North Yorkshire County Council

Ryedale House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 31 March 2015 and was announced. Notice of the inspection was given because this is a domiciliary care agency and we needed to make sure that someone would be available in the office.

North Yorkshire County Council operates Ryedale House. This location is registered to provide personal care. A domiciliary care service is provided to people in Malton, Pickering and the surrounding areas by Ryedale House. 87 people were supported in their own homes. The services can be provided for up to six weeks to help people rehabilitate and increase their independence using the Short Term Assessment and Reablement Team (START) or long term to help people stay at home.

There was a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service told us that they felt safe and we could see that the service had made efforts to make sure people were safe.

Staff had been recruited safely and were trained in safeguarding adults. This meant that staff knew what to do if they suspected that abuse had taken place.

Medicines were given safely by staff who had received training and whose competency was regularly checked.

People told us that the staff were caring and that they had a cheerful approach. They knew people well and treated them with respect. If they needed to make a complaint people who used the service knew how to do so.

People had care plans that were person centred and up to date. They contained descriptions about people's care needs and what staff should do to support those needs. These had been reviewed regularly and peoples comments gathered so that the service could use them as learning points and make any improvements that were needed to the service.

The service was well led by a registered manager who was supported by home care managers.

Summary of findings

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 safe.

People who used the service told us that they felt safe.

There were robust procedures for recruiting staff and they were trained in safeguarding adults. They knew what action to take if they suspected abuse had occurred.

Medicines were managed safely by staff who had received training and whose competency was regularly checked.

Risks to people were well managed.

Good

Is the service effective?
The service was effective.

People received effective care and support that met their individual needs and preferences from staff who were well trained and knowledgeable. Staff received support from more senior staff and through supervision.

The service worked within the principles of the Mental Capacity Act (MCA) 2005.

People were able to access healthcare professionals when this was needed

Good

Is the service caring?
The service was caring.

People told us that the staff were caring and that they had a cheerful approach.

Staff knew people well and treated them with respect. They maintained people's dignity.

People who used the service were given good explanations and were involved in planning their care.

Good

Is the service responsive?
The service was responsive.

Care and support plans were person centred and up to date. There were detailed descriptions about people's care needs and how staff should support those needs.

Peoples care was reviewed regularly.

If people wished to make a complaint they knew how to do so.

Good

Is the service well-led?
The service was well-led.

The service was well-led by a registered manager who was supported by home care managers.

Audits of care practices had been carried out and recorded.

People's comments and views were collected at reviews and used to inform and improve the service.

Good

Ryedale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff may be out during the day. We needed to be sure someone would be in the office.

The inspection team was made up of one inspector who visited the registered location and one expert by experience who spoke to people that used the service by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of social care and dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed statutory notifications that had been sent to CQC by the provider and any other information we held about the service. Statutory notifications are required by law and inform us of events that happen within the service. We spoke with the local authority contracting team and they had no concerns about this service.

We spoke with 14 people who used the service and two relatives by telephone. In addition we interviewed four care workers, discussed issues throughout the day with the registered manager, inspected the care plans of eight people who used the service and reviewed records relating to the running of the service.

We looked at five staff recruitment files and checked their training records.

Good

Is the service safe?

Our findings

People who used the service were safe and they told us that they felt safe. One person said, "These girls are very trustworthy. Never had an ounce of trouble from any of them." A second person told us, "I've always felt safe in their hands."

Staff had received training in safeguarding adults. They were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for. They said they would report the incident to a senior member of staff. One member of staff was able to give us an example of an incident and the actions they had taken which demonstrated their knowledge. There had been one safeguarding alert made about this service leading up to this inspection which was still under investigation. The service had followed their own policy and procedure when dealing with this matter, identifying and managing the risks to people in order to keep them safe.

We looked at the care records, risk assessments and medicine administration records for eight people who received care and support. Care plans highlighted the areas of support people needed in detail and had identified the risks for each person. People's needs had been identified clearly and were being managed safely. When equipment was needed this had been identified and provided prior to a person returning home so that they were equipped to manage daily living tasks safely. Risks to people had been identified and there were clear assessments and plans in place to ensure that staff were aware of how to manage these risks. These included moving and handling and when people were at risk of falls. Risks within people's homes had also been identified through the use of a health and safety checklist. This meant that staff could reduce the risk to people by identifying where there were risks to their safety.

Medication was managed safely. They were kept in people's homes and there was clear information about this in their records. A screening tool was completed to clearly identify what assistance people who used the service needed with administering medication. The service encouraged people to use a medicine delivery service organised by the dispensing chemist but staff will collected medicines for people if necessary. Staff worked in pairs when completing medication administration records to ensure that they were administered safely. Policies and procedures were in place and records showed that staff followed them. We saw up to date medicine administration records and saw that there were no gaps in recording when medicines had been given by staff. Staff were trained annually in administration of medicines, and competency checks were carried out by the manager or home care manager. There had been six medication errors over the last year. The incidents and any actions taken were recorded clearly. Near misses had also been recorded and medication audits identified where improvements were needed in administering medicines.

