

Rangeford Care Limited

Rangeford Care - Wadswick Green

Inspection report

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Date of inspection visit:

15 March 2016

16 March 2016

Date of publication:

12 April 2016

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

The inspection took place on the 15 and 16 March 2016 and was announced. This was because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. This was the first inspection since the location had been registered as a domiciliary care provider in April 2015.

RangeFord Care is registered to provide personal care to people in their own homes. The agency also provides other support which includes supporting people with preparing their meals, administering medicines and support to access healthcare appointments. The agency office is located in Wadswick Green, which is a purpose built village for people over the age of 55. Their aim is to provide bespoke care and support services tailored around the needs and wishes of the individuals living at Wadswick Green. At the time of our inspection there were nine people receiving a service from the agency.

A registered manager was employed by the 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.

People all spoke positively regarding the care and support they received. They said they received the support required from staff, which enabled them to remain independent and living in their own homes. People described staff as "Caring, thoughtful and friendly" and that nothing was "too much trouble".

People told us they felt safe whilst they were receiving a service from staff working for RangeFord Care. People were protected from the risk of harm or abuse because systems were in place to manage any safeguarding concerns. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

People were cared for and supported by staff who were kind and caring. They respected people's privacy and dignity. Person centred care plans were in place to instruct staff on how best to support people and meet their needs. Staff confirmed they had access to care plans and read them regularly to keep themselves up to date with people's care and support needs.

Staff confirmed they received a comprehensive induction, training and regular supervision and we saw records to support this. They were happy with the training which they felt supported them to carry out their role correctly. Some staff were accessing a national qualification in health and social care.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

Medicines were managed safely and administered by trained staff. People received their medicines as prescribed and in their preferred manner. They were supported to be independent and manage their own medicines were appropriate. People were supported to access health care services and maintain good health as required.

The registered manager had systems in place to monitor the quality of service provided. There were opportunities for people who used the service and staff to express their views about the service provided by the agency. People told us they were confident that if they expressed concerns or complaints they would be dealt with appropriately by staff and the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

People using the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff knew how to use them.

Safe recruitment practices were followed. Sufficient staff were available to keep people safe and to meet their needs.

Medicines were managed so people received them safely.

Is the service effective?

Good ●

This service was effective.

There were appropriately trained and skilled care staff.

People, where required, were supported to access healthcare services.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 guidelines. People were supported to make decisions and choices about their care and support.

Is the service caring?

Good ●

This service was caring.

People were treated with dignity and respect. Staff were knowledgeable about the care and support people wished to receive.

People who used the service told us they felt included in making decisions about their care and support.

People spoke positively about staff and had confidence in their abilities. □

Is the service responsive?

Good ●

This service was responsive.

People's needs were assessed and reviewed by the registered manager. This enabled staff to meet people's individual care and support needs.

People were supported to remain as independent as possible and maintain control over their lives.

Care plans recorded people's likes, dislikes and preferences.

Is the service well-led?

This service was well led.

People using the service and staff had opportunities to comment about the service they received.

There was a registered manager in post who made themselves available to the people who used the agency and staff.

The registered manager and provider carried out regular audits to monitor the quality of the service.□

Good ●

Rangeford Care - Wadswick Green

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.

The inspection took place on the 15 and 16 March 2016 and was announced. This was because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. This was the first inspection since the location had been registered as a domiciliary care provider in April 2015. Both days of the inspection were carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with six people using the service about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke with the registered manager, the quality and compliance manager and three care staff.



Our findings

People told us they felt safe when the agency staff were in their home providing care and support. Comments included "Yes I feel safe, I think the staff are very trustworthy" and "I'm pleased I am here and have staff nearby. This makes me feel safe".

We checked the care plan's for three people who used the service and saw they contained risk assessments which recorded the safety of the person and the person's home environment. This included an assessment to support the person to mobilise, any personal care needs and nutritional needs. Staff training records indicated they had completed training on moving and handling. This meant staff had the knowledge they needed to assist people to mobilise safely.

