

Ryedale Homecare Limited

# Ryedale Homecare

## Inspection report

5A Welham Road  
Norton  
Malton  
North Yorkshire  
YO17 9DP

Tel: 01653699360

Date of inspection visit:  
08 December 2020

Date of publication:  
04 February 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ryedale Homecare is a domiciliary care service providing personal care to younger adults and older people who may be living with a physical disability, dementia, a learning disability or autistic spectrum disorder. At the time of our inspection 28 people were using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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

People praised the kind and caring support staff provided and how management were responsive and worked well with other professionals to help meet their needs. However, improvements were needed to make sure people's medicine were managed and administered safely.

Clear and complete records were not always available to demonstrate the service was effectively managed. People's care plans and risk assessments did not always contain enough person-centred information to support staff to provide safe care. Although no one had been harmed because of the concerns we identified, the provider did not have a robust system of audits and checks to monitor the quality and safety of the service. This put people at increased risk of harm.

The provider needed to update their policies and procedures to reflect current best practice guidance and develop a training plan to help monitor and make sure staff had the training required to safely meet people's needs.

People praised staff's reliability and punctuality. Staff wore appropriate Personal Protective Equipment (PPE) to keep them and other safe. People felt safe with the support staff provided and were confident management would respond to any issues or concerns they had.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 11 November 2017).

### Why we inspected

The service was involved in a planned pilot virtual inspection. The pilot looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. During this pilot, we identified concerns about risk management, auditing and the governance of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ryedale Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ryedale Homecare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a pharmacy 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 houses and flats.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was 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 6 October 2020 and ended on 8 December 2020. We visited the office location on 8 December 2020.

#### 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 professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and nine people's relatives or friends. We received feedback from three health or social care professionals about their experience of the care provided. We spoke with five members of staff including the registered manager (who was also the nominated individual), a senior carer and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to training and supervisions. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question was rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

### Using medicines safely

- People's needs were assessed to identify what support they needed to take their medicines. However, records of people's medicines were not always updated when changes occurred.
- Care plans, risk assessments and guidance for medicines prescribed when required did not contain enough information for staff to administer these consistently and safely.
- Cream application records were not always clear. The frequency of application and the area where creams were applied was not always detailed.
- Medicine audits were completed, but did not identify all the issues we found.
- The provider's medicine policy and procedure did not reflect current good practice guidance.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always contain enough information to support staff to provide safe and consistent care.
- They did not always include clear information about risks or link to good practice guidance about how these risks should be managed.

We found no evidence people had been harmed because of these concerns, however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at increased risk of harm and was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider employed a small team of staff who worked closely with people to understand and meet their needs. A professional told us, "The service is safe, the manager and staff seem to be very proactive in identifying risks and exploring resolutions to problems, contacting professionals such as GP's, district nurses and others, to ask for further advice or our opinions on issues they encounter."

### Systems and processes to safeguard people from the risk of abuse

- People who used the service felt safe with the care and support staff provided. Staff understood their responsibility to identify and report any safeguarding concerns.
- The provider needed to update their safeguarding policy and procedure to ensure it contained detailed information about how safeguarding concerns would be managed.

### Staffing and recruitment

- People told us staff were reliable and provided care and support when they needed it. Feedback included, "They are punctual, if they are going to be late they will phone me, but this rare." A relative said, "Staff are really good with time keeping."
- Recruitment checks were completed to help make sure suitable staff were employed; some gaps in records needed to be addressed.

#### Preventing and controlling infection

- People were kept safe by staff who had received guidance on good hand hygiene practices and the appropriate use of Personal Protective Equipment (PPE).
- PPE was readily available and used appropriately to manage and minimise the risk of staff catching and spreading COVID-19 and other healthcare related infections.
- People told us, "The staff always wear their PPE, always have their masks on and have gloves and aprons on too" and "They are really careful, they always wash their hands and wear their masks in the house."

#### Learning lessons when things go wrong

- The provider had a policy and procedure setting out how they would respond to any accidents or incidents and to help learn lessons if things went wrong.



# 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 the last inspection this key question was rated Good. At this inspection this key question was rated Requires Improvement. This meant the service management and leadership was inconsistent. The systems and processes in place did not always support the monitoring and delivery of high-quality care.

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

- The provider did not have a robust and transparent system of audits to evidence how they checked and made sure the service was safe.
- The registered manager described the processes they used, but records were not always available to evidence the audits and checks they told us they completed.
- Clear and complete records were not always in place relating to the management of the service or to support staff to provide safe and person-centred care.
- The provider did not have a robust training plan or a clear way to monitor and make sure staff had the training they needed to provide safe high-quality care.
- The provider's policies and procedures did not always reflect current best practice guidance. For example, in relation to the management of medicines, safeguarding and the Mental Capacity Act 2005.

The failure to implement robust systems of governance and keep clear and complete records was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager showed us plans they were making to address these concerns including plans to introduce spot check records to monitor the support staff provided.

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

- People told us staff were caring, flexible and exceptionally kind. Feedback included, "I couldn't do without them. They are so friendly and nothing is too much trouble for them, I just can't praise them enough."
- People praised how staff and management went above and beyond to help them and meet their needs. A person told us, "The manager is brilliant and kind as are the rest of the team."
- The registered manager worked closely with staff and people who used the service to help ensure the service met their needs and supported them to achieve good outcomes.

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

- The registered manager understood their responsibility to be open and honest with people and to apologise to them if something went wrong.

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

- People felt the registered manager was approachable and supportive; they were confident raising any issues and that these would be addressed. A relative said, "Management are easy to contact. They are always at the end of the phone. They always pick up and are responsive to our needs."
- Staff and management worked closely with healthcare professionals to help make sure people's needs were met.
- Professionals praised the communication and open working relationships they shared with the service. One said, "They communicate well. If they have any concerns about a client they will contact us and discuss any issues and organise education accordingly so as to provide the best possible service."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not adequately assessed, monitored and improved the quality and safety of the services. They had not always maintained complete records in respect of each service user, persons employed and in relation to the management of the regulated activity. Regulation 17(2)(a)(c)(d).