

Mr Michael John Riglin

Mike Riglin Nursing (Domiciliary Care Agency)

Inspection report

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19 August 2016
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23 September 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 18 August 2016 and made telephone calls to people who used the service 19 September 2016 and to staff on 22 September 2016. We also carried out a telephone interview of the registered manager and provider on 19 August 2016.

Mike Riglin Care is a community based service providing home care support for people living in their own homes. At the time of the inspection, there were approximately 22 people being supported by the service.

The service has a registered manager in place. 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.

Staff were knowledgeable about the people they supported and protected them from the risk of harm. Risk assessments were in place but were not always detailed enough.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they were given the opportunity to get to know the people they supported. Relatives we spoke with described the staff as very good and caring.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people when required to attend health care visits such as GP appointments and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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 

The service was safe.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff went the extra mile when providing people with care and support.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

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Detailed findings

Background to this inspection

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

This inspection took place over four days on the 18 August 2016, when we visited the offices. On 19 August 2016 we carried out a telephone interview with the registered manager. On 19 September we carried out telephone interviews with relatives and people who use the service. On 22 September 2016 we carried out telephone interviews with staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, senior staff and the HR manager. We also spoke with three care staff and four people who used the service and two relatives. We looked at the care records of four people who used the service and the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We asked people if they felt safe when staff provided them with care. They said, "Yes, I feel mostly safe." While another person responded with "oh yes, I feel safe around them." A relative we spoke with also said, "I have no concerns what so ever, [relative] is safe."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. When we spoke with staff in the office they told us that care staff would call in with concerns about a client and they would then take action to safeguard them. One member of care staff told us, "If I'm worried or anything then I will call the office and they can help me." Staff we spoke with were aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager. If they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm.

Individual risk assessments had been undertaken in relation to people's identified support needs but these were not detailed. We spoke to staff about this and found that staff were fully aware of people's support needs and risks associated with them, but that this was not always clear on the risk assessments.

For example, one person's risk assessments stated that they were 'unstable' but it did not provide any further information apart from 'needs support to mobilise.' We discussed the person with staff who were able to tell us about the person and how they needed to be supported but this information was not available in the risk assessment. We also saw that for another person the risk assessment said that they were prone to 'mood swings.' There was no further information available to staff on how to identify if the person was feeling low, or any triggers which may have affected their mood. On another risk assessment we found that a person had been identified as having their 'swallow reflux compromised,' again there was no further information available about which foods they person could eat or how they were to be supported. We discussed this with the care co-ordinator and noted that before the end of the inspection changes had already been made to the assessments in light of what we had raised. When we spoke with the registered manager the following day who also confirmed that the changes had been made to risk assessments and staff had met to discuss the changes further. The registered manager told us that they would ensure that all assessments were updated fully.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people they supported. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely. For example, where a

person required two people to support them, we saw that the service had provided the correct level of staffing to meet their needs. Staff told us, "I always make sure I have help, if there are meant to be two of us." People told us that generally staff arrived at the allocated times and when staff were running behind they would be informed by telephone of any delays. One person said, "Sometimes they can be running late, but they do call to let me know." The coordinator told us, "We try and keep continuity for people, if issues or concerns are raised then staff are changed." For example, we were told how one person was unhappy with the person that was supporting them, they raised this with the provider who listened to their concerns and adjusted the team of carers accordingly. The person now referred to their team of carers as, 'the dream team.'

People we spoke with were positive about the staff that provided care and said that they were supported by a consistent group of staff which meant that they were able to get to know them. One person said, "It's mostly the same staff, holidays and sickness can't be helped." We saw that each care package that was provided was for a minimum of six hours. This also allowed for staff to really get to know the person they were supporting.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported with this. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medicine, they would inform the office and relatives. We saw that medication errors were recorded and staff were provided with additional training and supervisions where it was required.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One person said that staff were trained well. They said, "They are very good, they do all the usual things." Staff also told us that they were supported with training and encouraged to keep their skills up to date. They said, "Training is thorough, they make it clear from the start that we can ask for extra training if we need it." We saw from the training records that staff had received training in areas such as safeguarding, infection control and safe movement. Staff told us that if they needed refresher training then this was provided to them.

