

Ryedale Carers' Support The Old School

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

This inspection took place on 12 May 2016 and was announced. This was because the service provided care to people in the community and we wanted to be sure there was someone in the office when we visited.

Ryedale Carers Support is a local voluntary organisation in the Ryedale area based at The Old School in Kirbymoorside. Volunteers provide practical and emotional support for adult carers, the people they care for and some individuals who live alone in the community. This takes three main forms.

- □ A sitting service, where a matched volunteer sits with the person being cared for to enable carers to go out.
- □ A visiting service, where a matched volunteer befriends an older person living alone in the community.
- □ Support groups, which are monthly meetings providing social and recreational stimulation for carers and people who are cared for.

There is no charge made by The Old School for their service. Most of the people who receive a service from The Old School do not require assistance with personal care, however a small number (six on the day of inspection) either do, or have the potential to require this type of support.

The service had 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.

Carers told us they felt the volunteers worked with people safely. Volunteers told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies. Potential risks to people were assessed and discussed with carers to ensure people remained safe.

Volunteers were safely recruited and received relevant training to enable them to meet people's needs in a safe way. Office staff received regular supervision. Volunteers received support at meetings held throughout the year and also whenever they required this through contact with the office and the registered manager.

The service did not become involved in handling medicines, other than to prompt people when this had been discussed and agreed.

People's needs were met, which included support with meals and drinks when required. Volunteers and management liaised with health care services and external agencies where appropriate.

Volunteers gained consent from people before delivering care. The registered manager understood the principles of the Mental Capacity Act 2005 and volunteers were encouraged to approach people in a way

which supported them to make decisions about their care. People's needs were assessed prior to them receiving a service and carers told us they had been involved in the development and reviewing of the service they received.

People were very happy with the care and support they received. They made very positive comments about the volunteers and told us they were kind and helpful. People told us they were treated with respect and volunteer training records confirmed that treating people with regard to dignity and respect were covered on their induction.

We saw appropriate information was given to people using the service to ensure they knew how to raise concerns or make a complaint. The registered manager had not received any complaints within the last 12 months but had received a substantial number of compliments.

The service responded to people's individual needs and preferences and a document drawn up at the beginning of the volunteer relationship showed that people's needs and interests had been recorded. Volunteers were able to tell us what was important to the person they spent time with and demonstrated they had the knowledge to place each person in the centre of their care.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service. Regular volunteer meetings were held where people were encouraged to voice their views. Volunteers told us that communication was effective and that they felt supported by the registered manager and the office team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and discussed with volunteers.

Safe recruitment procedures were followed to ensure volunteers were suitable to work with people who used the service.

Volunteers were not responsible for administering medicines.

Is the service effective?

Good ●

The service was effective.

Volunteers received training to enable them to provide appropriate care and support.

Volunteers asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

The volunteers knew people well and had formed positive relationships with them.

People were treated with respect and dignity.

People were supported to make choices and decisions for

themselves.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Volunteers responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff and volunteers with good leadership and support.

There were quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

The registered manager and volunteers supported people to comment on and influence the running of the service.

The Old School

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 12 May 2016 and was announced. We gave the service 48 hours' notice of our inspection because the service offers care and support to people in the community and we wanted to be sure that the registered manager was available.

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 used this information to support a judgement about the quality and safety of care offered by The Old School.

After the inspection we spoke with two health and social care professionals, three carers and three volunteers who gave us their views about the quality and safety of the service.

We looked at the care records of three people. We also looked at the recruitment records and training information for three volunteers, supervision records for office based staff, a range of policies and procedures and quality assurance monitoring checks.

Is the service safe?

Our findings

People told us that the volunteers cared for them safely. One carer said, "When I go out, having someone [the person] trusts in the house helps them feel safe." Another carer told us, "I trust [my volunteer] completely, and I am sure that [the person] is safe with them." Another person said, "My volunteer is totally reliable and responsible." A volunteer told us, "[The registered manager] introduces us to each person individually and we all discuss what is needed. That is a safe way to do it, so we all know who is who." Another volunteer told us, "I was properly recruited with references followed up."

In the PIR the registered manager told us that they had safeguarding and whistleblowing policies in place which provided staff and volunteers with guidance about protecting people from abuse and the risk of abuse. Records confirmed this.

Volunteers understood the safeguarding and whistleblowing policies and knew what to do if they had concerns about the welfare of any of the people who used the service. Volunteers were trained in safeguarding of adults. The registered manager told us that safeguarding was regularly discussed as a topic at volunteer meetings.