The registered manager and provider had policies and procedures in place to guide staff members in safeguarding vulnerable adults from abuse or harm. The registered manager was able to describe how they would escalate concerns should they identify possible abuse. They explained where they had concerns they would liaise with the local authority and seek guidance on appropriate actions to be taken.

Staff told us they had received training in how to protect people from abuse and avoidable harm. Through conversations with staff they demonstrated their knowledge and understanding of safeguarding people from abuse, including how to recognise signs of abuse and to report them. Comments from staff included "Whilst it's important to respect confidentiality I would always speak with my manager if I had any concerns about the way a person was being treated" and "I have no doubt that if I raised any concerns about a client my manager would do something. If not then I would go higher in the organisation if needed". There was an emergency call system in place which meant that people could access staff support quickly. They could call the system and speak to a member of staff immediately. Staff could then find out what assistance was required and respond accordingly. One person told us "If I've got a problem I can call for staff anytime".

Appropriate arrangements were in place in relation to the ordering, handling, administration and disposal of medicines. Each person had a detailed risk assessment in place which identified areas of responsibilities. For example, the assessments identified who was responsible for ordering the medicines such as the person, a family member or the agency. There was a medication policy and procedure in place. The registered manager told us medicine management training was provided. Staff also undertook a written staff competency assessment and their working practice with the administering of medicines was observed.

The registered manager told us that staff were not allowed to administer medicines until they had

completed training in this area. The staff we spoke with on the first day of inspection confirmed this. One staff member told us "Only once I had completed my training was I allowed to give people their tablets".

The registered manager said that people were able to purchase non-prescription medicines, such as cough and cold preparations. They said people were encouraged to seek approval for the use of non-prescription medicines from their GP's to ensure they did not conflict with any of the person's current medicines. They explained that in line with their policy staff were not allowed to administer non-prescription medicines to people.

People who received assistance with their medicines told us they were administered on time. One person told us "I like that staff help with my tablets, it takes the worry off me."

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. Day to day staffing levels were varied and set to meet people's needs.

The service followed safe recruitment practices. We looked the recruitment records for three staff. Application forms were completed, formal interviews undertaken and employment references were held by the agency. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work for the agency. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. People using the service were involved in the recruitment of staff. We spoke with one person who said they enjoyed interviewing new members of staff as they liked to "Give something back" to the agency. They said it was important to them to be able to choose the staff who may be working with them.

Rangeford Care had infection prevention and control policies and procedures for staff to follow. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Training records showed that staff had received training in this area.



Our findings

People who used the service told us they thought the staff were capable of doing their jobs to a good standard. Comments included "They are very friendly and know what they are doing" and "They know me well. Feel very confident with their support".

Staff had a 'Staff Handbook', which included information about the agency's policies and procedures, induction and carers protocols for such things as the reporting of accident and incidents and the safe handling of medicines.

All staff attended an induction training programme which included completing core training as required by the provider. The registered manager told us new staff shadowed experienced employees as part of their induction training. Staff told us they were happy with the training they received and that it supported them to carry out their role effectively. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider, such as first aid, safeguarding vulnerable adults, infection control, the moving and handling of people safely and health and safety. Some staff were accessing a national qualification in health and social care. This showed the agency supported staff to develop their skills and knowledge.

Staff told us they felt supported by both the registered manager and team members. Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Comments from staff included "The team get on really well" and "The team are really friendly. There's a nice atmosphere working here". Staff attended team meetings at which information was shared and people's needs were discussed.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. Any DoLS applications must be made to the court of protection.

The registered manager was able to show they had a good understanding of the Mental Capacity Act (2005) and staff were able to demonstrate how they supported people with choice and decision making about their care and support. Staff told us "People are all very independent here. It is important they remain involved in deciding what support they want" and "People here are able and encouraged to make decisions about their own care".

People who used the service had care plans that recorded the person's consent to the information contained in the care plans. We saw people had signed to say they understood and agreed with the information in their care plan. People using the service told us staff sought permission from them before they started to provide any assistance or support they required. Comments included "They always do what I want them to do and will then ask if there is anything else I need before they go" and "They always check with me first before they do anything".