We looked at staff recruitment records and could see that staff had been recruited appropriately and had a check in place carried out by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. One member of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of two referees and had a DBS check carried out before starting work for this service. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes, which in turn protected people who used the service.

Staff told us that they were given their rotas at least one week in advance at the weekly staff meetings. All staff carried mobile telephones and these were used to relay any changes or information to staff either individually or as a group. This had never been a problem they told us, because all the staff used texting to communicate.

In addition when staff worked alone they were connected to a system called Voice connect which alerted senior staff if care workers did not confirm that they had completed a visit. They had also completed a lone working form which gave a clear description of the member of staff and identified family contacts. This protected staff when lone working.

The rotas identified that there were sufficient staff on duty to meet the care needs of people who used the service. Staff confirmed this saying, "Staffing levels are good and there are no problems covering. Seniors also cover if necessary." When we spoke with people who used the service they told us that there was always enough staff available.

Good

Is the service safe?

Accidents and incidents were recorded appropriately in people's care and support plans. We saw records of incidents that had taken place. These were clearly logged and any actions taken were recorded. One person had a near miss with their medication. The incident was recorded along with any advice that had been sought and given. The actions that staff had taken were then recorded to prevent any future reoccurrence.

Good

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences from staff who were well trained and knowledgeable. People who used the service commented that staff were properly trained and said they saw new staff shadowing more experienced staff. One person said "It makes you realise they put training as one of their [service] priorities." Another person told us, "Over the years they understand what I'm like and what I like." Everyone we spoke with had positive comments about staff skills and competency.

People were provided with care by staff that were well trained in areas relevant to meeting people's day to day needs such as medication administration, moving and handling, food safety, equality and diversity, dementia awareness and autism awareness. To make sure that staff kept up to date with their training a senior care worker had the responsibility for updating the training grid. Training was completed using both online and classroom based courses.

We saw records of supervision which had been carried out monthly and which indicated that staff were supported in their roles by more senior staff. Supervision is a meeting where staff can discuss their work and continuing training and development and highlight any concerns they may have. The staff we spoke with told us that they had received an induction when they started

working for the service. They explained that they had been supervised by more experienced staff when they went into people's homes until they were assessed as competent. This meant that staff were well supported in their roles. One member of staff told us, "I received an induction when I started working here. I had two probationary meetings and have supervision every month." They also said, "The team is so good and very forthcoming with tips, help and guidance. They are very supportive." Another said, "I find it very useful because if there are any issues or problems it is an opportunity to discuss things and they listen."

The service was working within the principles of the Mental Capacity Act (MCA) 2005. We could see that consent had been sought from people who used the service and decision making had been considered by and for people. One person told us, I am given options and choices about what I eat and what I would like to wear." The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards (DoLS) protects people liberties and freedoms lawfully when they are unable to make their own decisions and any aspect of their care might involve restrictions on their liberty. The registered manager told us that DoLS was not necessary for anyone who currently used this service.

Care files showed that people saw their GP when they wished as well as other health care professionals such as the community mental health team and occupational therapist.

Care workers assisted some people to prepare meals. Those people had a specific mealtime support plan. We saw that one person needed help with eating and drinking because there was a risk of choking. This had been assessed and a plan put in place using advice from the Speech and Language Therapy (SALT) team. Staff had been trained in nutrition and food safety. This meant that people's nutritional needs were met by staff who were safe when handling food and knew how to assist people to eat and drink appropriately.

Good

Is the service caring?

Our findings

Everyone we spoke with made positive comments about the care workers. They told us, “They are smashing” and “Absolutely wonderful to me.” One person said, “They go the extra mile.” They gave an example of a care worker telephoning them on their way to visit saying they were passing a particular shop and would they like them to collect anything for the person. The person told us, “They didn’t have to do that.”

We saw recent comments and thank you cards from people who had used the service and their relatives saying, “Thank you for coming in every morning with a bright and cheery smile” and “The care you all gave mum was marvellous.”

Staff knew people well and treated them with respect. They maintained people’s dignity. People who used the service told us that they were able to maintain their dignity because the care workers were thoughtful about how they provided any personal care. A care worker told us, “There’s a nice way to say and do things” and peoples comments reflected that staff were respectful and polite.

People had involvement in the care planning process and this was reflected in their support plans. The service had worked with the local hospital, local authority care coordinator and each person on the START programme to determine their needs. They also worked with GPs and other health professionals. This showed that the service was a part of a team that worked jointly to reach good outcomes for people.

The people who were on the START programme aimed to return to independence and so the service was careful to involve the person in setting achievable but relevant goals.

The people on this programme were given a letter which outlined the details of the programme giving clear information about timescales. Staff told us that their role was to support people in regaining their confidence. A relative commented in their letter to the service, “As a direct result of their (START) assistance my father is doing well in adapting his life.”

We spoke with staff about maintaining people’s independence. They told us that people chose what care and support they wanted to accept. They told us that they make ‘confidence calls’ which may only last five minutes but let people know that the care worker is around and they are not alone. This reassurance happened as people became more independent and their calls were being reduced.

