

Rangeford Care Limited

Rangeford Care - Wadswick Green

Inspection report

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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

Rangeford Care is registered to provide personal care to people living in their own homes. The services provided included support with personal care such as assistance with bathing and dressing and support with meal preparation, administering medicine and accessing healthcare appointments. The offices were located in Wandswick Green, which is a purpose built village for people over the age of 55. At the time of our inspection there were thirteen people receiving a service from the agency.

This inspection took place on 16 May 2017 and was announced. The provider was given short notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. This also gave us the opportunity to ensure people and staff would be available to talk with us. This was the first inspection since the location had been registered as a domiciliary care provider in April 2016.

A registered manager was employed by the service who was present throughout the inspection. 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 received care and support from staff who had got to know them well. People's dignity, privacy and independence were promoted and people were treated with respect.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Risks to people's personal safety had been assessed and plans were in place to minimise these.

Medicines were managed safely and administered by trained staff. People received their medicines as prescribed and in their preferred manner. People's health care needs were monitored by staff during their visits. Any concerns were raised with the registered manager, appropriate health professionals and where appropriate the person's relative.

People received their care at the correct time. There were enough staff deployed to fully meet people's health and social care needs.

Care and support plans were personalised and detailed daily routines specific to each person. Handover between staff at the start of each shift ensured important information was shared and acted upon where necessary. People were involved in planning and reviewing what support they needed.

Safe recruitment procedures were followed and staff had the relevant checks in place prior to them commencing employment. Staff had received, or had planned, supervision (one to one meetings) and appraisals with their line manager. People were supported by staff who had access to a range of training

and had received direct observations of their working practices to ensure they were skilled and competent.

The service was working within the principles of the Mental Capacity Act 2005. Staff had an understanding of the Mental Capacity Act 2005 and explained how they supported people to make decisions regarding their daily living and support.

There were processes in place to monitor the quality and safety of the service to ensure any shortfalls were identified and acted upon. People and those important to them had opportunities to feedback their views about the service. People's concerns and complaints were investigated and responded to in good time.

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.

There were enough staff deployed by the service to support people safely.

Appropriate checks were carried out on staff before they began working at the service to ensure they were of good character and suitable for their role.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting concerns.

Is the service effective?

Good 

This service was effective.

Staff received the appropriate training and support from the registered manager that enabled them to deliver effective care and support.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People's health care needs were monitored by staff during their visits. People were appropriately referred to professionals when needed.

Is the service caring?

Good 

This service was caring.

People were supported by staff who respected their privacy and dignity.

People spoke highly of the care they received from staff.

Staff had developed positive and trusting relationships with people. ☐

Is the service responsive?

Good 

This service was responsive.

People received personalised care that was responsive to their needs. They were involved in planning and reviewing what care and support they required.

Where required, people were supported to attend a range of activities to maintain their hobbies and interests.

Feedback from people was sought and concerns and complaints were investigated in a timely manner.

Is the service well-led?

Good ●

This service was well-led.

There was a registered manager in place.

Staff were happy in their work. They felt supported by the registered manager and had confidence in their abilities.

Quality assurance systems were used to monitor the performance of the service. Any shortfalls were identified and acted upon.□

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 May 2017 and was announced. The provider was given short notice because the location provides domiciliary care services. We wanted to make sure the registered 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 2016.

The inspection was carried out by one inspector and an expert by experience who spoke with people using the service. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the agency's office. We spent time looking at records, which included four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the agency's policies and procedures.

On the day of our inspection we spoke with four people who use the service and one relative about their views on the quality of the care and support being provided. We spoke with the registered manager, the

quality and compliance manager and three care staff. We wrote to five health and social care professionals who worked in partnership with the service for feedback and received three replies.

Is the service safe?

Our findings

People and their relatives said they or their loved ones felt safe being supported by the service. Their comments included "Yes totally, there's help at the end of the buzzer. They always come and see me" and "Yes, because everyone looks out for each other here. If I had any concerns I would talk to (The registered manager) if I needed too, she is very good".

Risks to people's personal safety had been individually assessed to ensure any risks were known and plans put in place to minimise these. For example, risks assessments had been completed for areas such as personal care, falls and safe medicines management. Risk management plans considered people's physical and emotional needs and showed that measures were in place to manage these risks.

