

There were systems in place to manage risks effectively.

People's medicines were safely managed and staff were trained; further improvements were taking place.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were suitably trained and supported.

Staff ensured they obtained people's consent to care.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and were supported to access relevant services such as a GP or other professionals as needed.

Is the service caring?

Good ●

The service was caring.

People made consistently positive comments about the caring attitude of staff.

People were treated with dignity and respect and they were supported to be as independent as possible.

Staff were aware of people's individual needs, life history and care preferences. This helped staff provide personalised care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and reflected people's current needs and preferences.

Processes were in place to manage and respond to complaints and concerns. People knew how to make a complaint should they need to and they expressed confidence in the process.

There were opportunities for people to feed back their views about the service.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post. There were clear values underpinning the service which clearly focussed on providing quality, person centred care.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service and make improvements which included feedback from people who used the service, their relatives and staff.

Riccall Carers Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 September 2016. The inspection was carried out by three adult social care inspectors and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we wanted to be sure that the registered manager would be available.

Before the inspection the provider completed a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Before the inspection we contacted local commissioners of the service and Healthwatch to gain their views. Healthwatch ensures the voices of people who use services are listened to and responded to and provides an insight into people's experiences of health and social care issues across the country. We sent questionnaires to 39 people who used the service and 39 relatives. We planned the inspection using this information.

Two adult social care inspectors visited the agency office on 1 September 2016. We spoke with three Directors from the organisation, the registered manager and managers with responsibility for training, care and support, and quality assurance. We spoke with three staff who were on induction training at the time. We reviewed records relating to the management of the service such as staff recruitment and training for six staff; policies and procedures developed and implemented by the provider; quality assurance systems; survey responses and audits. We reviewed care records, including support planning documentation and medication records for six people.

Following our visit to the agency office on 1 September 2016 one adult social care inspector spoke with people who used the service, their relatives and staff by telephone to ask for their views about the service.

We contacted eight relatives, 11 people who used the service and 20 members of staff.

Is the service safe?

Our findings

People using the service and their relatives told us they felt the service provided was safe and they had confidence in the staff. People said their care workers stayed for the agreed length of time and did not rush them. One person told us, "[Staff were] always on time and they [the staff] do exactly what I want them to do." Another person said, "I get consistency of carers." People's relatives expressed confidence in the care workers enabling people to remain at home safely. One relative commented, "I am happy with the service. They usually arrive on time and always complete their jobs before going." Another relative commented, "They know what they are doing and appear to have been trained to give the right support to keep [Name] safe."

The care workers we spoke with were able to explain how they would protect people from harm and respond to any concerns they might have. Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained in abuse awareness. This was confirmed by the training records we looked at. All staff expressed confidence that concerns would be dealt with promptly and effectively by their managers. Staff were able to describe who they would report their concerns to. One staff member told us, "I would report any concerns straightaway to keep my clients safe." Another staff member said, "Any worries about abuse I would report to the office straightaway."

Clear procedures and guidance were available for staff including equality and diversity, medicines and control of infection. The provider told us in their PIR that these were covered in depth during their in house induction programme. Staff confirmed this was the case.

The organisation's procedures on safeguarding included an explanation of the steps staff would need to follow should an allegation be made or concern witnessed. We were told that the website was to be updated to include details of local authority procedures to make sure staff were aware of local protocols. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding team. We reviewed the records we held about the service and saw the alerts we had received since the last inspection had been reported promptly to the local safeguarding adults team and had been handled in a way to keep people safe. Reportable incidents were notified to CQC and the relevant local safeguarding team.

We saw that arrangements were in place for identifying and managing risks. Occupational therapists employed by the provider carried out initial assessments and ongoing reviews to ensure the service was safe. Staff had recorded in care plans any risks to people's safety and wellbeing. This included areas such as the environment, fire hazards, mobilising, nutrition, and the use of equipment, skin integrity, financial issues and medicines. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Staff explained how they helped support individuals in a safe manner, for example when helping people with physical transfers. Staff confirmed they received suitable training and the provider had a range of lifting equipment available for training and familiarisation purposes. A staff member told us, "I work with a 'standing' hoist and slings and have had training to do this properly and

safely." Similarly, one person who used the service told us, "I always feel safe when they use my hoist. I have two carers to use it and they know what they are doing and use it the right way."

Staff explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed. One staff told us, "Our phones are linked to the computer system securely, so we can see updates on people's changing needs so we keep up to date." Staff were clear about how they would deal with foreseeable emergencies, such as people failing to answer the door and accidents. There was an 'on-call' system and we were told the office was staffed between 7am and 11pm to provide appropriate support and advice to staff with such issues outside of normal office hours. The phone system also meant that staff logged in and out of calls, so that the office staff knew where they were at all times.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS)] check. A DBS check provides information to employers about an employee's criminal record and alerts employers to any issues, which might prevent them from working with vulnerable adults and children. This helped support safer recruitment decisions.