People’s goals were clearly documented in care and support plans. People were consulted weekly to ensure that these were still relevant and achievable. The service was flexible, and people who received care and rehabilitation through START had no set time limits on visits. People who received care in their homes on a longer term basis received care in specific time slots which reflected their needs. For those people who required showering 45 minutes were allocated but if someone just needed a care worker to support them with taking medication 15 minutes was allocated. This meant that sufficient time was allowed for people to receive the care and support they needed.

No one currently had an advocate but we could see that it was not necessary as health and social care professionals were involved in most cases and sometimes families were involved. This meant that each person had someone to speak out on their behalf if it was needed.

Good

Is the service responsive?

Our findings

Care and support plans were person centred and up to date. There were detailed descriptions about people's care needs and how staff should support those needs. When changes to people's care had been identified these had been recorded and acted upon. We saw that people's needs were reviewed regularly when they were part of the START programme in order to ensure that people achieved their goals.

There were risk assessments in place which were linked to peoples care plans. The risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. For instance one person had a moving and handling assessment which they had agreed along with a falls risk assessment. This was linked to a health and safety premises check to ensure that there were no hazards to endanger the person and cause falls. This demonstrated that staff did not just respond to a need in isolation but took account of associated needs and risks.

Care plans had been reviewed to ensure that people were receiving the care and support they needed. Dependant on whether people were part of the rehabilitation programme or were receiving longer term care, appropriate time scales for peoples' reviews were set. People on the START programme had weekly reviews and after three weeks it was decided whether or not they needed a longer term programme so that new plans could be made. At six weeks the START programme came to an end and a further review was carried out. If people received longer term care their reviews were carried out less frequently.

The service was part of a community response team based at the local hospital. This meant that people who needed support on discharge could have their care planned and organised within a short time scale so that they did not need to remain in hospital longer than was necessary. The home care manager visited people in hospital to identify those who needed to access the START service and those who required longer term support. This was a coordinated approach which people who used the service and staff told us worked well. When people required support for a longer period the service was also able to accommodate this.

One person who received support at home told us, "My carer noticed that I had (a medical need). She suggested that I visit my doctor. I was so grateful that she had noticed." Staff were using their skills and knowledge in order that they could assist people in maintaining good health.

Another person had been identified as having some problems remembering things. They had consulted the GP and were now working with the community mental health team to ensure a good outcome for this person, who continued to live at home with support from care workers.

We saw that effective systems were in place to deal with any complaints. People who used the service told us that they knew how to complain about the service although none of the people we spoke with had made a complaint. When we checked with the service we could see that no complaints had been made since the last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager employed at this service who was supported by home care managers for each area. These home care managers were further supported by senior care workers who took on the role of supervising and supporting care workers. This provided an efficient management system to ensure effective working.

Most of the people we spoke with knew the name of the registered manager and the home care managers. One person who used the service told us, “The manager replied to my telephone message in an efficient and speedy manner.” Another said that the registered manager was, “On the ball.”

The registered manager had completed management training and in addition was trained in specialist areas such as dementia which gave them the knowledge and skills to manage this service. Staff said, “You would feel comfortable going to them (registered manager and assistant managers) for support” and “I feel supported.” Staff told us they had confidence in their managers.

Staff were able to describe the purpose of the service with one saying that they were there to support people either long term or to return people to independence. They told us that the culture of the service was to be supportive, caring and effective in their work. The registered manager explained how the service worked jointly alongside health teams in the local hospital to provide the START service for people in this area. This initiative had benefitted people in the Ryedale area who had sent thank you cards with comments such as, “Heartfelt thanks to all the fantastic START team.” Where people received longer term support the service worked with local GP’s and district nurses.

The registered manager was able to demonstrate that audits had been completed and appropriately recorded. They told us that they completed two random care plan audits a month. Other audits such as medicine audits were carried out by the home care managers. We saw policies and procedures which covered areas such as safeguarding, health and safety, mental capacity and Deprivation of Liberty Safeguards, safe handling of medicines and whistleblowing. Evidence demonstrated to us that the service had followed their own policies and procedures and that these were effective.

The rotas had a traffic light colour coding system to identify those people most at risk to staff in the event of an emergency which meant that those coded red needed most assistance. This made sure that when people who used the service were involved in any event such as flooding, which had happened in this area, staff would find it easier to know who was most at risk to enable them to receive assistance more quickly. This showed that the registered manager was planning for emergency situations in a way that staff understood and could respond to easily.

We did not see any formal feedback questionnaires and people we spoke with told us they had not completed them. However, when people had a review of their care the information was collated to capture people’s comments. Generally these were positive but where people had concerns we saw that these had been used at team meetings as learning points to ensure staff were aware and could learn from them in order to improve the service. The registered manager was keen to make continual improvements to the service and this had been noted by one person who used the service who said, “I have to say, the service is 90% better than before.” Because we had received all positive comments about the service we asked people to rate the service overall. The majority of the people we spoke with gave the service “ten out of ten”.

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