Staff told us that they were able to support people well because they generally cared for the same people for long periods of time. One member of staff said, "We support the same people, we get given a rundown of them and are told about their needs." Another member of staff also said, "We get given information about the person and we also speak to other staff, we are given their number so we can talk about what the person likes."

One person said that the staff were, "Excellent." They said, "It's mostly the same carers that come round". A relative we spoke with said, "They know how to look after [relative], they will put on music, they know [relative] likes music."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to. One staff member said, "I wanted some more training so I could gain my care certificate, I mentioned it to my supervisor and it was made available." Staff told us that management would also gain feedback from the people they supported in order to get a full picture of staff performance. They said, "We do our job to the best of our ability, but they do check that clients are happy with us."

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. 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. We found that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support.

Staff told us that they would always ask people for their consent before providing support. One member of staff said, "I will always make sure the client is happy with what I do." This member of staff explained to us that if a person was unable to provide a verbal response to them. They would look for other signs. They said, "I check for facial expressions, if they smile or if they look distressed. If I feel they are unhappy then I will

stop." Staff told us that they worked at a pace that made people comfortable and did not rush them. This was confirmed by the people who used the service. A relative said, "They are really good, they talk to [relative] and explain everything." Another relative we spoke with said to us jokingly, "Consent? [relative] usually demand they don't need to ask, because [relative] tells them what they want." People were asked to sign their care plans and consent to the care they were provided with.

Care records showed that staff supported people where possible to remain healthy. We were told that staff encouraged people to eat well and remain hydrated. For example, staff told us that when they visited a person they would ask them if they had eaten, and if they had not then they would encourage them to have something. One member of staff said, "[Person] likes salmon for lunch, so I will make the effort to cook them fresh salmon." They also told us about how another person had fresh vegetables growing in their garden. They said, "I go out and pick some rhubarb and make them a fresh dessert instead of them having a ready-made one."

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Where required, staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GPs. The coordinator told us, "I don't believe any of our staff would leave someone if they were unwell, they would call the doctor or go to an appointment with them, if needed."

Is the service caring?

Our findings

People and their relatives commented positively about the staff. One relative said, "I can't fault them." Another said, "The lady that comes is very good, we would love to have her all the time." A person we spoke with was also very complimentary about the support they were receiving, they said, "It couldn't be better, I have been with them for years."

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said about their carer, "[Carer] is very nice, she's a wonderful lady she's does everything and its lovely." A relative also mentioned two care staff my name and said, "{name of carers} are really, really good, they come two days a week, they are excellent."

From our discussion with staff we found that they were caring towards the people they provided support to. Staff said, "We visit people and see how they are, every day is different. I see how they are feeling and help them." Staff told us that because they supported the same people, they were able to get to know them. Staff spoke to us about what people liked and were able to provide us with examples. One staff member said, "[person] is very particular and likes things a certain way, I'm always mindful." The coordinator also told us, "We try and build up relationships with the clients, so that they trust us. Where I can I match personalities."

People we spoke with and their relatives told us that staff encouraged them to make decisions about the care they wanted. We saw that regular reviews took place with people using the service and the registered manager and coordinators. The coordinator told us, "We speak to people regularly to make sure everything is ok, if something has changed then we act on it." They also said, "We have a really good relationship with families and great communication." For example, we were told that if a person's medicines changed then as well as updating the persons care plan, all care staff involved in the care of the person would be informed of the change. The coordinator told us, "All our carers work in individual teams and communicate between each other about their set clients."

Staff promoted people's choices and enabled them to be independent where possible. They respected people's dignity and ensured that they had privacy when being provided with personal care. For example, one member of staff told us that when they provided someone with personal care such as showering or bathing. They would assist them where required and then wait outside to give the person some privacy. This was also confirmed by people using the service. One person said, "[Carer] is very discrete, they only help in the shower when I ask for help, otherwise they leave me to it."

