Rysvil Care Services Limited

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Inspection report

133 St. Ethelbert Avenue
Luton
Bedfordshire
LU3 1QW

Tel: 01582450772
Website: www.rysvilcare.com

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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

This inspection took place on the 1 March 2016 and was announced. During our last inspection in November 2013, the service was found to be complying with our regulations.

Rysvil Care Services Ltd is a domiciliary care agency providing personal care to people in their own homes in the Luton area. At the time of our inspection there were 23 people using the service.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service were kept safe from risk of harm and staff understood the ways in which they could be safeguarded from abuse. Risk assessments were robust and detailed enough to minimise any risk to each person and contained sufficient information to ensure that people's dietary and healthcare needs were being met where necessary. Satisfaction surveys were sent out to ensure that people were happy with the care they received, and improvements were made on the basis of people's feedback.

Staff received the correct training to undertake their duties effectively, and received supervisions and performance reviews to support their continued development. Staff understood their roles and responsibilities and were knowledgeable about the ways in which people gave consent and how the Mental Capacity Act was applied in practice. Staff demonstrated a caring attitude and understood how to treat people with dignity and respect. Staff meetings were held regularly and provided an opportunity for the team to meet and discuss issues affecting the service. New staff received a full induction into the service, and robust recruitment procedures were in place to ensure they had the skills and experience necessary for the role.

People's backgrounds, social histories, preferences and cultural needs were included in their care plans and they were involved in reviews and meetings about issues relating to their care. Where people required support with administration of their medicines, the service kept appropriate records and information on their file. Quality audits were completed regularly to ensure that the service was identifying any areas for improvement and taking appropriate action to resolve them. People and staff were positive about the manager of the service and shared her visions and values. People knew who to complain to if necessary, and the manager had an effective system in place for handling and resolving complaints.

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.

Risk assessments detailed ways in which risks to people could be minimised to help them safe from harm.

Staff were recruited safely to work in the service.

People's medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received the correct training and supervision to enable them to fulfil their roles effectively.

People gave consent to care and staff had knowledge and understanding of the Mental Capacity Act and how it applied in practice.

People's healthcare and dietary needs were assessed and met where appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and understood people's needs, preferences and cultural backgrounds.

People were treated with dignity and respect.

Records were kept securely and confidentially.

Is the service responsive?

Good

The service was responsive.

Care plans contained an appropriate level of detail to enable staff to offer effective support, and were regularly reviewed with

involvement from the person and their relatives.

There was a complaints system in place to handle and resolve people's complaints promptly.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the manager of the service.

There were robust quality assurance systems in place which identified improvements and changes that needed to be made.

Team meetings were held regularly to give staff the chance to discuss issues affecting the service.

Rysvil Care Services 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 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by one inspector.

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 the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records and asked three professionals involved with the service for feedback.

During the inspection we spoke with six people who used the service, four members of staff, the registered manager and one relative. We looked at five care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at four staff files including recruitment information, training and induction records and details of when staff were supervised. We also looked at quality audits, satisfaction surveys, minutes of meetings and complaints received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People that used the service told us that care staff kept them safe. One person said, "Yes they work safely. They know me well enough to know what I need and keep me safe when we're out, and they make sure I'm settled and that everything is secure when I get home."

Risk assessments were completed for each person which considered the risk to the person and whether they might be vulnerable to risk of harm from others. These assessments included recommendations to minimise these risks as much as possible and detailed any contributing factors that might have increased each risk. For example we saw that where somebody was at risk of falls, their risk assessment included any history of falls experienced by the person, which mobility equipment was in place to support them and the extent to which the person was able to move independently with and without aids. To ensure that this risk was mitigated, the risk assessment detailed the times and circumstances where this equipment needed to be used or the person needed additional support. For people who required the use of hoists and slings, individual protocols were in place which detailed how to use this equipment safely for each person. Staff members received the correct training to use this equipment, and received a further assessment from a senior member of staff to ensure that they were applying this in safely in practice.

People told us they received their medicines safely. One person said, "I can do most of my medication myself, but sometimes I need help with certain things. They always check to make sure I've taken it and know what each of my tablets and creams are for." Each person had a risk assessment completed to determine whether they were able to self-administer medicines or required support with this. These included details of whether the person's family assisted them to take their medicines or whether this was included in the responsibilities of staff during their calls. Assessments considered each area of the person's independence and ability, such as whether they would be able to remember to take their medicines regularly or had difficulty opening or measuring their medicines safely. This then enabled the service to determine whether staff support was required. Weekly audits were completed of medicines administration record MAR charts to ensure that they were up to date with no gaps in recording. We noticed that there were some inconsistencies in recording when staff applied creams for people, but that this had been subsequently addressed and resolved to ensure that staff were using the current codes when signing.

