

Your Ryedale Care Limited

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Inspection report

2 Carter Yard
Wombledon
York
YO62 7RP

Date of inspection visit:
30 November 2022

Date of publication:
23 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

Your Ryedale Care Limited is a domiciliary care service providing a regulated activity of personal care to people in their own homes. The service provides support to people living with dementia, people with mental health needs, older people, people with a physical disability and people with a sensory impairment. At the time of our inspection there were 6 people using the service.

Everyone who used the service at the time of the inspection 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.

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

The provider had failed to ensure staff always received a robust induction, training, professional development, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform. The registered manager was aware of the omissions and discussed how they planned to quickly implement the required improvements.

The registered manager completed a range of audits and checks to maintain standards of service. However, management oversight failed to always ensure these checks remained effective to ensure actions identified were implemented in a timely way in line with the providers policy.

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 to help keep people safe.

Risks associated with people's care were assessed and recorded to help staff provide safe care. Staff also had access to information to keep them safe when entering people's homes. Where people required support to take their medicines, this was done safely, as prescribed, with appropriate record keeping checked for accuracy.

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.

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 knew when to expect their care calls and that calls respected their preferred times. People spoke positively about the service they received and the way the service was managed. The registered manager was passionate about providing people with a personalised service to help them remain

living as independent as possible in their own homes. People told us that staff supported them when their care needs changed to ensure they were able to retain their independence.

People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes preferences and any personal characteristics were recorded and supported.

The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People told us they felt confident to approach staff and the registered manager and that their suggestions would be listened to.

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

Rating at last inspection and update

This service was registered with us on 23 February 2022 and this is the first inspection.

Why we inspected

This inspection was carried to assess the service and provide a rating following registration.

Recommendations

We have made a recommendation for the provider to review their policy to ensure staff receive the required induction, training and support in a timely manner.

We have made a recommendation for the provider to review their policies to ensure audit systems, and process checks remained effective in driving the areas requiring improvement which we found during the inspection.

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 and local authority 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Your Ryedale Care Limited

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 carried out by an 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 1 November 2022 and ended on 5 December 2022. We visited the location's office on 30 November 2022.

What we did before the inspection

We spoke with 1 person receiving a service and 3 relatives. We reviewed information we had received about the service since first registration. We sought feedback from the local authority, Healthwatch, and

professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed two care plans, medication records and two staff files.

After the inspection

We spoke with 1 staff member. We reviewed records associated with the management and compliance of the service which included staff induction, training records and information used to schedule staff support.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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, "Couldn't be better. Nothing is too much trouble for them. We see the same team all the time so feel very, very safe".
- Staff had access to a safeguarding policy and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with associated processes in place to record outcomes and actions to help prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Care plans included initial assessments of people's needs. Known risks were recorded with information for staff to follow to provide safe care. One person said, "They [staff] are spot on. I have to stay in bed a lot, if there's anything wrong, they're on it. Staff know the signs. They listen."
- Staff told us they knew how to manage risks when visiting people in their home. One staff member said, "We are only a small team which means we work well together. We are good at sharing information."
- Checks were completed to ensure staff had the required information to safely access people's homes and navigate their environments.

Staffing and recruitment

- 2 staff were employed at the service. Appropriate checks were completed to ensure staff were suitable for the role which included DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was reviewing associated staff files to ensure this information was better organised to reflect required evidence in line with recruitment policy.
- Staff told us there were enough staff employed to provide people with person centred care that met people's individual needs. One relative said, "They're [staff] always on time; never in a rush. They fill their time if they finish their other jobs early either by doing extra things or sitting talking to my wife."

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely.
- If people were prescribed 'when required' (PRN) medicines, the registered manager followed a medicines policy. Protocols were in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.

- The provider was reviewing refresher medicines training to ensure staff continued to have the required skills and knowledge. The registered manager told us how they planned to implement staff checks to ensure they continued to follow best practice in medicines management and administration. The registered manager said, "I completed shadow shifts when staff first started and will be introducing refresher training and recorded spot checks on staff to ensure they remain competent. We will address any required actions during supervisions."

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.
- 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.

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.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role and due to the size of the team enjoyed good informal support from the registered manager. However, the registered manager did not consistently ensure staff received formal recorded supervision and appraisals in line with their own policy.
- Staff completed a basic induction to their role. This included recorded shadow shifts where the registered manager observed staff carrying out their roles.
- Staff had access to a range of training deemed mandatory. However, oversight failed to ensure all required training both at induction and to refresh skills was completed in a timely manner.

We recommend the registered manager reviews their policies around support, training and induction and implements appropriate associated processes; to ensure staff remain supported and up to date with their skills and knowledge following best practice guidance.