People and relatives confirmed that they were involved in making decisions about their care through regular reviews and discussions. The care records we looked at showed that people were involved and supported to make decisions affecting their care. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. We saw that appropriate care plans were in place so that people received the care they required to meet their needs. One relative told us, "They know [relative] and look after [them], they discuss changes and anything [they] want with [them]." Another relative said, "They give us choice on who comes round and what works for us, it's very much personalised." There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records.

Staff understood people's individual backgrounds, ages, likes and dislikes. Staff said that before they began providing care, they were given a briefing about the person they would be supporting. They said, "We support the same people all the time, but when we first go in, we are told about them and given all the information we need." Staff told us that they would take information about the person from the care plans and also speak with the co-ordinator and other staff to get a clear picture on the support that the person needed. We saw that monthly newsletters were also sent out along with e-mails to keep staff informed of changes. We saw that the coordinators acted as a link between the staff and people using the service to ensure that care ran smoothly. The coordinator said, "If staff need anything then we drop things in and carry out an observation while we are there." We were given an example, where by a person's personal care needs changed. We saw that staff raised concerns and arranged for a continence nurse to observe the person and provide support to staff on the best way in which to support them. Staff also said that they worked how the person they supported wanted them to. One person said, "Some of us wear uniforms, some don't. It depends on what our client prefers."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. Co-ordinators had the role of reviewing care documents to ensure they were fit for purpose and discussed them with people using the service and their relatives. We saw that reviews were completed periodically but where a person's needs changed more often, they would provide more regular updates. We saw that there was regular dialogue with the person, their relatives and the staff. Staff said, "We are constantly talking and updating, staff always ring and talk through changes a person wants, we talk it through with them or their relatives."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had not received any formal complaints in the past year.

Is the service well-led?

Our findings

The service had a registered manager in place. People we spoke with knew the manager and told us that he would regularly visit them. One person said, "I have known [registered manager] for years now, he will pop in to say hello." Staff we spoke with were also very complimentary. One member of staff said, "I have never worked for somebody so good, [registered manager] is very supportive." Another person said, "[registered manager] is very approachable, he encourages transparency." We found that people who used the service were in constant contact with office staff and knew the names of the people they needed to speak with. One person said, "I call [co-ordinator] if I need slots changed, they are always around for me to speak to." We saw examples of where office staff and the manager had worked together with care staff to enhance people's care packages in order to support them. One member of staff said, "If something is not working then we guide families on how to get help and support, if we have to complete the forms for them, we will."

The organisation demonstrated an open and transparent culture throughout. Staff told us that they were listened to and their opinions counted. One member of staff said, "[Registered manager] encourages transparency, if there is a problem then we work together for a solution." Staff also said that there was, "Never any blame," placed on staff. They said, "If something goes wrong, we look at how to prevent it from happening again." We saw that all staff worked as a team and were encouraged to whistle blow if they felt they needed to. The manager had an open door policy which meant that staff felt empowered to raise any concerns.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and friendly, and they never felt as if they could not go to him if they had any problems. One member of staff said, "[Registered manager] is such a good boss that we feel bad if we do something wrong. We don't want to let him down." The manager told us that their agency worked well because of the confidence they had in their staff. They said, "I delegate a lot of work out, I let staff get on with it and only interfere when I am asked, because of this I am confident in leaving the office and not worrying about what's happening."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes to improve the quality of the overall service. One member of staff said, "The thing I like is that my knowledge and experience means something, the registered manager supports us to make a difference in people's lives through our experience." Staff told us that the provider was supportive and kept them up to date with everything that was happening. One person said, "The registered manager supports us when we need it, sometimes we have to go to him if we really can't find a solution, nine times out of ten he can spot the solution straightaway!"

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We saw that people had provided

comments such as, "The service is tailor made." They were also comments on how "friendly and helpful" staff were.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. Checks were also made on communication logs and if any action was required then this would be addressed quickly with staff through e-mails or supervisions. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.