

Ryan QC Homes Ltd

Ryan's

Inspection report

4 Boothville Green
Northampton
NN3 6JR

Tel: 01604411858

Website: www.ryanqchomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Ryan's is a domiciliary care agency providing personal care to people living in supported living properties. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 11 people were receiving personal care.

People's experience of using this service and what we found

Medicine management required improvement. Medicine administration records were not consistently completed, and we found errors in the recording of medicines.

Mitigating known risks to people had not been consistently recorded. Strategies put into place to reduce the risk of harm to the person had not always been recorded.

Care plans did not always contain sufficient or factual information. Records of when support was offered or completed with a person were not consistently completed.

Oversight of the service required improvement. Audits were not always effective in identifying when records were incorrect or incomplete.

People were protected from the risk of abuse. Systems and processes were in place and staff were trained and understood safeguarding procedures. People told us they felt safe.

People were supported by staff who knew them well, had appropriate training and who had been safely recruited.

People were protected from risks of infection. Staff wore appropriate Personal protective equipment and received training in infection prevention and control.

People were supported to access healthcare services as required. The registered manager made referrals to healthcare professionals as needed.

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

People and relatives were happy with the care and support they received. People told us staff were kind and responsive to their needs and staff respected their dignity and privacy.

People and their relatives were involved in the care planning process. People were supported to maintain

relationships that were important to them.

Staff communicated with people in their preferred method. People were able to feedback their views on the service. People, relatives and staff all knew how to complain and felt listened to by the registered manager.

The registered manager was open to feedback and was committed to improving care. Staff and management worked in partnership with others to learn and improve.

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

Rating at last inspection

This service was registered with us on 15 May 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding concerns. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Ryan's

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. We checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency, providing care and support to people living in 11 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, directors, compliance officer, and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine management required improvement. Recording on medicine administration records (MAR) had not always been completed appropriately. Transcribing was not completed in line with best practice, codes used for when a medicine was not given were not always correct and we found multiple missed signatures. However, staff completed stock checks daily, which evidenced medicines were given but had not been signed as administered.
- Prescribed thickener (which thickens fluids for people at risk of choking) had not been consistently signed as administered or documented. For example, the MAR did not document the level of thickener required (dosage). This put people at risk of not receiving their medicines as prescribed.
- Medicines administered as required (PRN) had protocols in place to inform staff of when and why to administer these medicines. However, staff had not always recorded the reason for administering the medicine.

Assessing risk, safety monitoring and management

- Not all mitigating strategies for known risks were recorded. For example, we found staff had not consistently recorded how much thickener was used, the water temperature before supporting a person with bathing or urine output for people who had identified risks in this area. This put people at risk of harm.
- Risks associated with health conditions or equipment had been assessed and information on how to reduce these risks was in place and followed by staff. For example, we found risk assessments in place for mobility aids and epilepsy.
- People had a personal emergency evacuation plan (PEEP) in place which detailed the support required in case of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to inform staff and people of safeguarding procedures and how to identify and investigate any concerns relating to abuse.
- Staff were trained in safeguarding and understood how to recognise the signs of abuse. Staff knew the procedures to follow to protect people from abuse. One staff member told us, "I would take any concerns to the managers, if it wasn't dealt with, I would contact CQC or the safeguarding team."
- People and their relatives told us they felt safe. One person said, "I feel safe and confident with them [staff] as they look after me well and help me do things." A relative told us, "I have peace of mind knowing [person] is being safely looked after and staff assist [person] with things [person] could not do on their own."

Staffing and recruitment

- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff were suitable to provide support for the people using the service.
- The provider obtained information from staff relating to any conditions that may affect their work and a risk assessment was implemented.
- People and relatives told us that they had a consistent team of staff.

Preventing and controlling infection

- Staff told us, and people confirmed, that staff wore gloves, aprons and face masks throughout the support call.
- The provider had an infection prevention and control [IPC] policy in place and staff completed IPC training.

Learning lessons when things go wrong

- Incidents, accidents and falls were reviewed to identify any lessons that could be learnt from and to identify and trends or patterns.
- Staff told us the registered manager shared information with them regularly.

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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People who required their food or fluid monitored did not always have this need recorded. For example, fluid charts were not consistently recorded, and some days had no fluid recorded. However, we found no evidence that people were dehydrated.
- Records of food and fluid consistencies had not been recorded when staff were supporting a person with this need. For example, one person required their food to be cut up and a soft consistency. Food charts did not record the consistency of the food to evidence staff were following the guidance from speech and language therapists.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some care plans held incorrect information. For example, one person's care plan stated they required thickener in fluids but refused to have thickener. However, this was incorrect, and the person did not require any thickener. Another care plan stated the person had no family. However, this was incorrect. This meant staff did not have the correct information when supporting a person.
- Some care plans did not have sufficient information recorded. For example, when a person required fluid intake or output recorded there was not always information regarding the required amount. This meant staff did not always have enough information to provide safe, effective support.
- People's needs were assessed before the service started to ensure staff had the skills and knowledge to support the person safely.

