

Rysvil Care Services Limited

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Inspection report

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30 August 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rysvil Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes.

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 this inspection 30 people were receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 3 people with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support

Staff supported people to have full choice, control, and independence over their lives. There were systems in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people using the service were assessed and strategies were put in place to reduce the risks.

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. Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents.

Right Care

People received care and support that was personalised and provided by a staff team who were well trained and well supported. Comments from people who used the service and relatives were complimentary and consistent stating they were happy with the care, treatment and support the service provided. Reviews of people's care were held regularly to ensure their care was regularly assessed and updated if changes were needed.

Right culture

The service promoted a culture of inclusion, diversity, and equality. People and those important to them, were involved in planning their care. Staff supervision, staff meetings and spot checks were undertaken regularly and used to develop and motivate staff, review their practice, and focus on professional development. There was good management oversight of the service. A range of quality assurance audits were in place and were effective at identifying concerns or areas for improvement.

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 this service was Good (published 16 April 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

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

Follow up

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rysvil Care Services 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

The inspection was carried out by 1 inspector and 1 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

Rysvil Care Service Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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 the service 48 hours' 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 29 August 2023 and ended on 30 August 2023. We visited the location's office on 30 August 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service.

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 4 people using the service and 4 relatives by telephone to gain their feedback about their experience of the care provided.

We had discussions with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 senior carer, 1 care coordinator and the care manager during our site visit.

We sent emails to 10 staff members for their feedback, and we received 3 responses.

We reviewed a range of records. This included 3 people's care records and risk assessments. We looked at staff recruitment checks and a variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

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 we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. Everyone we spoke with commented favourably on the safe working practices adopted by the staff. A relative told us, "[Family member] uses a hoist and the carers are well trained which makes [family member] feel safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, "I would report any safeguarding concerns and I know they would be dealt with properly."
- The provider had a safeguarding policy in place which was easily accessible for people and staff. Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified, assessed and plans put in place to reduce risks. For example, if a person was assessed to be at high risk of falls a risk management plan and guidance for staff was put in place to reduce the likelihood of further falls.
- Staff understood people's needs before they supported them. Care plans were in place so that staff had guidance on how to meet people's needs. One staff member commented, "We have well detailed and updated guidance to support our client. It's done through our app."
- From 1 July 2022, all health and social care providers registered with CQC must ensure their staff receive training in learning disability and autism, including how to interact properly with people with a learning disability and autistic people. We found that staff had completed 'Oliver McGowan mandatory training on Learning Disability and Autism' to ensure they could support people safely.
- People and their relatives confirmed they had access to their family members care package which included care plans and risk assessments.

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 found the service worked within the principles of the MCA. Staff empowered people to make their own decisions about their care and support.
- People and relatives told us the staff always asked for consent and permission before they completed any tasks. "The carers always ask and explain what they're going to do."

Staffing and recruitment

- There were enough skilled and competent staff to ensure they could safely support people who used the service. One person told us, "I have regular carers morning and night. They are excellent I cannot fault them. The carers are well trained, and I trust them."
- People told us staff were punctual and stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone. There had been no missed visits. One person told us, "The staff are brilliant and always stay for the full time." Another commented, "They are very dependable."
- People told us they saw the same staff which provided consistency and made sure they received their care by staff who knew them well. One relative said, "[Family member] has the same carers 6 days a week morning and lunchtime. It is really good as [family member] has dementia, so it's good not to have many carers."
- Safe recruitment practices were followed for staff working with children and adults. Checks were conducted including references and 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.

Using medicines safely

- Clear and robust arrangements were in place for people to take their medication consistently and safely. Where people needed support with their medicines this was done in a safe way by trained staff.
- Staff recorded when medicines had been administered and the medicines administration record (MAR) charts showed if medicines were not required or refused.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Measures were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE),
- People and relatives told us staff always washed their hands and wore PPE when carrying out personal care. One relative told us, "They are very good and always wash their hands and wear their gloves and aprons."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- A system was in place to record and monitor any accidents and incidents that occurred. We saw that when incidents had occurred, for example, a person falling, this was fully documented, with follow up actions recorded. This ensured that lessons were learnt for any improvement that could be made, or to lower the risk of recurrence.

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 we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary about the quality of the care, the registered manager, and the staff team. One person said, "They do everything I ask, and they do what is needed. They are outstanding." Another told us, "They are excellent. [Name of staff member] knows me well and we have a good relationship."
- Staff were complimentary about the service and the management team. One staff member commented, "This is a really good place to work. Everything is well organised, there is effective communication and clients get the best care. I feel lucky to work for this company." Another said, "I feel valued because whenever I raise a concern, I feel listened to, and this make me feel valued."
- If anyone using the service needed to be admitted to hospital the staff were given time to visit them regularly in hospital. One relative told us, "They go above and beyond. They visited my [family member] in hospital and that made a difference to [family member] and us as a family. We really appreciated that."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated, and skilled staff team. Staff told us this made them feel valued and appreciated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff informed us they felt well supported, listened to and the management were open and contactable. One staff member commented, "They are approachable and always available to help if I need an unscheduled supervision or face-to-face meeting if I need support regarding my work."
- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff.
- The registered managers understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- Surveys were used to invite feedback from people using the service and relatives about the support received. A relative told us, "They came out last week and the lady helped me fill it in."
- Staff team meetings took place 4 monthly, and these provided opportunities for staff to receive information and discuss topics relevant to their roles. Minutes were taken and we saw a range of topics were discussed.
- Staff understood their role to provide quality care and report concerns to the management team. Staff were aware of the whistleblowing procedure and were confident, any concerns and suggestions made would be listened to and acted on.
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality-of-care people received.

Working in partnership with others

- The provider understood the importance of working in partnership with all stakeholders in the bid to deliver quality person-centred care. We saw that effective collaboration had taken place with commissioning teams, social workers, local authorities, and health care professional's such as the dietician and Speech and Language Team (SALT) to achieve good outcomes for people using the service.