The service had a policy for safeguarding people from risk of harm, which detailed the agencies that people could contact in case of any concerns. The manager told us they had only had one incident that had been through a safeguarding referral and we saw that this was correctly notified to the appropriate parties and action taken to ensure that the service identified how to minimise the risk of recurrence. Staff we spoke with understood the provider's safeguarding policy and were able to tell us who they would report any concerns to.

People told us there were enough staff to meet their needs, and that staff were generally on time for their calls. One person said, "They're usually on time, but usually they call and let me know if they're going to be late. If there's any changes or problems they let us know as soon as possible, they're very good like that." We reviewed rotas for the last three months and found that there were enough staff deployed to attend people's

calls as stipulated in their care plans. We noticed that on occasions calls had not been suitability spaced out to allow care workers enough time to travel between locations. We asked the manager about this who stated that they endeavoured to ensure that people received their calls on time but that occasionally they had to be flexible when certain staff were unavailable or when times overlapped for newer referrals. They were able to demonstrate how they'd responded to this problem and adapted rotas to ensure that calls were timed appropriately. We were able to see these improvements in the most recent rotas that had been issued to staff. Feedback from relatives during reviews indicated that while care workers were occasionally running late, they were always notified ahead of time and kept abreast of any changes.

The service had a policy for ensuring that staff were recruited safely to work at the service. We saw that two references were sought from employers before new staff commenced work, and that they had valid Disclosure and Barring Service (DBS) checks on file. Interview notes looked at the person's experience and character to assess their suitability for the role, and any gaps in people's employment history were explained where necessary.

Good

Is the service effective?

Our findings

People we spoke with told us that staff appeared to have received the correct training to enable them to offer effective care and support. One person said, "They know exactly what they're doing and how to take care of me, they're all great [staff]."

Staff received training that was relevant to their role and enabled them to provide effective care to people. Staff were positive about the quality of training and felt that there was a good range of courses available to enhance their knowledge and experience. One member of staff told us, "The training is very intense; the manager makes sure everybody does everything they need. I have a lot of experience but they still make sure we're refreshed and have completed the necessary training to do our jobs." All staff completed mandatory training in areas such as moving and handling, safeguarding, health and safety and administration of medicines as part of their induction. The service then offered more specialised training to staff to provide them with the ability to better understand people's individual needs. For example we saw that staff had attended courses in death, dying and bereavement, dementia awareness and how to keep effective records. Training needs were monitored in each staff file to indicate when their certificates were due to expire.

Newly appointed members of staff received an induction into the service which included the opportunity to work alongside experienced members of staff, read through policies and procedures and undertake their mandatory training units. One member of staff told us, "They induct you properly here, make sure you've read through everything and had the chance to see how it's all done. It helps massively when it comes to starting to work alone, we feel like we're really prepared." Induction checklists confirmed that each member of staff received an induction over a period of four weeks which was comprehensive and enabled a manager to assess them as competent for the role.

These inductions included an introduction to the Mental Capacity Act. 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.. Staff were able to describe the principles behind this legislation and how it applied in practice. People's support plans included information on how the person made decisions and the level of support they required with this. Consent was sought during initial assessments and a service contract was issued to people which explained the type of care the agency would offer and asked for their consent to deliver care and support in line with their care plan. Where people were unable to sign or lacked the capacity to do so, we saw that their next of kin had signed on their behalf. Additionally, we saw that individual agreements, protocols and risk assessments were signed by the person or their representative to indicate their consent and agreement to individual aspects of their care.

Staff told us they received regular supervision and that these were useful for keeping up to date with changes or discussing issues. One member of staff said, "I've had two supervisions this year- we talk about clients, my quotas and whether I'm meeting my call times, my relationship with my colleagues and then any

suggestions I have for improvements." We looked at records of when supervisions were held and found that these were taking place once every three months, with performance reviews held annually to assess the overall development of each member of staff.