People using the service and their relatives said the service was reliable. Staff indicated there were sufficient personnel available to meet people's needs, for example when providing care when two staff were required. A staff member said, "There are enough staff, I never feel pressured to do extra shifts." Another staff said, "I have enough time to travel to [people's] homes and complete all care and support before leaving." Staff told us that they worked together well as a team and covered for each other wherever possible in case of sickness and absence. We were told that absence was closely monitored to include return to work interviews and welfare meetings to encourage reliability and staff consistency. This also helped to reduce the stress on staff having to cover additional shifts in case of staff absence. One staff told us, "There is good communication between the team; we are supportive of each other." Another staff said, "Occasionally more time would be good, but that depends on the situation, if something has happened we might need to spend more time on a call, but we keep the office informed." We saw this happened in practice when we visited.

Staff told us that call times were kept under review and managers would look to increase call times where needed. The provider told us in their PIR that each person was reviewed after receiving six weeks of care to ensure the provision was meeting their need. Care workers had a dedicated telephone line to contact the review team directly to discuss any changes required.

During our visit we checked on the arrangements in place for the safe administration of medicines. The registered manager told us about the recent introduction of the new medicine administration record (MAR) charts and staff training, to update staff with new medicine processes and paperwork. In addition this was supported by the employment of a dedicated member of staff to undertake medicine audits. Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. Before people received a service, staff completed an assessment of their care needs, which included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach.

Is the service effective?

Our findings

People using the service told us they felt the service provided was effective and they made positive comments about the competence and abilities of staff. One person who told us about their experience said, "[Staff] go above and beyond and always complete their jobs before they go and ask me if there is anything else they can do." People told us that they were introduced to new staff before they started work. One person said, "If [staff] change, then the new person comes along with someone else and they are introduced to us." Another person commented, "They [the staff] were introduced on the day they started, and were accompanied by a member of staff who I knew, so I felt relaxed."

The service had its own 'in house' accredited training facility, which provided training opportunities for other providers in the area. People told us that they felt staff had the appropriate training to undertake their roles safely and effectively. A staff member explained, "I use a standing hoist and slings and have had training to do this properly and safely," One person told us, "I always feel safe when they use my hoist. I have two [staff] to use it and they know what they are doing and use it the right way. I know they have training." The relatives we spoke with were equally positive. One relative said to us, "They know what they are doing and appear to have been trained to give the right support to keep [Name] safe." Another relative told us, "[Staff] come in four times a day, use the hoist in the morning and evening, [Name] is kept safe, and the staff know what they are doing."

We spoke with three newly appointed staff who were undertaking their induction training, which they told us they were enjoying. The induction programme formed part of the Skills for Care 'Care Certificate', a standardised approach to training for new staff working in health and social care. Staff were then accompanied by a mentor until they were confident and the mentor deemed them competent to provide safe care and support. One person told us, "If they are training a new member of staff then the new person comes along with a more experienced carer and they watch them and that helps them learn."

Records demonstrated that all staff were expected to undertake core training at regular intervals, to meet people's needs effectively. Staff told us the training they received helped them to deliver safe and effective care. They expressed the view that training was good. Comments we received included, "I have done lots of training, safeguarding, medicines, Moving and handling," and, "The training is good." Staff told us they were encouraged and supported to undertake further training to help them develop in their role. A staff member told us, "If I see some training I would like to do, I can ask to do it." Examples they gave included end of life training, dementia and Mental Capacity Act training. Another staff said, "We have very good training and do lots of refresher training. I have first aid training coming up at the end of this month."

Staff told us they were provided with regular supervision and they were well supported by the management team. One staff member said, "We are observed by senior carers every so often and they fill in a form, so our competency is checked. The co-ordinators are always there to discuss any issues or concerns." Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of the meetings contained a summary of the discussion and a range of work, professional development and care related topics had been covered. The

training co-ordinator told us that any staff who were identified as not performing to the required standard received enhanced competency training, to ensure they received all the necessary support to fulfil their role.

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. Because people were living in their own homes, applications must be authorised by the Court of Protection before restrictions are made. In their PIR the provider told us some of the people using the service had such authorisations under the MCA.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected. Staff were clear about the need to seek consent and to promote people's independence. One staff member told us, "I always ensure care is given how people would like it to be." Another staff said, "I listen to the clients and their families and encourage people to make their own choices with their care and support."

People's dietary needs were assessed and staff supported some people with meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. People were also supported to maintain good health. Care plans showed the involvement of healthcare and social care professionals such as the GP or community nurse. Staff informed us about good professional relationships with other professionals, such as the community nursing service and they told us they would not hesitate to raise any issues. A staff member said, "If I was concerned about anything I would ring the office. If I thought someone wasn't eating properly, or felt there was any concern about them I would report it to always keep the client safe."

