Ryedale Homecare Limited

# Ryedale Homecare

## Inspection report

5A Welham Road
Norton
Malton
North Yorkshire
YO17 9DP

Tel: 01653699360

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Ryedale Homecare is a domiciliary care service providing personal care to young adults and older people who may be living with dementia, physical disabilities, a learning disability or autism spectrum disorder. At the time of our inspection there were 19 people using the service.

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.

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.

People's experience of using this service and what we found
Right Support:
People were not always supported in a way which promoted safety. Risk assessments were not in place to reflect people's current needs. We could not be assured these risks were known to staff and mitigations were in place to help minimise the risk of harm. People told us they received their medication when required, however, records did not reflect this. People were not always supported to have maximum choice and control of their lives and records did not reflect staff were working in their best interests; the policies and systems in the service were in line with best practice guidance but their practice did not support this. We have made a recommended for the service to review their understanding of the Mental Capacity Act 2005.

Safety and quality within the service had not always been assessed. Audits did not highlight the concerns raised at the inspection and there was no evidence that practice had been improved when something went wrong.

People told us they were well supported and praised the staff team. One person told us, "We've never been unhappy and there have been no concerns at all." One relative, when discussing the support provided by the service, told us, "The staff have been tremendous".

Right Care:
People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to people's individual needs. However, more detail was needed in the care plans to ensure people's needs and preferences were fully understood and recorded. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

We received positive feedback about the care provided. One person told us, "My overall impression is that they are very good and always treat me with the utmost respect. We're all like friends now and its really lovely. The way that they care for me is just wonderful."

Right Culture:
The management team and staff promoted a caring culture, were providing person centred care was the focus of the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People were asked to provide feedback on the care provided and they had confidence in the registered manager to deal with concerns appropriately. Staff felt supported in their roles and were provided with the opportunity to discuss any issues which they may have in an open and inclusive way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 4 February 2021) and there was a breach of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated as requires improvement for the past two inspections.

Why we inspected
We carried out an announced focused inspection of this service on 8 December 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 remains as requires improvement. This is based on the findings at this inspection.

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

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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety and governance of the service at this inspection.

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 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?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# Ryedale Homecare

**Detailed findings**

## Background to this inspection

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

Inspection team
One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short notice period 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 16 September 2022 and ended on 27 September 2022. We visited the location's office on 16 September 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used 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 to the registered manager and senior carer as part of the inspection. We reviewed a range of records. This included two peoples care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

After the inspection
We spoke to four relatives, three people who used the service and six staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

Requires Improvement

# 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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things went wrong

At our last inspection the provider failed to develop robust systems to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Risks associated with people's care had not been managed effectively. People's medical conditions were not fully assessed and records did not include the level of detail needed to ensure safe care. For example, the record for a person with diabetes did not contain guidance to staff on how their condition or associated risks were to be managed.
● Monitoring systems had not been established to ensure people's safety. We could not be assured that staff knew when to act if a problem occurred.
● Robust systems had not been established to review and update the care records when changes of need or incidents occurred. Staff told us people had accidents however these had not been recorded, people's safety had not been managed and lessons had not been learnt.

The failure to maintain complete and accurate records and the failure to establish systems to demonstrate the management of safety was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● The risks to people had not always been assessed, managed or mitigated. For example, people who had a history of falls did not have a risk assessment in place to evidence the provider has effectively assessed, monitored and mitigated the risk to them.
● Fire risk assessments were not in place for the office premises, staff did not complete fire drills and smoke alarms had not been installed. The registered manager told us that staff would rarely spend time in the office however senior carers were often in the building and their safety while on site had not been appropriately managed.

The failure to assess, monitor and mitigate the risks to people is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the inspection feedback, the provider took action to review their records and planned to install a new electronic care planning system to help improve their records and assessment of risk. A fire risk assessment had been planned by the landlord of the premises and they were working with the provider to mitigate any risk highlighted.

Using medicines safely

● Medicines were not always managed safely. People told us they received their medicines when required, however, the Medication Administration Record (MAR) did not clearly evidence this. Some people's medication on their care records did not match the MAR charts, some records were unclear, and signatures were missing.

● Guidance for staff around the administration of 'When required' medicines (PRN) had not been developed and records did not always contain all the necessary information to be in line with best practice guidance. For example, some records had missing dates, allergies were not recorded and special instruction for the administration of some medicines were not detailed on the MAR.