People's healthcare conditions were listed and the service assessed the support that each person required to maintain their health and well-being. For example where one person was assessed as being occasionally disorientated, the care plan prompted staff to ensure that they reminded the person of the date and time on each visit. Care plans included fact sheets which provided staff with more information about each individual condition and the way that it affected the person. Where appropriate, referrals had been made to external healthcare professionals for additional support, and the outcome of any visits or reviews had been recorded. For example we saw that one person who had been assessed as being at risk of falling from their bed had been referred to an occupational therapist to consider whether they required they additional equipment in their home. On another occasion where a person had been discharged from hospital with a pressure ulcer, we saw that district nurses had been contacted by the manager and GP's involvement sought to ensure that this was treated as soon as possible.

Each person had an assessment completed which detailed the foods and drinks they enjoyed, any support they required with eating and drinking and whether they could prepare food independently. If people required support in this area, their daily notes included details of which foods and drinks they'd been provided and how their nutrition and hydration needs were being met.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received and felt that staff demonstrated a kind and compassionate attitude. One person told us, "The carers are wonderful people, all of them." Another person was able to tell us about the ways in which carers went the 'extra mile' to provide them with positive support and encouragement. They said, "My carer always gets me going again and encourages me to walk and pushes me that bit further. I don't know what I'd do without [them], they're wonderful."

The service had received compliments from relatives happy with the standard of care being offered and the flexibility in ensuring their relative's needs were met. We saw an email received from one relative which stated, "Another positive is the occasional 'ad hoc' calls. If [relative] needs care your office gets on the case with nil notice and very quickly sorts carers to attend. The carers are all very nice, polite, caring and good at their job." Another letter praised the way in which their relative had been cared for, saying, "I knew that you fully understood our situation and how to respond to [relative]. Tender loving care was all they needed, and you provided this." Correspondence with people's family was included in care plans and demonstrated that the service were committed to ensuring that they were involved in their relative's care. This helped to make sure they were kept up to date with all developments and invited to give their views and opinions. We saw emails between the manager and family members which had asked for more detailed backgrounds and social histories for people. They also checked on the progress of different carers and ensured that they were satisfied with the service being provided.

People told us they were treated with dignity and respect. One person said, "Yes they always treat us with respect, everything is very dignified." Staff were able to tell how they observed this, with one member of staff saying, "I greet them as when I get there, and I always get their permission to use their preferred name. When I'm doing their care I make sure privacy is maintained at all times by closing doors and curtains and I make sure they're happy with what I'm doing." Care plans listed ways in which people's privacy and dignity should be respected and these were specific to each person. For example where somebody preferred to have male carers attend to certain aspects of their care, the service had ensured that they were able to respect and comply with this request. We saw a memo sent to staff from the manager following concerns raised by a healthcare professional that some staff were communicating in their own language and not wearing the correct uniform when attending to people. This memo reiterated the need to show respect to the people using the service and the importance of observing their dignity when in their home.

Care plans also included detailed social histories and backgrounds of each person supported which better enabled staff to understand the person. This included information relating to their family, places they'd lived and worked and the reasons for them requiring additional care and support from the service.

Good

Is the service responsive?

Our findings

People told us they knew what was included in their care plan and were involved in reviews of it to ensure that they were satisfied with the content. One person said, "They showed it to us when they first started visiting and asked me to read it and sign it. I know it changes a lot but they keep us up to date with anything that's different." A relative told us they were consulted on their family member's care plan when the person lacked the capacity to volunteer information for themselves, and were regularly contacted for additional information and invited to reviews.

Each client had received an assessment prior to the service commencing care which detailed the type of support required during each of their calls. This included the number of carers required for each task, the length of the call and the tasks that needed to be undertaken on each occasion. A 'pen portrait' assessed the person's support needs in areas such as behaviour, cognition, psychological and emotional needs and communication. An assessment of need was then completed for each person's daily living skills which detailed their level of independence and ability to carry out daily tasks effectively. This helped to ensure that the service captured all of the person's support needs; for example if somebody was unable to complete their own shopping or needed support to visit friends or family. Information was included which detailed people's Interests and hobbies, for example we saw that one person enjoyed knitting and that an outcome had been established to offer the person encouragement to pursue this hobby.

Reviews of care plans took place regularly with the involvement of the person, their relatives and any professionals involved with their care. We saw that these were used to discuss issues and concerns and determine positive outcomes for the person. For example we saw in one review that staff had raised concerns regarding the length of time it was taking to meet all of the person's needs during one of their calls, and the times had subsequently been changed to ensure that staff were able to stay long enough for their needs to be met.