Is the service caring?

Our findings

We received positive comments about the caring approach of all the staff. People told us that the staff were very good, and they said staff were friendly and considerate. People who used the service told us they were happy with the support and care they received. One person told us, "Happy with the service. I understand that a problem with another person can knock the timing out for the rest of the day." Another person said, "The carers are very good and they do everything they are supposed to do and we have a laugh and a joke, which is really nice." Other comments we received included, "Absolutely marvellous, am very happy, lovely carers," "We are happy with the care, absolutely marvellous;" and, "The care is fabulous." Another person said, "Very happy, they [the staff] are wonderful, very kind and worth their weight in gold,"

People told us they always were treated with kindness and compassion and that staff protected their privacy and dignity. One person told us, "They always respect my dignity and privacy and do things how I like them to be done. They ask about my choices and I like that." Another person said, "They treat me with respect all the time, so that is not an issue." Another person commented, "Care workers are kind and respectful and very considerate of privacy." Relatives also commended this aspect of care. One relative told us, "They are kind and respectful of my [Name's] dignity and any privacy." Staff were respectful when speaking about the people they supported. One staff told us, "I ask when giving personal care and make sure the privacy people want is followed." Another staff said, "Their privacy includes their information, which is all confidential and I would never talk about one client in front of another, that's not right."

People told us they were happy with the care they received. One person told us, "I'm happy with the carers. They do what they should do and ask me how I want things to be done." Another person said, "Carers always complete their jobs before they go and ask me if there is anything else they can do," and, "They do all the care work before they go and are very nice to me." A relative informed us, "Happy with the service, they always complete their jobs before going." Another comment was, "We are happy with the care, absolutely marvellous."

People told us they would recommend the service without any hesitation and several people told us they had already done so. One person told us, "I would recommend the service to other people, definitely."

Staff demonstrated to us a good understanding of people's care needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. One staff said, "Always treat people with respect and dignity. Some people prefer a female carer and we always make sure their choice is carried out." We saw care plans were written in a person centred way and outlined people's care preferences. In their PIR the provider told us they actively encouraged all their staff to sign up to the Dignity in Care Pledge and to become Dementia Friends. All the staff we interviewed demonstrated a caring, compassionate approach to their work. A staff member told us, "I always want to know about a person, so read the care plan and discuss with colleagues, so we also share good practice about how a person likes things to be done. We get to know the clients, so have a good relationship with them."

Staff told us how they involved people in making decisions around their personal care and supported and

promoted people's independence. One staff explained, "Some people like to be independent at times, and one day they might want to do something and the next day they might not, so I support them to do things how they want to do them and follow their lead." Another staff said, "Always make sure the clients dignity and privacy is respected 100% and always make sure they are being given choices and making their own choices. I encourage clients to be as independent as they can be." Another staff said, "Help [people] to be as independent as they want to be, but I am there to support them too."

Arrangements were in place to monitor staff and provide them with additional training and support as required. Managers regularly carried out structured observations or spot checks to monitor people's care experiences and staff practice. People confirmed they were provided with information about the provider and knew who to contact at the service and informed us they were involved in reviews of their care. The local authority confirmed they received positive feedback at care reviews, and we saw positive reviews in the provider's quality survey, about the caring approach of staff.

Is the service responsive?

Our findings

People told us they had all been included when developing the care plan and staff were always available to make any necessary changes or to give advice on sources of additional support. One person told us, "The [managers] come out annually to review the care plan and if care needs changed then [my family] would ring the service to discuss it further." Another person said, "I know what's in my care plan and if anything about me changes then it's updated in the care plan," A relative commented, "The carers listen to me and I feel included in everything. If any of [Name's] needs change, then the care plan is changed too."

People were supported to maintain their social life as part of their care plan and the provider had developed additional services to enhance people experiences and support their links with the community. Examples included the community café that they had introduced. This was held monthly at the agency office and in addition to the social opportunity it afforded to people living with dementia and their families it also gave people the opportunity to meet with office staff.

We found people's care and support was assessed before the start of their service. The registered manager and senior staff spent time with people using the service, finding out about their care needs and their individual preferences. It was evident that the registered manager and members of the management team were knowledgeable about people and knew about their personal situation and individual care needs. We found this had resulted in strong personal and professional relationships.

From the information outlined in people's assessments, individual care plans were developed and put in place. Staff confirmed that they were encouraged to ask people about their choices and how they like things to be done, and said they always read the care plan, and talked to the person when they visited. One staff told us, "I read care plans, so that I know more about a client as an individual. We get to know them really well." Another staff said, "I read care plans and talk to clients to get to know them and how they like things to be done. It's important they make their own choices and we respect their decisions."