● Medication audits were taking place however these were not robust or developed enough to highlight the issues raised at the inspection. Where shortfalls had been identified there was no evidence that action had been taken to address the concerns and learn from them.

We found that no one had been harmed by the concerns raised at the inspection however the failure to ensure the proper and safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Mental Capacity Act (MCA).

● We found the service was not working within the principles of the MCA. Care records for people with learning disabilities and autism needed to include more detail around their capacity, needs and preferences.

● Best interest decisions had been made however these were not decision specific and the records did not evidence who was involved in the decision making or reflect the persons understanding.

We recommend the provider consider the guidance set out within The Mental Capacity Act 2005 and update their practice accordingly.

Staffing and recruitment

● The provider ensured safe staffing numbers and only accepted new care packages if the current staffing levels could accommodate it. The senior carer was used as a 'floating' staff member to help cover staff sickness and provide office support to the team.

● Staff told us that the rotas were extremely well managed, and the provider considered their own personal circumstances which made them feel supported. Staff did not feel rushed and travel times was reflected in the daily runs.

● Safe recruitment practices were in place. Staff had the necessary security checks for employment and

there were good examples of robust induction processes in place, which included the opportunity for new staff to shadow those more experienced.

Systems and processes to safeguard people from the risk of abuse

● Safeguarding polices were in place to help protect people from the risk of abuse. Staff understood their responsibilities to identify and report any concerns and they had confidence in the registered manager to deal with any issues appropriately.

● Safeguarding training was provided to staff which included refresher training, when needed.

● The people we spoke to told us they felt safe. One person said, "I do always feel safe in their presence." A relative told us, "[Person] is always very safe around them. They keep her safe."

Preventing and controlling infection

● People were kept safe from infection. Staff wore PPE in line with current government guidance and policies were in place to provide additional support.

● Staff received training in infection prevention and control which was refreshed annually.

● People told us the staff always wore PPE when providing care. One person said, "Everyone is very safe with masks." Another person told us, "They always leave everything really clean."

Requires Improvement

# 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 requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to implement robust systems of governance and keep clear and complete records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Effective quality assurance processes were not in place and systems had not been developed for all relevant areas of the service. For example, there was not a formalised system in place to ensure the monitoring of late or missed calls, the quality of the care or standard of care records.
● Audits in place were not sufficient or robust enough to highlight all shortfalls identified on the inspection. Where an audit identified standards of best practice had not been met, there was no evidence that lessons had been learnt and practice improved.
● Accidents and incidents had not been reported in line with the providers own policy. Staff knew how to report accidents, however, they had not been recorded or investigated. There was no evidence that lessons had been learnt and care improved as an outcome of an incident.

The failure to implement a robust system of governance to effectively monitor the quality and safety of the service was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was a clear management structure in place and staff understood their roles and responsibilities. Staff were confident in the ability of the manager and senior team to lead the service and found them to be very approachable and supportive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us that the care they provided achieved good outcomes for people. They took a person-centred approach to care and put the people at the heart of everything they do.

● People and relatives reported that they were happy with the care provided and the staff were kind and knew them well, one person said, "They're all so nice and they can't do enough for me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the regulatory requirements and their responsibilities to be open, honest and to apologise if things went wrong.

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

● People had been asked to provide feedback on the service and they told us the senior management team were always contactable when needed.

● Staff had built strong, positive relationships with the people in their care. People felt able to raise any concerns if needed and they had confidence in the manager to deal with these appropriately and in a timely manner.

● Staff were given the opportunity to review and discuss the care they provided within regularly held meetings.

● Staff worked well with other healthcare professionals, taking their advice and adjusting their care when needed. Relationships had been built with the local authority and the district nursing team.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not have assess, monitor and mitigate the risks to the health and safety of the service users.<br>The provider did not ensure the proper and safe management of medicines.<br><br>Regulation 12 (1)(2)(a)(b)(c) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not ensure a robust system of governance to assess, monitor and improve the quality and safety of the service. The provider failed to mitigate the risks to people from the carrying on of the regulated activity and failed to ensure complete and contemporaneous records were maintained.<br><br>Regulation 17(1)(2)(a)(b)(c)(f) |