

Rangeford Care Limited

Mickle Hill

Inspection report

Malton Road
Pickering
North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mickle Hill is a domiciliary care service which provides personal care to people in their own bungalows and apartments within the purpose-built extra care housing scheme.

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 over 160 people were living at Mickle Hill and 3 people were receiving the regulated activity of personal care.

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

Governance checks to maintain and improve the quality of the service and maintain compliance with regulation were not always implemented effectively.

People received initial assessments of their needs and information was used to formulate care plans for staff to use as a point of reference when supporting people. However, information was not always completed consistently putting people at risk of harm. People's views and preferences were recorded but people were not always aware of all their choices and some preferences were not met due to staffing restrictions.

Staff did not always have access to clear information to communicate with people. Information to ensure people received effective communication was not robustly completed or updated following guidance under the Accessible Information Standard.

The provider was actively recruiting staff with interim contingency plans in place to ensure people's needs were met.

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented.

Where people required support to take their medicines this was completed safely as prescribed. The provider worked closely with other health professionals and supported people with any required referrals to maintain their health and wellbeing.

Staff were safely recruited into their roles and were supported with a range of training and support to carry out their duties. This included observations of their practice and regular supervisions.

Staff had good access to personal protective equipment to manage the risks associated with the spread of

infection including COVID-19 and adhered to government guidance to protect people.

People told us they were happy with the service they received. They told us they were confident in approaching staff and the registered manager with any concerns and that any feedback or suggestions would be responded to.

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 told us they felt a part of the community where they lived and enjoyed good access to a range of relevant activities.

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

Rating at last inspection

The last rating for the service under the previous provider was outstanding, published on 18 February 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection. We have found evidence the provider needs to make improvements. Please see the safe, responsive, and well led sections of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the governance of the service, provider oversight including risk management and record keeping.

We have made recommendations for the provider to review and improve their policy and practice for record keeping and care planning. We found no evidence during this inspection that people were at risk of harm from these concerns. The registered manager had started to implement a new electronic risk assessments process to ensure robust and up to date record keeping was in place.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mickle Hill on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mickle Hill

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 21 March 2023 and ended on 17 April 2023. We visited the location's office on 22 March 2023 and 12 April 2023.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people receiving a service and 2 relatives. We spoke with 3 staff and the registered manager. We reviewed 3 care plans, medication records and records associated with the management and oversight of the service. We reviewed 3 staff files, associated training and support records and a range of policies and procedures used by staff as a point of reference to support them in their roles.

Is the service safe?

Our findings

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

At our last inspection under the previous provider, we rated this question outstanding. At this inspection under the new provider the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People received an initial assessment of their needs and associated risks were recorded. However, due to inconsistent record keeping, records used by staff as a point of reference about people's safety were not always consistent, accurate or up to date. This put people at risk of harm.

We recommend the provider undertakes an urgent review of their arrangements to record required information about risks to people's safety and to ensure updated records accurately reflect people's needs.

- The registered manager had started to implement a new electronic risk assessments process to ensure all that could be done to reduce the risk of harm was in place.
- Staff held daily hand overs where they discussed people's changing needs and understood what actions to implement to keep people safe.
- Staff had access to environmental risk assessments to keep themselves and others safe whilst accessing people's homes.
- People told us they felt safe, and staff were proactive in suggesting ways to keep them safer still. One person said, "I definitely feel safe I'm in the main building and we've got buzzer [to alert staff] if needed."

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received their care and support from regular staff who they knew, and that staff turned up on time and stayed for the right duration. One person said, "We receive a copy of the staff rota for the week, if staff are going to be late then they let us know, there's no surprises."
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs. The registered manager said, "Recruitment has been challenging and we have worked hard to ensure that we continue to recruit people with the required skills."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse. One person said, "Oh yes I feel very safe, I know who I can talk to."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what

actions to take to safeguard people from avoidable harm.

- All incidents were documented with systems to record outcomes and actions to help improve the service and prevent similar events as part of lessons learnt.

Using medicines safely

- Where people required support to take their medicines this was completed safely.
- Where people were prescribed 'when required' (PRN) medicines, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Electronic medication administration records (EMAR) were completed where people required support. EMAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- People and their relatives told us staff followed relevant infection prevention and control guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At our last inspection under the previous provider, we rated this question good. At this inspection under the new provider the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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

- At the time of this inspection there was no one with a Court of Protection was in place.
- Care plans recorded signed consent by people to the service and the care and support they received.
- Staff understood the importance of offering people choice and to promote their independence. One staff said, "I always assume people have capacity to make their own informed decisions and always encourage people to maintain and improve their independence. For example, when I assist people to have a wash I always encourage and support them to do as much for themselves without taking over."

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

- The provider completed assessments in order to ensure they were able to meet the person's care needs.
- People confirmed they were involved in all aspects of their care and support. A relative said, "Yes very much so, the door is very much open, we've been invited to social evenings and that's been going at our pace, the support is there for whatever, and whenever she wants."

Staff support: induction, training, skills, and experience

- Staff had completed training relevant to their roles. This included topics such as safeguarding, food hygiene and infection control. A staff member said, "The online training is good and varied, I think we would benefit from more practical training, for example, in moving and handling; we have good support to keep our skills up to date."
- Staff were supported through supervisions where they could discuss any issues. Staff told us they valued

one to one support and supervisions.