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

- People's oral hygiene was not always recorded. For example, when people required support to clean their teeth this need had not been recorded as completed on various occasions.
- Staff supported people to access healthcare appointments such as dentist, opticians, GP and hearing tests.
- Referrals were made to health professionals as required. We found evidence of referrals being made to speech and language therapists, assistive technology and epilepsy specialists.
- People had health passports completed. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity to make decisions or choices was assessed and reviewed. However, records did not always document the questions asked or answers received to detail the decisions made regarding the person's capacity.
- Records did not evidence if people had been asked for consent to share personal information with their families. We found evidence that when a person specifically requested information was not shared staff respected the person's choice. However, not all people had been asked.
- 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.

Staff support: induction, training, skills and experience

- Staff received training related to their roles and responsibilities. Staff told us they received a lot of training and were able to ask for additional training if needed.
- Not all staff felt they received regular supervisions. However, the staff we spoke to stated they felt supported by the managers.
- When staff started at the service, they received an induction, which included meeting people, reading care plans and completing shadow shifts until they were confident to work on their own.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 told us that staff were respectful. One person said, "I am happy with my carers, they are very good. They [staff] care well for me and listen to me." Another person told us, "[staff] are very caring to me, they [staff] listen and do what I want and need."
- People and relatives told us staff knew them well. A relative said, "[person] has two regular staff and is very happy with them and they know [person] so well," A person told us, "They [staff] all know me well and what to do for me."
- Care plans contained people's preferences as to how they liked their care to be delivered, including whether people preferred a female or male carer and how they wished the staff to communicate with them.

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

- People told us they were able to make their own choices and were involved in their care. One person said, "I get myself washed and dressed but they [staff] offer to help if I want it. They [staff] always ask what I want to have done first. Another person told us, "I decide when to go out and do things. They [staff] always ask me first."
- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the managers told us they would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy was respected. One person said, "Staff are very good when they do anything. They [staff] close curtains and keep me covered (when completing personal care)".
- People told us staff promoted their independence. One person said, "Staff take me out shopping, help and teach me to cook and are seeing if they can get me a job. This would be good."
- Staff supported people to gain employment and access training if required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People and their relatives were involved in completing their care plans. One relative said, "I did the care plan with [person]. We were very involved with it."
- People's life history, significant relationships and any spiritual, cultural or religious needs were documented within the care plan. If people had a preferred gender of staff supporting them with personal care, this was documented and fulfilled.
- People told us that staff were good and knew what to do. One person said, "They [staff] are all good and know things [about me]."
- Information regarding personal preferences and choices were documented within people's care files. For example, likes and dislikes and times to get up and go to bed

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.

- People's communication needs were recorded within their care plans. people told us staff were good at communicating with them. One person said, "Staff tell me about things and explain things and listen to me."
- People were able to access information in different formats to meet their communication needs. For example, into a different language, large print or easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to make and maintain relationships. One person told us, "I am in regular contact with my [family and friends]. If I need anything else, they [staff] sort it out for me." Relatives told us their loved ones were supported to maintain contact via telephone and visits.
- People were supported to engage in activities and take part in social events.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- The registered manager had not received any complaints since registering with CQC. However, a relative and a person told us they had made complaints. The person and relative felt listened to and said their concerns were dealt with to their satisfaction.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.
- Some people had end of life care plans in place which documented their needs and preferences for when they were at end of life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Audits completed on medicines were not effective. The audits completed had not identified the issues we found with missing signatures and recording of medicines.
- Audits completed on care files had not identified the missing or conflicting information found on inspection in both care plans and risk assessments.
- Systems and processes were not in place to ensure daily tasks were completed to mitigate risks. For example, the gaps found in the recording of fluid intake, fluid output and oral health tasks had not been identified.
- The registered manager understood their responsibilities under the duty of candour. However, after one significant event the duty of candour had not been completed. The registered manager agreed to review and complete any actions needed.

We found no evidence of harm to people. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider completed monthly audits on IPC, health and safety, catering, residents, staff and finances. When concerns were identified there was an action plan put into place to identify what the concerns was, who was responsible and what action needed to be taken to rectify the issue.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were happy with the support they were offered. One relative told us, "Quite simply they [Ryan's] are brilliant. All carers are excellent, and nothing could be bettered." A person said, "They are kind, here for me, care for me well and nothing could be improved."
- People and staff attended regular meetings to share information and gain feedback from people and staff. Relatives were sent a survey to feedback on their experience of the service provided. The feedback received

was positive. However, some relatives felt communication could be improved between staff and relatives.

- Relatives told us they felt the service was well managed. One relative said, "It [service] has been very good and appears to be very well managed and organised."

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and transparent throughout the inspection. The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.
- The registered manager and staff worked in partnership with other health and social care professionals and commissioners to achieve the best outcomes to enable people to live as independently as possible.
- The registered manager accessed care management forums, networks, and learning courses to improve and share ideas.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. |