

Ryedale Special Families

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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

Ryedale Special Families is a domiciliary care agency. They provide personal care support to children and young adults who have a learning disability or autism spectrum disorder or physical disability sensory loss, who live in the community in and around the Malton area.

Inspection site visit activity started on 6 March 2018 and finished on 20 March 2018 and was announced. At the time of this inspection, the service was providing support to 34 people.

Ryedale Special Families is a Charitable Incorporated Organisation (CIO) and was developed in 1990 by families of children with a learning disability. They were previously registered with the Care Quality Commission (CQC) at Welburn Hall School, near Kirbymoorside before moving to their current location. Following this, there was a change in the charity organisation, and in April 2017 they re-registered with CQC, therefore this was the first inspection of the service.

There was a manager in post who had registered with the Care Quality Commission. They assisted throughout the inspection process.

Safe recruitment processes had been followed. Staff had received appropriate safeguarding training and were familiar with the process they needed to follow if they had any concerns. Assessments had been completed when any risks were identified and these were regularly reviewed with input from parents. Staff had received medicines training and provided effective support in this area. All staff were provided with personal protective equipment to promote good infection control practices.

New staff completed an induction when they joined the service and parents were able to meet new staff before they began to deliver support. People were supported by a regular team of competent staff who had completed extensive training, specific to the needs of people they were supporting. Staff received supported through a regular system of supervisions and team meetings.

Staff were aware of the Mental Capacity Act (2005), which would be applicable for some of the older people. However, staff were not responsible for the general welfare of the children or the younger people who lived with their parents or guardians.

Staff had good working relationships with other health professionals and organisations within the local community. Staff were aware of who to contact if they needed professional advice or guidance and this was sourced in a timely manner.

Parents told us, without exception, that people were well cared for. Staff demonstrated a positive regard for what was important and mattered to people and their relatives. Staff and parents were clear the main aim of the service and support provided was to help people to have an excellent quality of life whilst promoting positive risk taking.

Parents confirmed they were actively involved in the planning of people's care. Care plans had been developed which were person-centred and focused on the person as an individual. Parents complemented the commitment of staff and the amount of involvement they had in people's care. There was a complaints policy in place which people and parents received when they joined the service. Parents told us they knew how to make a complaint.

Staff told us the registered manager was approachable, responsive and listened to any ideas for areas of improvement. Staff and parent were asked to provide feedback on the service and were confident any concerns raised would be promptly addressed.

The registered manager utilised a number of quality assurance tools to ensure people were receiving good quality care and support.

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.

A safeguarding policy and procedure was in place. Staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns.

Robust recruitment procedures were in place. Appropriate checks had been completed before new staff commenced employment.

Risk assessments were in place and were specific to people's needs and their home environment.

Staff were trained to support people to take their medicines including emergency medicines, where needed.

Is the service effective?

Good ●

The service was effective.

Staff had received a thorough induction when they joined the service. All staff had completed mandatory and specialist training where needed.

Staff performance was monitored and recorded through a regular system of supervision.

Staff demonstrated good knowledge of the Mental Capacity Act 2005. Where possible, consent to care and support had been recorded.

People were supported to maintain their nutritional wellbeing and relationships with other professionals had been developed.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and privacy when delivering

care.

Parents spoke positively about the care people received.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Positive relationships had been developed.

Is the service responsive?

Good ●

The service was responsive.

Care plans focused on each person as an individual and the support they required.

Parents and other professionals were actively involved in care planning and decision making.

There was a complaints procedure in place. Parents did not have any concerns about the service, but were very confident that any issues they raised would be acted on.

Is the service well-led?

Good ●

The service was well-led.

The registered manager carried out a number of quality assurance checks to monitor and improve the standards of the service. Action had been taken when concerns were found.

Parents and the staff were enabled to provide feedback in a number of different ways.

Regular staff meetings took place. Staff told us they were well supported and the management team were approachable.

Ryedale Special Families

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 checked 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.

Inspection site visit activity started on 6 March 2018 and finished on 20 March 2018. It included visits to the provider's office location and telephone calls to parents and relatives of people who used the service and staff. We gave the provider 48 hours' notice of the inspection site visits because we needed to make sure someone would be available at the office location.

The inspection was carried out by one adult social care inspector.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. 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 tell us about within required timescales.

The provider had complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We use this information to help plan the inspection.

During the inspection, we reviewed a range of records. These included four people's care records containing care planning documentation, daily notes and medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection process, we spoke with five members of staff including the registered manager. We also spoke with five parents and relatives of people who used the service to gain their views on the service

provided. We were unable to speak with people who used the service due to their communication needs.

