

## Ryedale Community Care

# Ryedale Community Care

### Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Rydale Community Care is a domiciliary care agency providing care and support to people with a range of support needs living in their own homes. There were 29 people being supported by the service at the time of our inspection.

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 received a caring and responsive service, but improvements were needed to recruitment practices and some aspects of record keeping. We have made a recommendation about quality assurance processes, to ensure they are more effective in identifying and addressing these shortfalls.

People received care from a generally consistent group of care staff, who were usually on time and always stayed the full length of time required. Risks to people's safety and wellbeing were assessed and minimised. People received their medicines as prescribed, but information relating to medicines prescribed for use 'as and when required' needed to be clearer. There were systems in place to reduce the risk of infections spreading, including training, policies and access to personal protective equipment (PPE). The registered manager refreshed staff knowledge in the safe use of PPE shortly after our inspection.

Staff received an induction, spot checks and supervision to help them deliver effective care. There were care plans in place to guide staff how to support people in line with their needs and wishes. The registered manager was taking action to increase the information available in care plans about risks in relation to any health conditions people had. Staff were knowledgeable about people's needs and supported people to access healthcare professionals when required.

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 in the service supported this practice. Staff sought people's consent before delivering care and respected their wishes. The registered manager agreed to review records in relation to people's capacity to consent to their care.

People's privacy and dignity was respected and staff were kind and attentive. Staff promoted people's independence and were responsive to changes in people's needs.

The registered manager promoted a positive, person-centred culture and was keen to continually improve the service. Staff felt supported and enjoyed their work. The registered manager and staff worked positively with other agencies to meet people's needs and deliver good outcomes.

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:

This service was registered with CQC on 13 March 2020 and this was the first rated inspection of the service.

Why we inspected:

This was a planned inspection based on the date of the provider's registration.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified one breach in relation to recruitment.

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

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 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 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rydale Community Care

## 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. This inspection was planned to check 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 conducted 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 is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with 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

We gave the service 24 hours' notice of the inspection. This was because we needed to ensure staff would be available at the office to assist.

Inspection activity started on 19 October 2021 and ended on 2 November 2021. We visited the office location on 19 and 25 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service. This included information from the provider about incidents at the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the local authority who contracts with this service. We used all this information to plan our inspection.

#### During the inspection

We visited the office twice and spoke to some care staff over the telephone and others in the office. The Expert by Experience spoke with people and relatives over the telephone to gather their feedback on the service. We spoke with nine people who used the service and four relatives. We spoke with the registered manager and four care staff.

We looked at records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment and induction files, rotas and scheduling, training and supervision information, and a range of records used to monitor the quality and safety of the service.

#### After the inspection

We received feedback from two social care professionals who have contact with the service. We continued to review evidence from the inspection and sought clarification from the provider to validate evidence found.



# 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 for this newly registered service. This key question has been 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 that people could be harmed.

### Staffing and recruitment

- Systems were not robust enough to ensure staff had been recruited safely.
- The provider completed recruitment checks, but records did not show that all checks had been completed before staff started working independently. This put people at potential risk of being supported by staff who were unsuitable to work with people who may be vulnerable.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People usually received a reliable service, from a consistent group of staff. People told us, "They're very punctual" and, "They're usually on time. They stay for the time they should and do everything I need. I do feel safe with them."
- There were sufficient staff available and the provider had basic systems and rotas in place to ensure staff got to their care visits on schedule. Where visits had been missed on occasions in the past, the provider had put additional measures in place to prevent a recurrence.

### Preventing and controlling infection

- There were systems in place to minimise the risk of infections spreading.
- Staff received training and regular updates from the provider. Some staff were not able to confidently describe the safest way to remove their personal protective equipment (PPE), in line with national guidance. The provider took immediate action to refresh staff knowledge in this area. They also agreed to add more detail in people's care plans about individual risks in relation to COVID-19.
- Staff had sufficient access to PPE and accessed regular COVID-19 testing.
- People and relatives confirmed staff wore personal protective equipment, such as face masks, aprons and gloves. One told us, "There's no problem with PPE. I've seen them stand outside in the rain to put all the PPE on. They're very good."

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

- People were safeguarded from the risk of abuse.
- Staff received training and understood the signs of potential abuse. They were confident any concerns they raised would be appropriately dealt with.
- The registered manager made appropriate safeguarding referrals when required. However, records in relation to this needed improvement, so that it was easier to track how incidents had been managed and

what actions had been taken as a result.

#### Using medicines safely

- People received their medicines as prescribed.
- Staff were trained and had checks of their competence to provide support with medicines.
- Clearer information was needed for staff to follow regarding the use of medicines prescribed 'as and when required'. The registered manager agreed to address this, and to review medication assessments more frequently.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The provider assessed and reviewed risks to people's safety and wellbeing.
- Risk assessments were in place to guide staff on how to support people safely.
- Staff recorded any accidents and incidents and reported them to the office. The registered manager reviewed accidents to identify any action required to prevent a potential recurrence. Records in relations to accidents and incidents did not always contain enough information to enable a robust analysis of each incident and any contributory factors. The registered manager took immediate action to amend the forms, to increase the information gathered and ensure all factors were considered.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work. This included training and shadowing other staff.
- Staff received supervision and spot checks, to assess their on-going competence. Staff were satisfied with the training and support they received.
- People told us staff had the right skills to support them effectively. Their comments included, "They do seem to have the right skills and experience. Some are learning but the ones I've had have been really good." A relative told us, "The training seems to be good."