Records of people's support needs provided guidance for staff on how to manage situations to ensure the safety of each individual. In the PIR the registered manager told us that risks were assessed before a volunteer was introduced to a person. Volunteers told us about how risks were managed to ensure both they and the person they were visiting were protected from harm. The service had a positive attitude to risk taking. For example, people were supported to take part in activities in the community which may have risks associated with them due to mobility. However these had been assessed so that people could go out with support and enjoy shopping, café trips or involvement in clubs and events organised by Ryedale Carers Support.

Volunteers were safely recruited. The service had a policy on recruitment. We looked at the recruitment records for three volunteers. Each applicant completed an interview process to ensure they were suitable to work with vulnerable people. We saw essential checks had been completed for each volunteer such as two references and a Disclosure and Barring Service check (DBS), (this is a check to ensure that the service does not recruit people who are known to be unsuitable to work with certain groups of people). Volunteers confirmed the recruitment policy had been followed.

Our discussions with office staff showed that volunteer levels were sufficient to meet the needs of people supported by them. The registered manager told us that they would only take on new people when there were volunteers to meet their needs. Timings of visits were arranged between the volunteer and the people they supported. The registered manager told us it was important that volunteers attended at the agreed times, particularly if visits were timed to coincide with appointments or other arrangements. They told us this was discussed when the volunteer was recruited. Volunteers told us that they signed to say they were making a commitment to support the person by ensuring they visited as agreed. The carers we spoke with told us that the volunteers were reliable and stayed for the time they agreed to. The registered manager told

us that they made a point of matching staff skills and experience with the people who were receiving the service. Carers told us that the volunteers were very well matched to their needs.

Volunteers who supported people through The Old School did not administer medicines. They would only prompt people to take medicines if it was necessary at a time when they were visiting and it had been previously agreed.

Information given to volunteers when they began to support people included basic infection control advice to ensure they protected the people they supported from the risk of cross infection.

Is the service effective?

Our findings

People told us that the service was effective and met their needs. One carer told us, "They understand what we need, and they are good at approaching mealtimes in the way [the person] needs, so that everything goes smoothly." Another person told us, "[The volunteer] and I discuss when we may need the GP and it is nice to have someone else to talk to about health matters."

The registered manager told us that the volunteers often were recruited for their specific skills. They gave the example of retired mental health workers, nurses and social workers who had a long history of relevant experience.

In the PIR the registered manager told us that office based staff received training in safeguarding of adults and the Mental Capacity Act (2005). Volunteers told us that they had been well prepared by the registered manager and team for the role and had attended training on subjects relevant to the work they were doing. They received an induction to the role, which covered such areas as information sharing and confidentiality, and volunteers were given a booklet which offered guidance in key areas such as first aid, what to do in an emergency and handling money safely. This also covered noticing significant changes and when to inform the registered manager.

Written evidence of the training on offer was available. This covered wheelchair handling training, bereavement, dementia, visual impairment and aids and equipment for daily living. Except for the safeguarding training, this training was not mandatory. However, volunteers often attended the training they felt would support them to offer appropriate care. Volunteers also received one to one training with the person they were supporting, which was delivered by the registered manager and/or the carer. One volunteer told us that they had been given guidance in how to cut up food and where to place a plate of food so that a person would be able to see it clearly and eat it safely.

A mental health care professional told us that when they had referred a person to The Old School and a new volunteer had been found, the introductory visits would often take place jointly with the professional, the volunteer and the registered manager. They told us this was reassuring for the person and helped with the volunteer's induction to their role.

At the end of each month volunteers submitted a report to the registered manager to describe the work which had been carried out. We sampled three reports which outlined the support each person had been given. We also sampled three assessment files. People's interests and what was important to them was recorded along with any health conditions, risks, and the agreed level of support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that they were. For services provided to people in the community, any application to deprive a person of their liberty must be made to the Court of Protection. However, no applications had been made to the Court of Protection by this service.

Volunteers told us that they had been advised by the registered manager how to support people to make their own decisions and to understand that people's capacity to make decisions may vary. Volunteers told us that they always asked people for their consent when offering personal care or support with daily living tasks.

The registered manager told us they had developed strong links with the local adult social care team, the community mental health team and GPs. We spoke with a health and social care professional who confirmed that the working relationship was good and that volunteers were skilled at following their advice. A mental health professional said that the volunteers were good at feeding back if there were any significant changes in a person's wellbeing. This was particularly important for those people who lived alone. They said that they relied on the good quality feedback they received and added, "They are very good. Without them, it would have a negative impact on our service."