The new manager responded to these issues during the inspection. They confirmed an awareness of these requirements. They immediately implemented new processes to support the induction, ongoing training and support for staff.

- People using the service told us they felt staff had the relevant skills and were competent in their role. A relative said, "The care team members are very tactful and patient when helping. This is on top of the brilliant way they deliver the care they're planned to do."

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

- The registered manager completed assessments prior to agreeing a new package of care in order to ensure they were able to meet the person's care needs.
- The registered manager told us they would only accept a new care package once they had the staff capacity and were able to match a person with a suitable member of staff. This meant the provider was able to assure themselves of their ability to provide effective support.
- People confirmed they were involved in all aspects of their care and support. A relative said, "The carers do whatever we need. If anything changes, we only have to mention it and it's done".

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

- There was no one with any specific dietary needs at the time of the inspection. However, care plans included provision to record any allergies and staff confirmed they would have access to any dietary

requirements should this be required. A relative told us, "Sometimes, if I'm going out, they [staff] will just help out [with meals and drinks], no problem".

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

- People told us that despite the problems they had accessing timely care due to living in rural areas they received support to access other health professionals when required. One person said, "We do have access to a GP practice which is by phone in the first instance. People then have to travel to attend a surgery."
- Staff ensured that any health advice for people was recorded and followed.
- Staff clearly understood the required processes to ensure people received timely access to health professionals.

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.

- The registered manager understood the requirements associated with the MCA. At the time of the inspection no one receiving a service who was under a Court of Protection approved DoLS.
- People told us they were asked for their consent prior to being supported.
- Staff understood the importance of offering people choice and to promote their independence.

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 staff were kind and caring. One person said, "Couldn't be better. Nothing is too much trouble. Staff are invariably kind and caring. They make sure everything is right".
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff member said, "It's a small service, like one big family".
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any choices and preferences.

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 told us they were actively involved in the planning of their care and were supported to express their views.
- Staff understood the need to treat people with respect and dignity.
- People told us staff encouraged and supported them to be as independent as possible. A relative said, "Their unfailing cheerfulness and kindness have contributed to [name] gradually regaining their mobility and confidence to do things for themselves".
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and personal awareness. One relative told us, "[Name] needs three staff to help at the moment. Excepting holidays or illness we get the same team".

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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual. Care plans included information on people's interests, dislikes and healthcare needs.
- Care plans were reviewed and signed by the person to agree to the changes. Staff had access to electronically record any immediate changes in people's needs which were then updated into the main care plan for others to reference.

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 carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People we spoke with told us that staff and the registered manager communicated very effectively with them. One person said, "Carers will ring or text if they're going to be late. The manager either rings or calls in regularly. They have devices to record their visits and I can read those records electronically".
- People's communication needs were recorded in care plans for staff to follow. People told us staff were patient and checked to ensure they understood and were happy with the service.

Improving care quality in response to complaints or concerns

- Guidance on raising concerns and complaints was available and processes were in place to investigate and respond to any complaints or concerns.
- People had clear expectations on the quality of the service they received and understood how to share any concerns.
- Everyone we spoke to told us they did not have reason to consider a complaint. People told us concerns were routinely dealt with and they felt confident complaints would be addressed appropriately. One person said, "If I see something that needs to be done or changed, I just chat with them and it's fixed." "[Name of manager] is always ready to listen; she's very professional".

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.

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

- Governance and performance checks used to manage the service were not always effective. Systems and processes were not regularly reviewed and failed to always ensure the required improvements we identified, were implemented in a timely way. For example, where staff induction, support and training required updating.

We recommend the provider reviews their quality assurance policy to ensure required audits and checks remain robust and effective; to maintain standards of service and identify any areas for improvement.

- Where we discussed areas for improvement, the registered manager was pro-active in their response. They discussed implementing a plan of actions to drive the required changes.
- 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complimentary about the management of the service. One person told us, "[Name of registered manager] is always very helpful, she listens and works to get a solution."
- Staff told us the registered manager was both approachable and responsive. One staff said, "I enjoy my job we're like one big family, the registered manager is very supportive, she cares about everybody; it doesn't feel like a place of work".

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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given the opportunity to feed back on the service they received and told us staff and the registered manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements.
- Pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences.
- People's views and preferences were recorded and where required adjustments made to ensure care was tailored to meet their needs. For example, people were asked if they preferred male or female care staff before commencing a service to ensure their choices were available to support them.

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 registered manager ensured people had access to other available health services to meet their needs and help them remain independent in their own homes.
- The registered manager worked with local authorities and only accepted referrals where they had the capacity to meet peoples assessed needs.
- The registered manager was passionate about enabling people to live their best lives. They were aware of the improvements required at the service and were confident planned actions would quickly bring the service up to full compliance.