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 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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought people's agreement before delivering care and understood the importance of offering people choice and control. One person told us, "They (staff) do ask for my consent if it's necessary."
- Records needed to be clearer about people's capacity to consent to their care and evidence retained where people had a lasting power of attorney for health and welfare. The registered manager started work to address this straightaway.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff supported people to access health professionals and were attentive to changes in people's health and well-being. They made referrals for specialist support when needed.
- Staff were aware about people's needs. The registered manager was taking action to increase the information available in care plans about risks in relation to any health conditions people had.
- A social care professional told us, "They have a good understanding of people's healthcare needs. Carers seem to know people well."

- People's needs were assessed before they were offered a service. This was reviewed on an on-going basis.

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

- Staff prepared meals and drinks, where this was part of people's care package.
- Care plans contained information about people's nutritional needs and preferences.
- Most people were satisfied with the support they received with their meals and drinks. People told us, "They give me choices for meals" and, "They know what I like and what I don't like."

# 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 were supported by staff who treated them with kindness and respect.
- People and relatives spoke positively about staff. People told us, "Their attitude has been good. They're always polite and respectful" and, "The staff are nice. There's good communication and we have a good laugh. On the whole, it's a really good relationship." A relative told us, "The staff are very nice; kind, caring and polite."
- A social care professional told us staff communicated well with families, and told us, "I find them (staff) incredibly flexible and incredibly kind to people."
- The registered manager and staff spoke warmly and respectfully about the people they supported.
- Staff understood people's diverse needs and there was an equality and diversity policy in place. Relevant information, including people's ethnicity and religion, was recorded in people's risk assessments. The provider took action during the inspection to make information clearer throughout the care files about any other needs in relation to protected characteristics under the Equality Act.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff described how they promoted people's dignity when supporting them with personal care and bathing.
- People confirmed staff put them at ease and a relative told us, "They always respect her privacy and dignity."
- Staff encouraged people to be as independent as possible and enabled them to continue living in their own homes. One person commented, "They help me to be independent, but if I want help, they'll do it." A social care professional told us how staff had supported one person to regain their confidence and independence to the point they no longer needed a service.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions and respected their choices. The registered manager spoke to people each month to ask for feedback on the service. Most relatives also felt involved and were able to contribute to care plans.
- Some people and relatives commented that they would like a copy of the rota in advance. The registered manager agreed to make people aware they could request rotas if they would find this helpful.

# 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 care delivery.

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

- Care plans contained information for staff about how to meet people's support needs at each care visit. There was also an 'About Me' summary sheet which had information about people's likes, dislikes and goals.
- People were involved in reviews of their care package.
- People told us staff responded to their requests and wishes. A relative also confirmed, "I could request changes if I needed to. As long as there was the availability it would be done."
- Staff recorded details about the care they provided at each care visit. This information was reviewed by the registered manager, so they could check that care was delivered in line with the care plan.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs and any sensory impairments. This was available to share with other services if needed.
- Some information was available in large print, or could be requested in other formats.

End of life care and support

- Staff worked alongside healthcare professionals when required, to ensure people were comfortable and pain free at the end stage of their lives.
- Care plans contained appropriate information to guide staff how to support people with end of life care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, which explained how people could expect any concerns to be dealt with.
- The registered manager advised there had been no formal complaints received, but was able to show how concerns and issues raised had been dealt with.
- People and relatives told us they would feel comfortable raising concerns and were satisfied that the provider had apologised and addressed any issues they had raised.

# 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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a quality assurance system. This included seeking feedback from people and making regular checks of care delivery and medication records. Whilst some improvements and changes had been made as a result, the checks in place had not been effective in identifying and addressing the shortfalls we identified in recruitment practices and some aspects of record keeping.

We recommend the provider reviews and develops the quality assurance system in line with best practice, to ensure it is effective in driving continuous improvement.

- The registered manager and staff team were clear about their roles. Staff attended team meetings and received information and updates to keep them informed.
- The registered manager notified CQC of relevant information in a timely way.
- The registered manager was open and very responsive to feedback. They demonstrated commitment to making required improvements.

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 registered manager promoted a positive, person-centred culture and staff felt valued. One told us, "[Registered manager] is so approachable. I couldn't ask for nicer managers. They are so supportive." Another commented, "The company is brilliant to work for... You can always speak to someone or ask things." Staff told us they had involvement in decisions about their working hours and the care packages they delivered.

- Staff enjoyed their work, spoke warmly about the people they cared for, and had a good understanding of people's needs.
- The registered manager spoke to people regularly and was also sometimes involved in the delivery of care, which promoted opportunities for people to provide feedback about the service.

Working in partnership with others

- Staff worked with healthcare professionals and families to meet people's needs. We received positive feedback from social care professionals about their involvement with the service.

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 was aware of requirements in relation to the duty of candour.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate effective recruitment procedures to evidence that all necessary checks had been conducted prior to staff working with people who may be vulnerable.</p> <p>Regulation 19(2)(3).</p>