Most people were independent with preparing their meals and drinks. Where meals were prepared by staff or staff supported people they recorded this information in daily records so other staff could see what meals had been provided previously and they could monitor people's nutritional requirements. One person told us "They sometimes help me with my shopping".

Staff told us that it was always people's choice what foods they prepared or helped them prepare. One staff member said they supported people with checking that food had not gone out of date to ensure people were not eating food that had gone off.

Where necessary staff contacted health and social care professionals for guidance and support or to book appointments for people at their request. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals. The registered manager told us they had developed positive working relationships with people's doctors and the local community health team, which included district nurses. During the course of our inspection we observed people being supported to attend healthcare appointments.



Our findings

People spoke positively about the care and support they received from staff. Comments included "The care team is my lifeline. Nothing is too much trouble for them", "All the staff are kind, pleasant and friendly" and "Staff are all lovely. Will do exactly what I need them to do".

We asked people who use the service if their privacy and dignity were respected. They told us "They always knock before coming in" and "They always ask before doing anything and let me know what they are going to do next". One person told us "They always ask if there is anything else I need. They are all very kind and considerate". We observed the registered manager and staff knocking on people's doors prior to entering when we visited people in their own homes. Staff described how they respected people's privacy and dignity especially when assisting with personal care. One staff member told us "I always make sure doors are closed and I have towels handy. I make sure I include people when I'm supporting them and they are aware of what I am doing. I am not there to take over". Another staff member said "I will always ask, which way you want to do this. It is important to value people and involve them in their care".

Staff told us they recorded information in people's care plan at each visit to ensure that all staff were aware of people's current care needs. One person told us "Yes I have a care plan in my home which staff fill out when they come". There were handovers each shift where staff shared information about the care and support people had received. They also discussed people's well-being to ensure any concerns were picked up and monitored by staff coming on duty.

Staff told us they encouraged people to do as much as they could for themselves to retain their independence. Comments included "Our vision is to make this a nice place for people to live and that includes supporting them to be as independent as they would like" and "We are here to promote people's independence and encourage and support them". One person told us "It's nice to have support. I can discuss with them what things I can or can't do for myself".

People told us that staff spoke to them in a respectful manner. One person told us "They call me by my first name, which I like them to do. They checked this was ok". Another person said "Yes they are all very respectful when they talk to me. They are all lovely and reassuring. I felt very confident with the care I received".

We saw records of observations undertaken of staff's working practices. This included how staff interacted with the people they were supporting. It was recorded that each member of staff observed displayed a

caring approach towards people at all times. They behaved in a professional manner and it was clear that positive trusting relationships had formed between care staff and people.

We observed one staff member who had arrived at a person's home to assist them to take their medicines. They knocked and waited for the person to answer the door before entering the person's home. The staff member greeted the person and asked "How are things today". They explained why they were there and asked if the person was alright with them assisting them. They asked the person if they were ready to take their tablets. They waited patiently whilst the person took their medicine and then ensured they recorded that the tablets had been taken. There were lots of smiles and jokes which indicated the person felt comfortable with the staff member.



Our findings

People that used the agency told us they knew about their care plans. One person told us "I discussed with (registered manager) the support I needed and how many times a week they should come. There's a copy of the plan in my home. Staff write in it each time they visit". Another person said "We sat and talked about the help I needed. They come and support me with cooking and household tasks. It's all in my plan". Staff told us they read people's care plans to ensure they provided the correct care and support. Comments included "Care plans tell you how people want to receive care. I read care plans as part of my induction" and "Care plans contain a list of the person's required services. If there have been any changes we always have to sign to say we have read the up to date information".

Care plans were person centred and reflected people's care and support needs. They contained documents relating to assessments of need, frequency and times of visits, personal information and details of the support people required and how it was to be given. Additional documents held in people's care plans included risk assessments, daily notes, reviews of care and support and the person's contract with the agency. Care plans were regularly reviewed to ensure a person's current care and support needs were identified and were being met.