Is the service safe?

Our findings

We were unable to speak with the young people who used the service but parents and relatives told us they felt people were safe and well cared for. Comments included, "I feel confident leaving the staff to care for [person's name]. I feel he is safe in their care."

A safeguarding policy and procedure was in place. Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the registered manager would respond appropriately to any concerns. One staff member told us, "[Registered manager] is great. She knows everything that is going on and I am very confident she would address any issues raised appropriately and follow the correct process."

We looked at three recruitment files and could see appropriate checks had been completed before new staff commenced employment. Records contained full employment histories and any gaps in employment had been explored. References had been obtained and there was clear recorded evidence of interviews taking place. Disclosure and barring checks (DBS) had been completed before employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults. These checks demonstrated that safe recruitment processes were in place and being followed.

Parents and relatives we spoke with confirmed that staff generally arrived on time, and that the service was flexible with regards to additional support that was sometimes required at short notice. One parent told us, "The manager is very good. If they can help they will and I have had additional support before when I have been unwell. They always do everything they can to help."

At the time of this inspection there was 50 staff supporting 34 people. Rotas were produced in advance and were accessible via an online system to allow parents as well as staff to review these to ensure they were happy with the support that was scheduled. Rotas showed people were supported by a regular team of staff, at regular times, to ensure consistency. There were two care managers who supported the registered manager. They were responsible for producing weekly rotas. One care manager we spoke with told us, "We each have an allocated service user age group that we take responsibility for. This ensures consistency as we become very familiar with people, parents and staff." Parents we spoke with confirmed this. One parent told us, "I have a regular team of staff who come at set days and times. There is very rarely a change and if there is the staff who are sent are always familiar with [person's name] needs."

Records showed risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks, while supporting positive risk taking. For example, risk assessments were in place for areas such as moving & handling, falls and risk associated with specific medical conditions such as epilepsy. They included detailed person centred information including techniques and equipment to be used, problems that may occur and remedial action that had been taken to reduce the risks. All risk assessments we viewed had been updated regularly to ensure they

contained the most up to date information.

Staff at Ryedale Special Families assisted people with medicine administration. Appropriate policies and procedures were in place and staff had received relevant training. At the time of this inspection, 14 people required support with routine prescribed medicines. Some staff had received specialist medicines training as they were providing support to people who may require rescue medicine in an emergency, such as an epileptic seizure. Care records contained full details of any prescribed medicines, the reasons they were prescribed, how they were to be administered and possible side effects. This information had been regularly reviewed and updated when needed.

Parents we spoke with told us they were confident staff had the appropriate training to be able to administer rescue medicines in an emergency. One parent told us, "Staff that look after [person's name] are very competent and have all the training they need. They know signs and symptoms to look out for regarding a possible seizure and action they need to take."

Staff were provided with personal protective equipment (PPE), such as gloves, aprons and hand gel and these were readily available when needed. Parents we spoke with told us that staff followed good infection control practice. Staff had received appropriate training in this area.

Is the service effective?

Our findings

Parents told us they felt the service was effective and staff had received appropriate training. One parent told us, "All the staff are competent. I know they have training that is specific to [person's name] needs. I have no concerns over their skills and abilities."

Records we looked at confirmed new staff received a thorough induction before they started working with people in the community. The registered manager told us, "During the induction process we look at policies and procedures, what was expected of staff, online systems and how to use them. We also provide all staff with a staff handbook which contains all policies and useful information." Once the formal induction was completed, arrangements were made for new staff to be introduced to parents and relatives. They would then shadow more experienced staff until they were confident within the role. Parents were asked to provide feedback with regards to the performance of new staff. Any concerns identified were addressed through additional shadowing or training.

Staff had received extensive training in areas the registered manager consider mandatory as well as specialist training which included epilepsy training, the use of rescue medicines and Percutaneous Endoscopic Gastrostomy (PEG) feeding. Records showed staff training was up to date.

Staff we spoke with confirmed they had sufficient training to be able to provide effective care to people. Comments included, "I have enough training. The specialist training is really important and is always very good" and "I have no issues with the training. If we need it to meet a person's needs we receive it."

Staff were supported within their roles through a regular system of supervisions. Supervisions are usually a one to one discussion between the registered manager and staff. The registered manager told us, "Because we have some staff who may only work one day per month at Ryedale Special Families I organise supervisions accordingly. It would not be proportionate to ask a member of staff who only works one day a month to come in for a supervisor every month. The system we have works well and staff know they can speak to me at any time, they do not have to wait for a supervision session."