We found that care plans were comprehensive and these were kept under review and updated as required. Care plans included information about people's likes, dislikes and preferences for care and support. Staff confirmed they were kept informed about any changes in a timely way. One staff told us, "Our phones are linked to the computer system securely, so we can see updates on people's changing needs and can read them on our phones, so we keep up to date with the preferences of the client." This meant staff had the correct information to help them maintain and promote people's health and wellbeing.

The care plans showed people received personalised care that met their preferences. This was confirmed by the comments made to us by people who used the service, relatives and staff.

People told us they had no complaints but they knew who to speak with if they had any concerns. One person said, "I know I can ring the service if I need to and the details are all in the book on my home." People told us that if they had any concerns they would contact the office. Comments we received included, "If I ever needed to complain, I would ring the office," and, "If I wanted to make a complaint, then I would ring

the office," We found that that people's comments and feedback had been considered and action was taken as a result. We saw in the provider's survey that people reported any issues they raised were resolved appropriately.

Is the service well-led?

Our findings

People spoke positively about the care they received. They said they were able to contact the office any time and that the office staff were professional and helpful. People said that staff were proactive about keeping them informed and updated on their care. People told us they could request changes to their weekly schedule any time and they said managers would work with them to accommodate their wishes as soon as was practicable. One person told us, "I get a schedule every week to let me know who is coming round."

We received some conflicting information from staff about the planning of their visits and call times. Some staff told us that they had frequent changes to the times of calls and worked additional shifts to cover for staff vacancies. However, other staff told us that they felt there were enough staff and never felt pressured to work extra shifts. When we spoke with people who used the service they told us that staff could be late on occasion. However, they knew that the office staff could track care staff and would let them know if they were running late. One person said staff were, "Occasionally a little bit late, but generally on time." Another person said, "Mostly on time, but if they have a problem and might be late, they ring to let me know."

Social care professionals consulted said they had minor concerns regards short term staffing but felt that the provider had put measures in place to keep these under review. One example of this was the introduction of a monitoring system that the provider told us about in their PIR. This system allows the customer service team to monitor a visit status. In addition to tracking calls, the provider could use the system to identify any emerging trends or themes that required remedial action. The registered manager explained that as part of the monitoring process they held a daily business meeting to ensure that there were enough staff before new placements were agreed. We found that Riccall Carers Limited had put measures in place, which meant they could analyse the data and demonstrate timekeeping improvements. In addition to the internal monitoring processes, the service received quality assurance visits from two local authorities. Commissioning and contract staff confirmed any issues highlighted were followed up in a timely and professional manner.

In their PIR the provider told us that they communicated with staff using text, telephone, Facebook and e-mail with weekly bulletins and monthly newsletters. Staff expressed positive views about the management and leadership of the service and said there was good communication in place. Comments from staff included, "They are a good company to work for. I can go to one of the co-ordinators or the manager with any concerns or issues." Another staff said, "I am really happy in my job, no concerns about it," and, "Good communication within the team, supportive of each other as well."

There was a registered manager with day to day responsibility for the operation of the service. The registered manager highlighted their priorities for developing the service were clear about their requirements to send the Care Quality Commission (CQC) notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us in a timely way.

We found that the registered manager and senior management team actively worked to ensure the quality

of the service was continuously developed. For example, by auditing their current practice against NHS England Accessible Information Standard 2015 to introduce new procedures to ensure compliance. From 31 July 2016 all organisations that provide adult social care were legally required to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support. This means that people who otherwise find it difficult to communicate or to express their point of view.

In their PIR the provider told us that the directors and senior management team ensured that they were accessible at all times. The directors worked in the office on a daily basis so were actively involved in the business on a daily basis. When we visited we found that the senior management team had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. The vision and values were shared by the registered manager and the staff team. They were included in the Employee Handbook which was given to all employees during induction

The quality of the service was monitored by a range of means, including questionnaires, on-going consultation at care reviews, spot checks and suggestion boxes. This was to ensure people who used the service were happy with the support they received and to help identify areas for further improvement.

The provider had introduced a free monthly community café where people who used the service, carers and members of the public could come to ask advice from subject matter experts on anything from dealing or caring for someone with dementia, moving and handling issues, incontinence in a very relaxed informal setting. Feedback we received highlighted areas of strength, such as the caring approach of staff and training. Comments included, "We gave positive answers to a recent survey because we are both happy with the service," "Carers are good and know what they are doing," and, "I would recommend them to other people, a great service."

The commitment and quality of the service was commended by the recent Skills for Care Awards in which the provider Riccall Carers Ltd was one of three finalists for the Care Trainer award. The provider had won the "Red Ribbon family business place award" 2015 achieving a nomination in two categories for the best business to work for and family factor awards. This is a national award which celebrates family business, regardless of size or industry.