

Riccall Carers Ltd

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Inspection report

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25 April 2019

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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

Riccall Carers Limited is a domiciliary care agency. This service provides care and support to people either living with their family, in care or independently. They can provide companionship and assistance with household tasks, everyday activities, hobbies, outdoor pursuits and personal care. There were 250 people being supported at the time of our inspection.

Not everyone using Riccall Carers Limited receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service

People were very positive about the support provided to them. Without exception, people said they felt safe and staff were respectful.

People received their medicines safely and their health was well managed. Staff had developed links with healthcare professionals which promoted people's wellbeing.

Some people felt that the time of visits could improve and did not like the fact that their care was provided by different staff. However, people also said they received good care from friendly staff who went out of their way to assist them. Relatives said the service was reliable and efficient. They had good communication with the office and were given information about which staff would be making their visits each week.

Staff had received appropriate induction, training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager and training manager worked with the staff team and led by example to ensure people received a good service. People, relatives and staff told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection: At the last inspection the service was rated as good (published 9 November 2016).

Why we inspected

This was a planned inspection based on the previous rating. The service remains good.

Follow up

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

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.

Riccall Carers 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with CQC. 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 48 hours' notice of the inspection visit. This gave the registered manager time to make arrangements with people who used the service and relatives for the inspector to carry out home visits and telephone call consultations. They also arranged for the inspector to speak with staff.

Inspection site visit activity started on 15 April 2019 and ended on 25 April 2019. We visited the office location on 15 April 2019. We visited people and relatives in their own homes on 17 April and made telephone calls to people and relatives on 25 April 2019.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority that worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service,

what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the provider, the registered manager, training manager and five care staff. We spoke with four people who gave consent for us to visit them in their own homes and three relatives. We made telephone contact with four other people/relatives who gave us verbal feedback on the service.

We looked at eight people's care records including medication administration records and a selection of documentation about the management and running of the service. This included recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

After the inspection

We received written feedback from an additional five members of staff who could not meet with us during the inspection.

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.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed. Staff promoted people's independence and freedom, but were aware of the need to minimise the risks.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and monitored them for any trends or patterns. They recorded where lessons were learnt.
- People said they felt safe, confident and happy when being supported by staff. One person said, "I would prefer to have regular staff, but those who visit are all really nice and I feel safe with them."

Staffing and recruitment

- The majority of people and relatives told us they received care in a timely way. They were usually notified if calls were going to be late. One person said, "It's not very often they are late. They are nearly always here on time." The registered manager told us they were introducing a new rota system that would create effective and efficient visit plans for staff.
- People confirmed they had a core team of staff who supported them, but had different care staff on a regular basis. One person told us, "You develop a rapport when they come to you often enough so they know your likes and dislikes. They are all very good and know what they are doing." Discussion with people indicated there was no adverse impact on them from having different care staff.
- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff received medicine management training and competency checks were carried out regularly.

Preventing and controlling infection

- Staff followed good infection prevention and control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- A robust staff induction and training programme was in place.
- Staff had opportunity for supervision and appraisal. The registered manager had good systems to understand which staff required training to be refreshed and who required supervision. Staff told us they felt supported.
- People told us staff had the right skills to look after them. One relative said, "When [Name] came home from hospital, staff were having to hoist them. Now they are independently walking using a mobility aid. The care [Name] has received has been excellent."

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

- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as hospitals. This ensured they received consistent and effective care.
- Staff recognised where other professionals could support people to become more independent and made appropriate referrals for example to occupational therapists.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

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. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.

- No Court of Protection applications were required for the people supported by the service when we inspected.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People told us they could make individual choices and decisions about their daily lives.

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; respecting equality and diversity

- People's equality and diversity needs were discussed and recorded.
- People were given a choice of male and female care staff with different ethnicities and gender identities. Preferences were recorded on the staff plan and office staff were able to block out certain allocations based on people's choice of staff or gender. This meant people were able to choose staff who they felt comfortable with and who could meet their needs. One person told us, "I think of the staff as members of my family."
- We observed that staff listened to what people wanted regarding care and support and acted on their wishes where possible. One person told us, "I am really happy with the care and support I receive."

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with compassion, dignity and respect. They told us staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- People appeared comfortable and their personal care needs were met. They told us staff demonstrated a friendly approach which showed consideration for their individual needs. One person said, "Staff are very kind and respectful. That's what I like about them."
- Staff were supportive in helping people to remain as independent as possible. People were offered choice and control in their day to day lives.

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 ensure people have choice and control and to meet their needs and preferences

- An assessment was carried out prior to the start of the service, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.
- Care plans and risk assessments contained relevant information and were up-to-date.
- Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.
- People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and information was provided to help people understand the care and support available to them. All complaints had been dealt with appropriately by the registered manager and resolved.
- People and families knew how to provide feedback to the management team about their experiences of care and the service used a range of accessible ways to enable this to happen. This included one-to-one meetings to discuss care, satisfaction questionnaires and telephone calls.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- The registered manager explained that when required people would be supported to make decisions

about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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.

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

- The service benefited from having a provider and registered manager who were committed to providing good quality care to people who used the service.
- Relatives said, "Communication is very good, I have never had a problem getting hold of a member of staff when it's needed" and "I can highly recommend them to anyone who needs care and support."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards of 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 provider and registered manager were open and honest about things that could have been better over the last year. They looked for solutions to problems such as late visits and were introducing new systems and processes to manage these.
- When incidents happened, the registered manager informed people and families about this and ensured action was taken to reduce the risk of further instances taking place.

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

- Systems and processes were operated effectively to ensure the service was assessed or monitored for quality and safety in relation to the fundamental standards.
- The provider and registered manager were mindful of staffs' health and welfare and made adjustments to staff working hours and practice where staff had underlying medical conditions. Staff morale was high and the atmosphere in the office and out in the community was warm, happy and supportive.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular checks were carried out by the registered manager to ensure people were safe and happy with the service they received.
- There was a commitment to provide person-centred, high-quality care by engaging with everyone using the service. In February 2019 satisfaction questionnaires were sent out. An example of the responses

received included, "We find staff are all very kind, caring and efficient", "Staff are great with me" and "We are very happy and fond of all our care staff, I have a great relationship with those who attend regularly."

- Where people had raised minor issues in the surveys each one was addressed. An action plan was produced and detailed the action taken to resolve each issue.

Continuous learning and improving care

- The provider and registered manager demonstrated an open and positive approach to learning and development. Improvements had been made over the last year to ensure people received good quality care. Work was ongoing to ensure new ways of working, such as the electronic paperwork system, were embedded in practice.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.