Records we looked at confirmed regular supervisions were completed and provided staff with the opportunity to review their practice, address any concerns and look at further developments with regards to training. Staff we spoke with told us they were well supported. Comments included, "I only have to pick up the phone if I have a problem" and "I have regular meetings with my manager which can be really useful. We also get newsletters, memos, things like that which keep us up to date."

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.

We checked whether the service was working within the principles of the MCA We found staff were aware of the Mental Capacity Act (2005), which would be applicable for some of the older children. However, staff were not responsible for the general welfare of the children or the younger people who lived with their parents or guardians. Staff had been trained in child protection and safeguarding topics and parents we spoke with said staff followed safe practice and could be trusted.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included doctors, district nurses, physiotherapists and social workers as well as other learning disabilities groups within the local community.

Some people who used the service required support from staff with meals. We found that care plans contained details of people's preferences and any specific dietary needs they had. For example, whether they required feeding through a Percutaneous Endoscopic Gastrostomy (PEG) and the regime for this. A PEG is a feeding tube that is inserted directly into a person stomach. It is used when a person has problems swallowing. Where feeding regimes were in place, they contained clear information for staff to follow which corresponded with guidance provided by other professionals.

The registered location offered facilities to provide a day provision that people could attend with support from staff. Facilities included the use of a play room and a television room. The building had been adapted to ensure it was wheelchair accessible.

Is the service caring?

Our findings

Parents we spoke with told us that staff were extremely caring and treated their children with dignity and respect. One parent told us, "They (staff) are all brilliant. They are so caring and treat [person's name] like one of their own."

Parents spoke positively about the staff and management team. They told us they were fully involved in their relative's care and support and were able to make decisions about how their needs were met. One parent told us, "The one thing they are extremely good at is listening. Listening to what [person's name] wants, what we want and what we expect. The care they give is person centred and [person's name] is always at the centre of everything they do."

Each person was provided with support from a small, consistent team of staff which enabled them to build relationships with people and their parents. It was evident that staff knew the people they supported very well including their likes, dislikes and communication methods. Parents spoke positively about the relationships they had been able to develop with staff. Comments included, "They are like friends of the family" and "They all fit in so well. I can approach them (staff), they listen and they respond."

The registered manager stressed the importance of matching staff who were compatible and had shared interests with both the person and the wider family members. They said they encouraged all parties to give feedback on whether the relationship was working well and everyone knew this arrangement could be changed on request.

Parents confirmed they knew which staff were due to visit and were kept updated if any changes occurred, for example, if a member of staff was ill. One care manager told us, "I am extremely proud of the relationships we have been able to develop with people and parents. I like to think they trust us, can approach us with anything at all and we will respond. We really do have fantastic relationships at Ryedale Special Families and that is one of the reasons I love my job so much." Parents were kept updated via email, newsletters and via telephone. One parent told us, "I prefer email so that is how they communicate with me. They are really flexible and it is evident they want to help as much as possible to make day to day life that little bit easier."

Staff told us they worked in a way that protected people's privacy and dignity. For example, by keeping curtains and doors closed when assisting people with personal care. One member of staff told us, "We know people and their families really well as we visit regularly. We know what they like and how they like it. Parents have a massive input and we follow their lead. Most of the information we need is in the care plan. Sometimes it is the simple things such as closing doors and curtains and covering people over to protect their dignity that make a big difference to how people feel when receiving care."

Staff spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and parents and helping them remain in their own homes. One member of staff told us, "I get such job satisfaction working here. Helping children and young adults have the best quality of

life possible is a huge privilege."

Advocates help to ensure that people's views and preferences are heard. The registered manager told us that people's parents would advocate on their behalf and they listened and respected these wishes. The registered manager was aware of action they would take if they had any concerns with regards to advocacy or arrangements that were in place.

Is the service responsive?

Our findings

Parents told us the service was responsive to people's needs. One parent told us, "They go above and beyond. They will do anything to help and always respond when we need support. They help us all, not just my child which is a god send."

The service was well known locally within the community. The registered manager told us that people were sometimes referred through word of mouth as well as the local authority. Initial assessments took place to ensure Ryedale Special Families could provide the support that was needed. Staff at the service had a discussion with parents, schools and other professionals to gain a clear insight into the person's needs and abilities to ensure they developed a care package which catered for their needs.

Regular reviews took place and parents and other professionals were invited and asked to provide feedback on the service provided. Parents told us they had regular contact with the service and were readily able to discuss any changes. Each person had an identified group of staff who worked consistently with the same person. This allowed staff and parents to come together on a regular basis to discuss what was working and what wasn't, as well as positive outcomes that had been achieved.

