

Scarborough and Ryedale Care Ltd

# Home Instead Scarborough and Ryedale

## Inspection report

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Tel: 01723263263

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05 November 2021

09 November 2021

11 November 2021

16 November 2021

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30 November 2021

## 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 ●

# Summary of findings

## Overall summary

### About the service

Home Instead Scarborough and Ryedale is a domiciliary care agency supporting people with personal care in their own homes. All of the people supported were older people or people living with a dementia. At the time of our inspection 5 people were being supported.

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.

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

People received kind and compassionate care that met their needs. Relatives spoke positively about people's experience of using the service.

Medicines were managed safely. Risks to people were assessed and addressed. People were safeguarded from abuse. Staffing levels were monitored, and staff safely recruited.

Staff received support through regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Care plans were personalised and regularly reviewed. Staff help people to make their voices heard. A clear complaints process was in place to help address any concerns raised.

Good governance systems were in place. People, relatives and staff spoke positively about the culture and values of the service. Feedback was sought and acted on.

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 us on 27/04/2020 and this was the first inspection.

### Why we inspected

This was a planned inspection to give the service a rating.

### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# Home Instead Scarborough and Ryedale

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by an 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 homes.

The service did not have a registered manager when we inspected. A manager registered with the Care Quality Commission 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05/11/2021 and ended on 16/11/2021. We visited the office location on 11/11/2021.

#### What we did before the inspection

We used the 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 reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports on changes, events or incidents the provider is legally obliged to send us within required timescales. 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 all of this information to plan our inspection.

During the inspection

We spoke with one person and six relatives about their experience of the care provided. We spoke with six members of staff, including the nominated individual, the manager and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two medication records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person told us, "They [staff] keep you safe and well." A relative we spoke with said, "They're very open the way they work. It makes me feel at ease."
- Staff received safeguarding training and said they would not hesitate to report any concerns they had.

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

- Risks to people were identified and action was taken to keep people safe. Risk assessments were regularly reviewed.
- Accidents and incidents were reported and monitored by staff, and lessons learned when things went wrong.

Using medicines safely

- People received safe support with their medicines. Staff were knowledgeable about the medicines people needed and how they should be used.
- Staff received medicines training. Regular competency checks took place to ensure they had the knowledge and skills needed to manage medicines safely.

Staffing and recruitment

- People and relatives said staff arrived punctually and did not miss calls. One relative told us, "They are hot on arrival times."
- Staffing levels were monitored to ensure there were enough staff employed to support people safely. One member of staff said, "You never have to rush in and out. Calls are covered if we're ever off."
- Recruitment checks were carried out to reduce the risk of unsuitable staff being employed. These included Disclosure and Barring Service checks and seeking and verifying references.

Preventing and controlling infection

- Effective Infection Prevention and Control (IPC) systems were in place. These included IPC training and ensuring staff had access to personal protective equipment such as masks and gloves.

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed assessments of people's support needs and choices were completed and used to design their care. People and relatives confirmed that they contributed to assessments.

Staff support: induction, training, skills and experience

- Newly recruited staff completed the provider's induction programme before they could support people on their own. This included completing training and working alongside more experienced staff.
- Training took place regularly to ensure staff had the skills and knowledge needed to provide effective support. Staff said they could request additional training if they had a particular professional interest in an area. One member of staff told us, "The training is excellent."
- Staff were supported with supervisions, appraisals and observations of their work.

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

- People who were supported with eating and drinking had their dietary needs and preferences recorded in their care plans. A relative told us, "They [staff] cook what [named person] wants and she likes their cooking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with a range of external professionals to ensure people received the care they needed.
- People and relatives said staff supported people to maintain their health and wellbeing. One relative told us, "The care workers are attentive to [named person's] health. They notice any changes."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care was delivered with people's consent and in line with the principles of the MCA.
- People and relatives confirmed that staff gave people choices and respected their decisions.



# 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 and relatives spoke positively about the support provided by staff. One person said, "They are very good. We have a good laugh." A relative told us, "[Named person] always has a nice smile on her face when they come."
- Staff were described as caring and kind. One relative we spoke with said, "I observe the care givers when I am visiting. They don't have off days. They are always happy and cheerful."
- People were supported to live the lives they wanted. One person told us, "They do everything I want them to, I couldn't fault them."
- Staff knew the people they supported well. One member of staff said, "They try and match you up with regulars so they get used to you and you can form a bond."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They are polite and respectful." A relative we spoke with said, "I see and hear how they treat [named person] with respect."
- Staff supported people to live full and independent lives. One member of staff told us, "We let people do everything they can for themselves, make sure we let them have their privacy."

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

- People and relatives were supported to express their views on the service. One relative told us, "I was able to feed back to the company when it wasn't going quite as we wanted. They were pleased to hear what I thought, and they remedied it."
- Staff supported people to be involved in making decisions about the care they wanted. A relative we spoke with said, "They're quite reactive. If [named person] brings something up they just do it."
- The service had received a number of written compliments praising staff for the care they delivered. One described a person as a, 'changed person' as a result of the positive care they were receiving.

# 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 organisation and delivery.

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

- People received personalised support and were in charge of the care they received. A relative told us, "They encourage [named person] to wash or shower, but he has the option to say 'no.'"
- Care plans were regularly reviewed to ensure they met people's assessed needs and preferences. One relative we spoke with said, "Any new things that crop up, we're very involved in updating the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with people effectively and helped them to make their voices heard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and engage in activities they enjoyed. The service had received positive feedback from people and relatives on the support staff provided.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise any concerns they had. One person told us, "I would let them know about any problems."
- Systems were in place to investigate and respond to complaints and concerns. Where issues had been raised records showed they had been investigated and outcomes sent to people.

End of life care and support

- At the time of our inspection nobody was receiving end of life care, but procedures were in place to do so should this be needed.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff described the positive, caring culture the service had. One relative told us, "I think they are a good company." A member of staff said, "We want people to know there is a world outside their door they can access."
- People felt the support they received helped them to live the lives they wanted. One person told us, "It is the best thing that has happened to be honest."
- The provider was open with people and relatives when things went wrong. Where issues had arisen, the provider explained why and what action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was in the process of applying to become registered manager. Staff spoke positively about the leadership of the service. One member of staff said, "You feel appreciated."
- Effective quality assurance systems were in place to monitor and improve standards at the service. These included the manager attending calls to support people. One member of staff told us, "They actually go out to people to help, you don't get that very often."
- Required notifications had been made to us in a timely manner.

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

- Feedback was regularly sought and people, relatives and staff encouraged to make suggestions for improving the service. One member of staff told us, "I know I can get in touch any time if I have things to say, and they act."

Continuous learning and improving care; Working in partnership with others

- The service worked closely with a range of external professionals to ensure people received the support they needed and wanted.
- Staff constantly strove to help people build and sustain relationships in the wider community and to access services of benefit to them.
- The provider was committed to ongoing learning and service improvement. This included staff being encouraged to pursue additional training and the service working closely with a range of community groups.