Care plans included a profile which detailed the person's past history, things they enjoyed doing and important people. It had a section people's daily routines which included times people liked to get up, meal preferences and activities they liked to attend. This information was detailed for example in one person's 'Daily routine' it recorded they needed support with preparing for a shower. This meant staff had information that helped them to know what support the person required to meet their individual needs.

People we spoke with told us about pastimes and things they enjoyed doing. For example, one person said, "I like to go walking and playing chess". Another person told us "I like listening to my music and going for walks around the village. I also like popping out to the shops and having lunch out". People told us they were able to choose if they wanted to join in any of the activities provided on site. This was all dependent on people's choice and preferences and was evidenced in their care plans as well as people telling us during the inspection.

The registered manager explained that as part of their care package staff would support people to attend activities of their choice. This included going for walks or being supported to access one of the many opportunities that took place on site. For example, accessing the onsite gym, craft sessions or attending one of the coffee mornings.

People told us about their relatives and friends and how they maintained contact with the people that mattered to them. We saw in people's care plans it documented people that were important in their lives.

People we spoke with told us staff did not rush or hurry them and they had not experienced late or missed calls. One person told us "If they are going to be late they ring and let me know".

The agency had policies and procedures on handling and resolving complaints and this information was provided to people in their contract. The information included how people could make a complaint and how it would be addressed. People we spoke with knew how to make a complaint. They all said they would speak with the registered manager or staff. One person told us "I've only had one complaint and I spoke to (registered manager) about this. She sorted it straight away". Any complaints had been dealt with promptly and where required actions and learning had taken place.



Our findings

A registered manager was employed by the 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. People all knew who the manager was and spoke positively about them. Comments included "X is very generous with her time. Can I talk to her, absolutely" and "The manager is very good. I have a lot of confidence in her".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager, whilst knowledgeable of the requirements to notify, had not had to inform CQC of any significant events since the agency had registered.

The registered manager had recently sent surveys to people who used the agency, relatives and professionals in order to obtain their views and opinions of the service provided and staff. The surveys looked at the effectiveness of care provided, how staff supported people and people's satisfaction of the services. Because these had only been sent in March 2016 there had been no opportunity to analyse and provide feedback from the surveys at the time of our inspection. One person using the service told us "I was asked to fill out a form, which I was happy to do".

Regular team meetings took place. Staff confirmed they had the opportunity to discuss their concerns and to make suggestions on how the service could be improved. Comments included "Team meetings are a good opportunity to talk about how our work is going and what training we need. I feel if I wanted some specific training then I could ask and it would be provided" and "If I need support then I can use a team meeting to discuss my situation and get ideas from other staff".

The registered manager and the quality and compliance manager carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These audits included management of medicines, care plans, training and complaints. Where improvements were required they had put together a list of actions to complete. Accidents and incidents were monitored to identify any patterns or trends. Staff explained that any accidents or incidents were discussed during handover where they would be informed if any further actions were required.

The service had written visions and values in respect of their culture which had been written with input from staff. The visions and values included 'offering services in a way which are compassionate' and being

'respectful, honest, dependable and reliable'. Staff we spoke with were aware of the values of the service. One staff member told us "Their vision and ethos blew me away. The vision is for this to be a nice place to live and for people to live as independently as they are able".

We asked about the culture of the service. Staff described it as a "Fantastic" and "Excellent" place to work. One staff member said "This is the happiest I have ever been at work". All staff said they felt supported by the registered manager and other team members. Comments included "My colleagues are all very helpful, it's a nice team" and "I really enjoy working for Rangeford. The staff team are all nice".

To keep up with best practice the registered manager attending local forums and national conferences where they could meet other providers and share ideas and best practice. They kept up to date with new legislation or guidance affecting their service by reading a variety of publications. They attended any training required of their role. They also had a reading section available to all staff to support them to keep up to date with information and best practice.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.