

## Ripon and District Home Care

# Ripon and District Homecare

### 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

We inspected Ripon and District Homecare on 27 October and 3 November 2017. This was an announced inspection. We informed the provider at short notice (48 hours before) to ensure someone was available to provide us with the information that we needed.

At our last inspection in September 2015 the provider was meeting all legal requirements and the service was rated Good.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults some of whom may have a learning disability and or Autism spectrum disorder, mental health concerns, physical disability or sensory impairment. People may also be living with dementia. 26 people were using the service when we inspected.

The service had two registered managers who shared responsibility for the running of the service and who were also the business partners who own the service and were therefore the provider. 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. Throughout this report we will refer to the registered managers as the provider.

The provider had failed to keep themselves up to date regarding changes to good practice and their responsibilities around meeting the regulations. This meant robust systems were not in place in areas such as medicines support, assessment of risks to people who used the service, appropriate practical training for staff and records relating to the recruitment of staff and accident records. The quality assurance system in place had not therefore identified these issues which meant it was not effective.

The provider responded quickly during the inspection to design and implement systems which were appropriate. The provider told us they would join forums available to ensure they remained up to date in the future.

There were enough staff employed to provide support and ensure people's needs were met. People told us the service was flexible and reliable. Staff told us they felt supported through regular supervision and appraisal. Also that they had received training which they felt provided the knowledge they needed to fulfil their role to a high standard. Staff were aware of the different types of abuse and what would constitute poor practice. The provider was aware of how to report concerns if they were raised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people's preferences, likes and dislikes and people told us they felt well cared for by the staff. The

individual information staff knew about people and their needs was not always recorded so that all of the team were aware. The provider took immediate steps to ensure records improved.

People and relatives told us staff treated them with dignity and respect. They told us staff had developed positive relationships with them which meant they felt safe and well supported. Staff encouraged and supported people to maintain links with their local community and to access social activities where they wanted to. Staff were responsive to people's needs.

Where needed people were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff worked with other healthcare professionals to ensure people's health needs were met.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them. We saw people were regularly asked their views about the service they received and the provider responded to make improvements where needed.

A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found during this inspection. This related to good governance. You can see what action we told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Systems to assess, record and monitor risks to people's health and wellbeing were not robust. This included the accident and incident system.

Systems to manage medicines did not follow good practice guidance for safe management of medicines in care at home services. Improvements were made during the inspection.

The provider had not made accurate records to show the safe recruitment of staff. There were enough staff available to meet people's needs and staff were knowledgeable about recognising signs of abuse and how to raise concerns.

### Is the service effective?

**Good** ●

The service was effective

Staff told us they felt well supported and had received training which provided them with the knowledge to fulfil their role. Additional practical training was sourced following the inspection.

The provider and most staff understood the practicalities of working within the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health, including support with nutrition where appropriate. People were supported to have access to healthcare professionals and services.

### Is the service caring?

**Good** ●

This service was caring.

People told us they were well cared for. People said they were treated in a kind and compassionate way.

People were treated with respect and their independence,

privacy and dignity were promoted.

People were included in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people's preferences, likes and dislikes. They used this knowledge to respond to people's needs and care for them how they chose. Details of people's preferences were not always recorded.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had failed to remain up to date with regards to legislation and good practice. This meant systems in place to assess, monitor and improve the safety and quality of the service were not robust.

The service had an open, inclusive and positive culture. Staff told us they felt well supported. People and their relatives were complimentary about the leadership of the service.

# Ripon and District Homecare

## **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 checked 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.

We inspected Ripon and District Homecare on 27 October and 3 November 2017. This was an announced inspection. We informed the provider at short notice (48 hours before) to ensure someone was available to provide us with the information we needed.

The inspection team consisted of two adult social care inspectors and one 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. The expert by experience made telephone call to people who used the service and relatives to find out their views on the care and service they received. One of the inspectors made telephone calls to staff and the other inspector conducted the site visit to the provider's offices.

Before the inspection we reviewed all the information we held about the service. This included asking the local authority for feedback and looking at all the information we had received about the service since the last 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 used all of this information to plan our inspection.

At the time of our inspection visit there were 26 people who used the service.

During the inspection we spoke with five people who used the service and three of their relatives / representatives. We also spoke with both registered managers who are the provider, an assistant manager and three care workers.

We looked at two people's care records, including care planning documentation and medication records. We looked at two staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

People and their relatives told us they felt the service was safe. People said, "I feel safe and have no qualms at all about the carers attending to me" "Gosh, yes I have never felt safer and more pampered. I can ask the carers to change something like the way they do something and they never mind at all" and "Very well looked after could not feel safer. Staff couldn't do more for me if I asked and there is no better service anywhere." A relative told us, "My family member has been confusing the days of the week so the medication has got mixed up. The carer called me and now my family member is given one day at a time. Brilliant follow through which has avoided a disaster" and "I trust the carers totally to look after my parent."