The registered manager told us about their liaison with the living well team which was funded by the local authority, and which specialised in supporting people to reintegrate into the community. They gave us some examples of when people had been supported to attend organised events and to go to clubs in liaison with the living well team.

This meant that the service worked alongside other professionals in the community to improve the health and wellbeing of those people they supported.

Is the service caring?

Our findings

People and their carers told us that the volunteers were kind and caring. One person told us, "Our volunteer is so kind and caring." A carer told us, "They do everything splendidly and with such understanding." Another carer said, "My volunteer is so empathic, [they] are wonderful with us both. We couldn't have anybody nicer." Another person said, "The office ladies are so lovely, always so polite and respectful." Another person told us, "They have matched us up with someone so well. Someone exactly on our wavelength. It's marvellous." Another carer told us, "To have this support and know how much they understand is invaluable. It's a platinum service."

A mental health care professional told us that people had sometimes told them that the service had been life changing for them, for example, allowing the carer to be themselves and take some much needed time away from their caring duties. They told us that in their experience the volunteers they had worked with had been very respectful and kind with people and their carers.

In the PIR the registered manager told us that their aim was to provide a service which reflected a person's wishes and needs. They were committed to promoting people's dignity, privacy and valuing the diverse needs of their clients. After the volunteer has made two visits, the registered manager told us they followed this up with a phone call to check on progress with the person or their carer and to ask whether the volunteer was treating them with respect and kindness.

The registered manager told us that they had links with other agencies and with people's permission would refer for example to advocacy, the Carer's Resources or Age UK. This may be for advice on various subjects including benefits, sight issues, or for membership of a support group for people affected by a stroke.

The service had a policy on confidentiality, and people signed to give their permission for information to be kept on file about them. Information was locked away appropriately in the office. Volunteers told us that they had received training on confidentiality during their induction and they understood they should not speak about individuals they supported outside of the work environment. This meant the service had taken steps to protect people's privacy and to keep information about them secure.

Is the service responsive?

Our findings

People and their carers confirmed that the service was very responsive to their needs. One person told us, "They are very proactive. They ring up and tell us about things they are organising such as the 'Scones and Songs' events and the Christmas lunch. They ask us to join in and they send out letters telling us about their trips, encouraging us to come along. When we have gone on trips it has been really first rate." A carer told us, "Our volunteer has picked everything up so quickly. They were happy to watch me and followed my advice and now they know just how to do things." One person had written in a survey sent out by the service, "Really enjoy dominoes with [the volunteer] and having a cuppa with [them]." Another person had written about the Scones and Songs event, "Something to look forward to. I know I will be going somewhere once a month." Another person had written, "Seeing quite a few people I haven't seen for a long time. And the entertainment is really good."

The registered manager told us that people contributed to the assessment and planning of their support before being introduced to the volunteer. People's individual histories were discussed and their skills, interests and hobbies were recorded. This supported the registered manager to match a suitable volunteer and to understand what the person's support needs were. For example, the registered manager told us about a person who due to their health, was no longer able to keep a pet dog. They matched a volunteer who brought a dog with them on their visit, so that the person enjoyed the company of both the volunteer and pet.

A mental health care professional told us that the service responded to people's needs. They told us of an instance when the registered manager had matched a volunteer with a person who was interested in railways and this had worked very well. They said that the 'Songs and Scones' and the 'Farmer's Breakfast' events organised by the service were extremely popular and met the needs of a wide range of people. They explained that some people did not have a volunteer but benefitted from the organised events.

The 'Farmer's Breakfast' event was very popular and at the last 'breakfast' 22 men attended. This involved refreshments and a talk on a subject people had been asked about and were interested in. The mental health professional told us that this met the needs of a group of older male members of the community who enjoyed getting together to meet each other and share news.

Carers were enthusiastic about the 'Scones and Songs' event. This was a regular opportunity to get together to listen to a musical performance, for example light opera or popular songs, with refreshments. The registered manager told us this was so well attended there was a waiting list. The registered manager said that they worked with 'Life Music Now', a local initiative to provide the musical entertainment. The service provided free transport which meant that some people could attend who may otherwise have been unable to do so. In this way the service demonstrated that it took into account the particular needs of the local population and tailored a service to combat social isolation.