People's homes had been assessed to ensure the environment was as safe as possible for both them and the staff member carrying out their care. This included assessing the risk of slips and trips, if smoke alarms were available and the lighting.

People were protected in the event of an accident or incident. Any accidents or incidents were reviewed monthly by the provider's clinical governance committee to identify any trends, patterns or actions required. The service informed us there had been no accidents or incidents that needed reporting to us.

Staff were able to identify what might constitute abuse and knew how to report any concerns they might have. They had confidence that any concerns raised would be listened to and acted upon by the registered manager. Comments included "Our role is to make sure that individuals are in the safest possible environment. Any concerns are reported to (The registered manager). We always get the opportunity to discuss the situation, how we dealt with it and any next steps we need to take" and "We ensure people are looked after safely. I would look for any indicators that something may have changed such as changes in personality or any comments they may be making. If I thought someone was being abused or was unsafe I would report it to a senior or (The registered manager). I would also record my concerns".

Staff knew how to report concerns within the organisation and externally such as the local authority or police. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with the local authority and relevant health professionals. There were clear safeguarding policies for staff to follow.

People had received their medicines as prescribed, by staff that had received the appropriate training. Risk assessments had been undertaken that identified the level of support required by each person. For example, if people needed full support to administer their medicines or just a prompt. There was a safe management of medicines policy in place. The registered manager told us medicine management training was provided. Staff also undertook a written competency assessment and their working practice, with the administering of

medicines was observed. Staff explained that in line with the policy, they were not allowed to administer non-prescription medicines to people.

People told us they received the appropriate support to take their prescribed medicines. They told us "Yes, I take medication and (The registered manager) has now made sure that I take them. I used to miss them some days and I don't now" and "They are in charge of my medication. They write it down on a daily basis and it is here for all to see".

The agency provided care and support to people living in Wandswick Green which is a purpose built village for people over the age of 55. The service had a staff presence, on site, 24 hours a day seven days a week. Staffing levels were monitored by the registered manager and team leaders 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. Staff confirmed that people's needs were met and they felt there were sufficient staffing numbers.

We saw safe recruitment and selection processes were in place. We looked at the files for four of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made. This included written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity. 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. New staff were subject to a formal interview prior to being employed by the service. People using the service were involved in the recruitment of staff if they wished to be.

Staff members had received training in the control and prevention of infections and were issued with appropriate personal protective equipment such as aprons and gloves.

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed, to meet people's care and support needs. We viewed training records which confirmed staff received training on a range of subjects. This included safeguarding, infection control, mental capacity, food hygiene and the safe moving and handling of people and a range of topics specific to people's individual needs. For example dementia awareness, diabetes and epilepsy awareness. Staff were supported to have access to nationally recognised qualifications in health and social care. Staff spoke positively about the training provided. Comments included "We get plenty of training and regular refreshers. During the induction there are opportunities to read care plans and you also shadow other staff to help you get to know people" and "We get the opportunity to discuss our personal development and any training we would like to do. There is always plenty of training available".

New staff were supported to complete an induction programme before working independently. The induction period included staff completing the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. During this period new staff members shadowed experienced staff to ensure they were safe and competent to carry out their roles before working alone.

Staff had regular supervision meetings with their managers and an annual appraisal. We saw a supervision matrix showing when the last supervision had taken place. 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 using the service. Staff also had an annual appraisal where their overall role was reviewed and development needs discussed. Senior staff members undertook unannounced visits to observe the working practices of staff. The registered manager explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

Staff felt supported by their manager. Comments included "(The registered manager) is great as a manager. There is plenty of support. We have regular team meetings and supervision. I can also talk to her in between these meetings" and "We get regular supervisions but I can ask to speak with (The registered manager) at any time in-between. We get regular feedback about what we are doing and lots of praise".

Staff had received training in the safe handling of food hygiene. Some people received support to maintain a balanced diet. Staff supported some people by preparing their meals, drinks and snacks. They explained people were always asked for their meal choices during the visit. For all meals that were prepared and food served, a record was maintained in daily records.