When we spoke with the provider and staff they understood the risks associated with caring for each person. They were able to explain what they did to prevent harm to a person and they could describe how they had worked with multiple professionals to prevent harm and maintain safety. This included areas such as mobility, eating and drinking and people's health issues like diabetes. The records we saw did not robustly contain such details or assessments of risk. This meant the staff did not have full information to maintain safety. For example; one person who used a mobility aid had not had their mobility needs assessed.

The system to record accidents and incidents, including the review of them to understand any lessons which could be learnt was basic and the provider told us they would work to improve this following the inspection.

We found no evidence people had been harmed, however the provider had failed to robustly record their assessment of risk relating to the health safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the provider on day one of the inspection and by day two they had designed a full range of risk management tools. On day two we saw these had been implemented appropriately for one person and following the inspection the provider told us they would introduce the new paperwork to all the people they supported immediately.

Medicines had been supplied by the pharmacy in blister packs, packets or bottles. Blister packs are individualised containers with medications organised into compartments by day and time. Medicines had a pharmacy label which detailed the instructions to ensure staff administered the medicines to people appropriately.

At the beginning of each monthly cycle of medicines the provider copied the labels onto medication administration records (MARs). At the end of the month the provider collected the MARs and checked they had been completed correctly. Staff had completed training so they had the knowledge to complete the task and the provider had observed their competency to administer medicines.

The systems in place did not contain all of the good practice elements outlined in the guidance for management of medicines in care at home services. For example there was no medication support assessment to understand the level of support a person may need, no 'as and when required' medicine

protocols were in place. We discussed this with the provider and they designed a full suite of documents to start the introduction of good practice.

The provider explained they had a small stable team of staff which provided continuity to the people they supported. We saw the rotas which confirmed people received the support they required. There had been no missed calls and very few calls were attended late, this meant people received a reliable service. A survey had been completed which had asked people their thoughts about the service; we saw one comment said, 'It is nice we have the same staff each week as much as possible'. Staff told us, "We definitely have enough staff. Never had a problem there is always staff willing to cover" and "We have a nice number of staff; it's been the same for a few years. The managers do an excellent job with staff and keeping in contact with people as well as being based in the office, which I think is good."

The provider and the assistant managers took turns to provide out of hours on call cover so staff could reach them in an emergency for advice or support. A relative told us, "The service has an out of hour's number so if there are problems we can contact them about my family member." The provider had a business continuity plan which outlined what they must do in an emergency such as bad weather and how to maintain people's and staff safety.

During the inspection we looked at the records of two newly recruited staff. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. The result of these checks had however been received after the member of staff had started to work with people.

We discussed this with the provider who explained they had received confirmation that the member of staff was not on the barring list before they allowed them to commence working. The barring check is the initial stage of a DBS check which highlights if candidates are on a list of workers who are barred from working with vulnerable people. Providers can ask a member of staff to commence work once this check has been completed but before the full DBS is returned if they evidence they risk assessed the situation and felt they had mitigated risk. The provider explained to us that they had ensured references were received and appropriate and that the members of staff had also succeeded during interview. The provider had not recorded all of this process. The provider told us they would in future ensure the full recruitment process and decision making was recorded.

We asked staff about their understanding of protecting people who used the service from abuse. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The provider was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. Records we saw confirmed this.

No incidences of safeguarding had occurred since the last inspection and we were confident the provider understood their responsibilities and the process to follow.

## Is the service effective?

### Our findings

People told us they were confident staff had the skills and knowledge to support them with their specific needs. One person told us, "Every aspect of the care is excellent every time and always amazing. Staff always know the right thing to do for me and I am sure they are well trained and they are very professional."

We discussed the training process with the provider who told us they used a range of knowledge books for staff to complete on specific topics such as dementia, first aid and moving and handling. Alongside this they accessed the local authority training where possible in subjects such as safeguarding. The provider had introduced a team approach to assessing knowledge where staff had worked together in team meetings to discuss what they had learnt and satisfy the provider they were competent.

We saw staff new to care work had also been supported to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

We saw records to confirm all of this training had been completed with staff. We discussed with the provider that some topics such as first aid and moving and handling required staff to demonstrate competence practically and they had not ensured staff received this support. Following day one of the inspection this was arranged and the provider confirmed after the inspection this had been completed.