Daily notes were completed to detail the care and support the person received, any areas of interest or concern and the timing of each call. These were appropriate for each person's specific support needs and enabled the management team to identify any areas for concern or improvement each month. We saw that monthly summary sheets were used to identify any notes recorded that were significant each month.

People understood who they could make a complaint to if necessary. One person said, "I've never needed to make one, but I'd talk to the manager. If it was something else I needed to discuss then I can talk to my social worker." There was a complaints policy in place which detailed how these would be handled and resolved. Before the inspection we had received several complaints from a person unhappy with their care, and the manager was able to demonstrate how they'd resolved this sensitively and promptly, responding to each of the complaints separately and taking the time to find the best solution for both the person and the provider. Each person had a section in their care plan for 'complaints and moans' which recorded occasions upon which the person had called with an issue or concern. When a person or relative had complained, details of this complaint were listed with outcomes and actions. We saw that appropriate action was being taken to resolve these complaints; for example where a relative had complained about carers using the

wrong door to enter the home, the manager had sent an apology, discussed the matter at the next staff meeting and recorded the ways in which they would ensure that there was no recurrence of this.

Good

Is the service well-led?

Our findings

People, their relatives and staff were positive about the manager and felt that she was supportive and approachable. One person told us, "I've spoken to her a few times and she's always resolved any issues very quickly. She's nice." A member of staff said, "She's very experienced and she's clear with what she expects and what she wants. You know where you stand with her and I find that she's fair and straight talking. When I need support with something though, she's always looked after her staff when they need it."

The manager was able to tell us about how she'd developed the service from the ground up using her experience in the sector and identifying the needs of people in the local area. We found that she was able to tell us about all of the people using the service, understood their needs well and ensured that they were happy with the care they received. On occasions where people had request different carers or in emergency situations, she had provided care herself and always remained available in case of any emergencies or issues. She was clear on the visions and values of the service as a small local agency with family values with an emphasis on quality. The staff we spoke with shared these values and understood the vision well.

Team meetings took place every few months and included opportunities to welcome new staff, discuss issues relating to the people's care, identify improvements and provide staff with an opportunity to air their views. We saw that each meeting began with a review of actions set at the last meeting to check on the progress of each item. Following a recent local authority inspection, the manager had identified the areas of improvement highlighted by the inspector and included these as a point of discussion. We saw that staff were given information about when training was due, reminded of professionalism and respect and asked to keep up to date with the Care Quality Commission's key lines of enquiry.

The manager had a monthly management check list which prompted her to look at various areas of the service to ensure that they were meeting the required standards. This provided an overview of the service and was used to identify any concerns with specific records. There were separate audit systems to place to assess the quality of daily notes, medicines, complaints, safeguarding cases and staff training and supervision. We saw that through this regular auditing, the manager was able to keep their systems up to date and ensure that they were compliant with regulations. Where any shortfalls had been identified, prompt action was taken to resolve them. For example we saw that where there had been inconsistencies in daily notes, this had been highlighted, discussed in the next team meeting and reiterated to staff. The notes we saw for more recent months showed an improvement in standard and detail. Client's files were audited every three months to ensure that they were complete, that information was up to date and if any changes were required. We saw that 'spot audits' were sometimes carried out for people and that a manager or senior carer would attend the person's home to assess whether they were receiving the correct care and whether staff were attending on time and working to the requirements set out in the person's care plan.

Surveys were sent to staff to request their feedback and views on the service. The manager had used these surveys to compile a very detailed report into their findings. Any changes that needed to be made as a result of people's answers and how the service had developed since the last survey. Feedback was largely positive and staff commented upon how much they enjoyed helping the people using the service and the flexibility

of their hours. Where staff had consistently given poor feedback in specific areas, the manager had identified this and resolved to take appropriate action. Feedback on the rota system used by the service was poor, and the manager told us about new systems they were planning to implement to make this easier for staff and improve the quality of their monitoring. Copies of this report were issued to staff so they were aware of the issues raised and how the provider intended to make the required improvements.

Surveys sent to people were similarly positive, with every person rating the service as 'very good' or 'excellent'. Areas of concern that were identified included arriving on time and the notification of changes. The manager was able to tell us about the changes made in response to this, including reviewing the effectiveness of rotas and looking for a new system. The report compiled on the basis of the results of this survey was issued to people, staff and their relatives with these recommendations. We were able to look back over the reports from previous years and see where improvements had been identified and concerns resolved.