- Spot checks were completed to provide assurances of staff competency and performance in their daily roles. This included observations of staff supporting people with their medicines and was used to help develop staff and to identify any further training needs to improve the care provided.

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

- Assessment of people's dietary needs was recorded.
- Care plans recorded any allergies people had and staff had access to information to support people with any dietary requirements where required.
- The registered manager was implementing an electronic care recording system to ensure any changes in people's needs were better accessible to staff; to assist people to eat and drink enough and remain healthy.
- Staff confirmed they worked with other health professionals for example, dieticians to ensure people maintained a balanced diet.

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

- People had good support to access other health professionals to maintain and improve their wellbeing.
- Staff understood how to ensure people received timely access to health professionals. For example, staff told us people had routine access to their GP, dentist, occupational therapist, and district nurse. One staff said, "If people need other support with their health, then I would help them to make a referral to the right people."
- Staff ensured any health advice for people was discussed at handovers between shifts, and staff made time to encourage and support people with daily living skills and any ongoing reablement.

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.

At our last inspection under the previous provider, we rated this question good. At this inspection under the new provider the rating for this key question has remained 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

- Care plans were written with consideration of people's cultural backgrounds and supported any personal choices. For example, choice of male or female carer. However, when asked, most people felt they did not have a say in who their carer's were and were not aware they could have a choice. One person said, "I'm not absolutely sure, I think we were asked. I feel a bit uncomfortable if we have a man who comes to help my husband." Staff told us recruitment was ongoing which would benefit people's preferences and provide them with their preferred choice of care worker.
- People told us staff, carers and manager were very caring and they felt part of a community.
- People benefited from a small group of regular staff who understood their individual needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity, and independence

- People and their relatives told us they were actively involved in the planning of their care and were supported to express their views. A relative told us, "Yes, it's amazing how well [Name] settled in. I do feel a lot of that is the support of the staff which has helped her and us; they're all so friendly and supportive."
- Most people did not currently have personal care but where they did people and their relatives told us they were treated with respect and dignity by staff. One person said, "Yes they do [treat me with respect], they seem pretty good on the personal care."
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider, we rated this question outstanding. At this inspection under the new provider the rating has changed to requires improvement. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff did not always have access to up-to-date person-centred information to provide people with personalised care and support. Care records were not well organised and included important omissions and outdated information.
- Care plans included some reviews of people's care. However, there was no meaningful process to ensure support was responsive to meet people's needs and personal outcomes.

We recommend the provider undertakes an urgent review of their arrangements to record required information to ensure people have choice and control and to meet their needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included a dedicated AIS provision to record people's communication needs. Despite reviews of the AIS record, the information was not always up to date and failed to record changes and deterioration in people's ability to communicate.
- People were at risk from a failure to understand their communication needs due to inconsistent record keeping used as a point of reference by staff. For example, one care plan recorded the person had clear communication capabilities and was good at communicating their needs. Elsewhere the care plan also recorded the person sometimes struggled to communicate what they wanted to say since having dementia. An associated summary recorded the person could communicate verbally with no reference to dementia.

We recommend the provider undertakes an urgent review of their arrangements to record and update required information about people's communication needs with reference to the AIS.

- The registered manager had started to implement a new electronic care management system which will help to ensure people's ability to communicate is clearly recorded and supported.
- Information was available in a variety of formats and different languages to help people with access to information they required.

- Staff discussed the benefits of a small team to support people. They explained how this enabled them to familiarise themselves with people's individual communication preferences.
- People told us staff were patient and checked to ensure they understood and were happy with the service.

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

- The service actively supported people to follow their interests and encouraged people to take part in social activities relevant to their interests.

Improving care quality in response to complaints or concerns

- Staff supported people to raise concerns or complaints. Processes were in place to investigate and respond to any complaints or concerns. Outcomes were used to help improve the service.
- People and their relatives had clear expectations on the quality of the service they received and understood how to share any concerns. Everyone knew who the manager was and felt the door was open to see them at any time.
- Guidance on raising concerns and complaints was available in different formats for people to understand. For example, in large print and pictorial format.

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.

At our last inspection under the previous provider, we rated this question outstanding. At this inspection under the new provider the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

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

- The provider completed a range of checks to maintain standards and identify any areas for improvement. However, checks to ensure care records remained up to date were not effective. For example, where risks were recorded, information for staff to use as a point of reference were not consistently recorded or updated to ensure staff had the information they needed to provide safe care and support.
- Checks failed to ensure records were up to date to record people's key communication preferences which may mean they receive information in a way they don't understand.
- People's preferences were recorded. However, checks failed to ensure people understood their choices, for example to request a male or female care worker.

The provider failed to maintain an accurate, complete, and contemporaneous record in respect of each person. Records to monitor and mitigate the risks relating to the health, safety and welfare of people were not robust and included areas of omission. Governance and performance management was not always reliable and effective and had failed to ensure remedial actions for the concerns found during this inspection were implemented in a timely way. This was a breach of regulation 17(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care.
- The provider worked in partnership with others which ensured people had access to all health services to meet their needs and help them remain independent in their own homes.
- Staff were passionate about enabling people to live their best lives.

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 Governance and record keeping processes were ineffective in maintaining accurate and complete records to monitor and mitigate risks relating to the safety and welfare of people from the carrying on of the regulated activity Regulation 17(1)(2)