We saw staff were supported when they were new via an induction which included shadowing more experienced members of staff. This helped members of staff learn and also build relationships with people who used the service. Staff told us they were pleased with the training they received. One member of staff told us, "I have had training in first aid, moving and handling and food handling through a number of booklets. I like them and they are a good resource. We go through them in my own one to ones so it is a good refresher." Another member of staff told us they had been supported to complete their NVQ level two and three in health and social care which they were pleased about.

Staff told us that they felt well supported and they had received regular supervision and an annual appraisal. We looked at the records which confirmed this. One member of staff said, "I have had two supervisions this year and we go in for group training. I do get good support. If I have any concern I have no hesitation going to care managers or others in the office, I have absolute full support."

Alongside supervision the provider also completed spot checks on staff when they delivered support so they could observe their practice. We saw records to confirm this had taken place.

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.

At the time of our inspection the provider explained everyone they supported had the capacity to make their own decisions. The provider sought people's consent by asking them to sign their care plans to agree to them.

Staff were able to describe how they ensured people were offered choice. They told us they explained any tasks they were going to do and ensured they had people's consent to this. One member of staff told us, "I ask clients if they would like something doing and get their agreement. In the care plan it says what they have agreed to."

The provider told us they had accessed a learning resource from the Alzheimer's Society to support their staff's ongoing knowledge around the MCA. The provider had appropriate documentation to use should a person who did not have capacity to make decisions require support from them.

The service provided support to some people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person told us, "I get help with my meals but it is always my choice. But the staff know me so well now."

The provider and staff we spoke with during the inspection told us they worked with other healthcare professionals to support people who used the service. They told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and ongoing care of people.

The provider had introduced a health tracking form so they could keep up to date with people's health appointments where they needed support with this. We saw where people had specific health concerns staff knew what protocols to follow and which healthcare professionals to contact if required. The provider recorded on contact sheets any communication they had with professionals or families to ensure they were up to date with people's needs. This meant that people were supported to maintain good health and had access to healthcare services.

## Is the service caring?

### Our findings

People were very complimentary about how they were treated by staff and they felt well cared for. People said, "Staff have great respect for me and how I feel. I really look forward to the carers visiting" "Staff know loads about me because they take time to chat to me. I just love them for it" and "Yes staff are great. Very caring and respectful every time they visit. If I want more treatment or I am not sure of something they take their time to explain and are very patient. We change my care plan together when needed." In the survey used to gather peoples view of the service people were asked 'Are the support workers friendly and polite'. One person had responded, 'Of course they are'.

Staff understood the importance of developing relationships with people and getting to know their preferences, likes and dislikes. Members of staff told us, "We have to have good relationships with people as we are often the first human being they have spoken to that day" and "Sitting with people to talk/ chat means we can build a good rapport with them." We observed a member of staff talking to the provider about a person who had moved to residential care. They were keen to know if the person had settled so they had visited them to check. They were pleased they had settled and reported to the provider how nice it had been to see them. This demonstrated staff had developed caring relationships with people. This was further demonstrated when a relative responded to the survey the provider sent out to receive feedback, the relative wrote, 'It is great that the caring also extends to when they (staff) are 'off duty' and they have helped my family member if they have seen them out and about or simply made a fuss if we've bumped into them in the town."

The provider told us there was a person centred approach to the care that people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices, decisions and to be independent. One member of staff told us, "I always ask if the person is comfortable. I ask what they would like me to do and I respect their choice."

People's diversity, values and human rights were respected. Staff were able to describe how they worked to ensure people received support that afforded them dignity and respect. One member of staff told us, "During personal care I make sure the curtains are closed and this gives people their privacy. I support people to do their own buttons if they can or walking even if it is slower. You have to give people time." People confirmed they received support which was dignified and respectful. One person said, "My care is always appropriate and I never feel uncomfortable." A relative told us, "My family members care is exceptional and they (staff) always treat my family member with such dignity."

Care files contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. People and their relatives were involved in developing the care plans in place.

## Is the service responsive?

### Our findings

People and relatives told us that staff knew them well and were responsive to their needs. People told us, "The carer I see is wonderful and works hard to see I have everything I need" "Staff manage to follow the plan and cram a lot into an hour and all the tasks are completed to a high standard" and "I am encouraged to do as much as possible as long as I am safe and well." A relative said, "The high level of care is a dream come true for my family member and us as relatives."

We saw people had care plans which had been regularly reviewed. People told us they were involved in the review of their care, one person said, "I have a care plan that is followed and any changes to be made the service always consults me." A relative told us, "We have had great care review meetings and as a family we all participate which makes my relative feel valued."