The registered manager said that if they were made aware of the need for any equipment or daily living aids which would benefit a person then, with their permission, they would refer to the local occupational therapy

department.

The volunteers offered a sitting service so that carers could go out into the community as they wished. They also accompanied people who required support to go on outings, such as to concerts, shopping trips or to cafes. Sometimes the volunteer supported both the carer and the cared for person to go on trips out which they would not attempt alone. This meant the people were able to enjoy going out such as to a local restaurant, to a garden centre or to visit friends. When the volunteer stayed with a person in their own home they might for example play dominoes, read aloud, cook meals or bake with a person. A volunteer had written how both they and the person they supported loved to play scrabble and that this was how they spent their time together.

The service had a complaints procedure and policy and volunteers received information on this during their induction training. The service had received a number of compliments, but there had been no complaints. The registered manager told us that if a complaint were received they would write to the person acknowledging it, investigate this within a set timescale and send the person feedback about what they had done. This meant that the service responded to people's concerns to improve the care and support they received.

Carers told us that they would be confident to raise any concerns with the registered manager or any of the office staff and felt that any issues raised would be taken seriously and addressed.

Is the service well-led?

Our findings

A volunteer told us "The service is excellent to work with. I have no hesitation in saying that. They are so supportive." A carer told us, "The manager and office staff are very helpful." Another person had written in a survey carried out by the service, "I find all the staff very friendly and helpful. Whenever I have had any queries they have responded as soon as possible and I always feel that I can contact them if there is a problem." A volunteer had written, "If there were any unclear situations, I feel confident that I could ask and that I would quickly be given clear guidance." Another volunteer had commented on the quality of management. "They are very approachable and quick to return calls or emails if messages are left. They are very open to concerns and emphasise that worries should be shared."

The service had a registered manager in post. The management structure supported the work carried out by the service. Ryedale Carer Support was organised with a board of trustees, the registered manager, a deputy manager, and supporting office staff. There were a large number of volunteers working with the service but only six at the time of the inspection who would potentially offer personal care to a similar number of people in the community. Volunteers told us that the registered manager and office staff were approachable and supportive and that they could contact them for advice at any time.

The registered manager met with volunteers three times a year at events organised by the service. There was a Christmas lunch, a summer gathering and an annual general meeting. These were social events with a speaker who would give a talk on a relevant area of interest. Volunteers could visit the office between these times and discuss anything of concern. Also there was regular telephone contact with volunteers who were also encouraged to call the office if there was anything they wished to discuss.

The registered manager had a clear understanding of their role. They told us that they kept up to date with current best practice through reading and updating their training. They also attended conferences, such as the "working together for rural health" conference last year. They had also attended the local Women in Rural Environments (WIRE) group, for individuals of retirement age in order to inform people about the work they did and to learn about new initiatives. They were aware of other rural development programmes and sourced information on these.

The registered manager was a trustee of the Coast and Vale Community Action group (CAVCA). Representatives of the organisation sat on the Health and Social Care Forum in Scarborough, Whitby and Ryedale. This promotes integrated care across all health and social care provision in the area. Ryedale Carers Support also worked jointly with 'Caring Together Whitby' and 'Support for Carers' in Scarborough to share resources, ideas and information. The registered manager planned to work more formally with the Whitby and Scarborough groups to provide a more seamless service across the wider geographical area. The registered manager told us this plan was supported by the Local Authority and the Clinical Commissioning Group (CCG). This meant that the service was proactive in seeking out ways to improve the experience of support for people in the local community and their carers.

The registered manager used a Practical Quality Assurance System for Small Organisations (PQASSO) which

is a self -assessment tool for charity organisations focusing on twelve areas of quality. The registered manager told us that they carried out this assessment every three years as set down in the PQASSO guidance. A report was compiled at the end of the self assessment and the results were analysed for indications of where improvements could be made. The quality assurance system included surveying people, their carers, volunteers, health professionals and referring agencies involved in people's care. A business plan was drawn up for each coming year and shared with volunteers in the regular meetings they held. Results of surveys and quality assurance monitoring checks confirmed that the information gathered was used to draw up improvement plans for the service.

Policies and procedures which we sampled had been recently updated, for example, we saw policies and procedures on safeguarding, health and safety, confidentiality and complaints.

Volunteers were clear on the scope and limit of their role and knew when to contact the registered manager for advice or support. The registered manager was aware of the requirement to send notifications to CQC for certain events. However, the service has not yet been required to send a notification within the scope of the regulations.