Each person had a person-centred care plan in place which had been developed by staff, parents and input from other professionals who were familiar with the person. These contained detailed information, such as how to settle a person if they appeared distressed and step by step guidance on what support was required with each aspect of care delivery.

Each person also had a one page profile, titled 'It's all about me'. This document included information about the person such as their care needs, including medicines and allergies, support, guidance and help needed, mobility, communication and behaviour. Parents we spoke with told us they had been involved in the development of this document and reviewed the information it contained on a regular basis.

Staff were extremely knowledgeable about the people they provided support to. They spoke with compassion and empathy when discussing people they supported. Staff were able to describe what action they would take if they felt a person or family member needed additional support, such as discussing the concerns with the registered manager and parents. One member of staff told us, "We provide care to the person but we provide support to the whole family. I am confident that I know families well enough that they would approach me if they were struggling, as they know we are here to help." They went on to say that the level of support provided was reviewed on a regular basis to ensure people's needs were being met.

It was clear that people's end of life wishes had been considered with extensive input from parents. Care plans contained details of wishes with regards to the preferred place of end of life care, such as care at home or a specific hospice, how to maintain comfort as well as the type and place of burial.

Parents told us they could approach staff with any concerns or worries and that there was an on call facility they could also use to share any concerns out of normal office hours. One person told us, "I have no

complaints. I have open communication with the office staff and manager and I know someone is always available. Most importantly, I know they will listen to me."

Staff we spoke with were aware of their role and responsibilities in relation to complaints or concerns and what they should do with any information they received. The registered manager told us there was also an 'open door' policy at the service. Staff we spoke with confirmed this.

There had been two complaints made to the service in the past 12 months which had been responded to appropriately. There was a complaints procedure in place and we saw this was contained within an information pack which was provided to people when they began to receive a service. The document included guidance on how to complain and what to expect as a result.

Is the service well-led?

Our findings

There was a manager at the service who registered with CQC in April 2017. Prior to this, they had been the registered manager under the provider's previous registration. 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.

During the inspection, we looked to see how feedback was sought from people who used the service and parents and if the registered manager took action when areas of improvement were identified. The registered manager spoke passionately about people and parents and providing them with support. They told us, "People we support generally have input from lots of other professionals and agencies. Asking parents to complete surveys can be another task they just do not have time for. We are here to help them and make life easier so we have looked at different ways we can ask for feedback. We send out one page profiles and ask for parent comments and if they are happy. We also use an online survey. It is just a few questions every now and then that parents can complete online."

Parents spoke with high regard for the registered manager and how the service was run. Comments included, "If I have any concerns at all I can pick up the phone and [registered manager] responds straight away" and "We are able to speak openly to staff and the registered manager. They are always looking for ways to improve and we are fully involved in that process."

Regular meetings were arranged to allow parents to be actively involved in the service. The charity aspect of the service was parent led and parents were also trustees. All parents we spoke with told us they felt fully involved in the service and that the registered manager and staff worked with them, and not against them.

We asked staff about the culture and management of the service and whether they felt involved and valued. All the staff spoke positively about the management and their approach. One member of staff told us, "[Registered manager] is amazing. I have been given the opportunity to grow within the service and [registered manager] has been very supportive. She goes above and beyond and is always willing to listen. She values the staff."

Staff meetings were arranged but were irregular. We discussed this with the registered manager who told us, "Because many of our staff have other employment and work during the day we struggle to get everyone together for staff meetings. We tend to have more team meetings that are specific to people's staff teams. I keep staff updated with regular memos and email correspondents. I also hold drop in sessions, so if staff are available they can come in for a chat and a catch up. This seems to work quite well."

Staff we spoke with told us they were happy with current arrangements and were always kept up to date if any changes occurred within the service. Staff were also asked to complete a questionnaire annually which asked for their views on how the service could be improved. Any comments were considered and an evaluation of questionnaires was circulated to staff.

The registered manager utilised a number of quality assurance tools to ensure people received good quality care and support. Checks were in place with regards to care plans and risk assessments to ensure they were updated accordingly and a matrix was in place to monitor supervisions, appraisal and training. Daily visit reports were also checked on a weekly basis to ensure staff had completed them correctly, with appropriate details. If any concerns were identified then actions taken were recorded. For example, discussions with staff, additional training or a memo to remind staff of what information was required.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. During the inspection, we found the registered manager was clear on their responsibilities and when statutory notifications should be submitted.