Each care plan contained a description of the routine each person preferred when staff visited. When we spoke with staff they were able to tell us people's preferences, likes and dislikes. A member of staff told us, "We always check preferences and likes when we visit." Another member of staff explained, "We have done person centred care training. It is about looking at a person as an individual. We look at a person's family history a bit and the way they like doing things. We work out what social contacts people have and how we could support them going out and about and keeping in touch if we can."

The individual detail members of staff knew about people's likes, dislikes and preferences was not always recorded in care plans. This meant not all staff may have known them and therefore may not have delivered support how people wanted it. The provider confirmed following the inspection this detail had been added and we saw an example of this.

Staff went on to provide us with examples of the person centred care they had provided people with. One example was a person who used to want to be up early each day but as they had got older they preferred to get up later. The staff worked with the person's relative and they had arranged for a later morning call. Another member of staff explained they supported a person who has autism who is at risk of social isolation without the correct support. They explained how they had ensured they knew the person's preferences, ensured the continuity of the same staff team and this had meant the person had gone out into the community with them. This reduced the risk of social isolation.

People also had support to access local groups within the Ripon area where they could make friends while playing bingo or chatting over coffee. Another person was known to like dancing so staff had arranged for them to access a local tea dance each month. Staff told us, "We knew the person liked dancing. Their face lit up, they took my hand and wanted to get up to dance. We stayed for a cup of tea and they talked to friends. The person looked radiant."

A member of staff told us, "We give each client choice by asking them and offering suggestions. We check they are happy with their choice and listen to them." This demonstrated the staff team were committed to providing care to people how they chose and with compassion.

The provider told us the service had received no complaints in the last 12 months. We looked at the complaints procedure, which informed people how and whom to make a complaint to. People and their relatives told us they knew how to complain and would feel confident to raise concerns if they needed to. A relative said, "Any complaints or concerns that have been raised in the past have always been responded to confidentially, respectfully and promptly."

We saw the provider had received compliments about the service. We saw one read, 'This is a short note to [Name of provider] and the team for responding to my relatives recent fall. Without your excellent and immediate response they would have undoubtedly ended up in hospital'.

## Is the service well-led?

### Our findings

The provider did not have robust systems in place to ensure they could evidence they were meeting the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, there was not appropriate systems to assess people and the risks associated with their support, records relating to the safe recruitment of staff, effective training of staff to enable them to fulfil their role. The provider had not ensured they were up to date with the good practice standards for example; in relation to medicines support for people in receipt of care in their own home.

The provider did complete checks of the service to ensure it was safe and of good quality. They did this through spot checks of staff, requesting feedback from the people who used the service and by checking the records staff completed to ensure support had been provided correctly. Because the systems and arrangements were not always based on good practice the checks that had been completed were therefore not always effective. For example the checks made in relation to medicines.

The provider responded immediately to implement what was expected within an acceptable time frame. This meant the provider had reached a satisfactory level of understanding and practice to prevent specific breaches of the regulations. However, prior to the inspection the provider had not ensured they had sought appropriate guidance to ensure they remained up to date and understood the legislative requirements of their registration.

We found none of the people who used the service were harmed because of this. However, the provider had not ensured robust systems and arrangement were in place to assess and monitor the service's quality and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider told us they would be joining the registered managers network operated by Skills for Care which is a national organisation specifically funded to provide practical support and tools which will help achieve a better led, more skilled and valued adult social care workforce. We also directed the provider to known organisations who issue good practice guidance such as the National Institute for Health and Care Excellence (NICE). The provider told us they were committed to making improvements to ensure they met all of their legal obligations and to achieve a rating of good or outstanding at their next inspection.

People who used the service and relatives spoke highly of the provider and the service they received. One person said, "A truly excellent service in every way." People told us they could not think how the service could be improved. One person said, "It's great I cannot think of any way it could be improved. For me it is just perfect." A relative said, "If there was a gold star award I would say please let them have the award."

We found there was a culture of openness and support. Staff told us they felt able to discuss any problems and that the provider would react supportively. A member of staff told us, "I feel supported, it is very good. The culture is an open one. I am in the office regularly and I know I can discuss anything at any time. Management are clear about their vision and values. I love my job." Other staff said, "Management are really

caring to both clients and staff" "I think the culture is open and transparent. I don't think things are left, they like to get it sorted straight away" and "The management keep in touch with the clients and ask if they are happy. They go out seeing clients as well as being office based which I think is great.

The provider had sought feedback from people who used the service and their relatives. All of the feedback was positive and we saw one comment said, 'The staff all go the extra mile to provide a caring and efficient service for my family member'.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate systems based on good practice and legislation were not in place to assess, monitor and improve the service or to check safety and quality effectively.</p> <p>Regulation 17 (1) (2), (a), (b), (c), (d), (e) (f).</p>