Staff told us they monitored people's health and wellbeing and any changes or concerns were recorded and reported where appropriate to senior staff, relatives and healthcare professionals. Where necessary staff contacted health and social care professionals for guidance and support or to book appointments for people at their request. People told us that staff would arrange and support them to health appointments if

required. One person told us "If you book a carer they will come with you".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) 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 For people receiving care in their own home, this is as an Order from the Court of Protection.

The registered manager was aware of their responsibilities in respect of this legislation. No one currently using the service had been assessed as lacking the capacity to make decisions. Where it was suspected that people's needs maybe changing, which included their capacity to consent, advice had been sought from appropriate health and social care professionals by the registered manager. The registered manager said any concerns they had relating to a person's capacity would be reported to the local authority. This may then lead to a meeting being held with the person's representatives and health and social care professionals to discuss what might be needed in the person's best interest.

Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care.

Is the service caring?

Our findings

People told us their privacy and dignity was respected. Their comments included "Yes, they do protect my privacy and dignity. They only do things for me in the bathroom or in my bedroom" and "Yes, they are very respectful to me and my husband and they maintain my husband's dignity". Staff understood the need to seek people's permission before carrying out any tasks or personal care. For example, asking what support people required before providing care, explaining what needed to be done and checking how the person was feeling. They said they would make sure that curtains and doors were closed and the person was covered during personal care.

One professional who worked alongside the service told us "On each visit it is very evident to see that the registered manager and the team have developed professional and respectful relationships with the residents. My observations have supported my view that there is a sound understanding and very professional approach to ensure that the dignity and respect of individuals are protected".

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Their comments included "Care plans are regularly up dated and everyone is informed of any changes. Communication within the team is positive" and "People are involved in planning their care and can say what support they want".

Staff told us they had plenty of time to provide the care and support people needed and were not rushed. One staff member told us "It's a really nice place to work. It's a relaxed pace which makes the care we give person centred. We have time to chat". Staff told us that all staff were based on site. This meant if they had been held up during a visit they would be able to telephone another staff member for support, if they were going to be late for their next visit. A relative told us "They stay with him over the allocated time. Nothing is too much trouble for them". One person using the service said "The staff are fantastic here, they are so good I can't fault them".

The service had received several written compliments. These included "Rangeford care and support was superb in supporting my Mother. The family felt really supported and communication was good", "We couldn't be happier living here. The personal assistants are so proactive and caring" and "Thank you for all that you do. You always do it so well".

One relative had contacted the Care Quality Commission regarding the care and support their family member received. They told us "I would like to express my delight in the care that my husband is receiving from Rangeford Care, here at Wadswick Green. Care of the elderly is so very much in the news right now and we consider ourselves very fortunate to be living where we do. The care received is tailor made, and the carers or personal assistants are unfailingly courteous and professional, efficient and kind. I would have no hesitation in recommending the care received here to any new residents".

Is the service responsive?

Our findings

When people commenced their care, an assessment of their needs was completed by a senior member of staff. This included spending time with the person and their family member or representative to create a daily plan of care and support that met their needs. People told us they had been involved in developing their care and support plans. Their comments included "Yes, we have signed our care plan and it's up to date. We went through it with the staff member (staff name), it has been updated on a regular basis" and "Yes, I do have a care package and a care plan, but I think my son knows more about it than I do".

Care plans were personalised and included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported, to maintain their health and well-being. Information included encouraging people to be as independent as possible, clearly identifying what support they required and what they were able to manage for themselves. Care plans contained information on people's life history, hobbies and interests. The service supported people to remain independent by using a call system which people could use when they required support. This meant they had an effective method of communicating with staff to meet their care requirements when needed.

Care plans were up to date and clearly laid out. They were broken down into step by step guidance, making it easier for staff to know how people wished to receive their care and support. Care plans were detailed and included information on the things which mattered to people, such as how they liked their cup of tea and how they wished to receive their medicines. Staff told us they found the care plans helpful and were able to refer to them when changes to people's care and support had been updated. Daily notes showed care plans were followed and people received their care and support in line with the information provided.

A handover between staff at the start of each shift ensured important information was shared and acted upon where necessary. Another agency the service worked alongside to cover staff absences told us "Each staff member receives an induction or a handover upon starting each shift or if they are a new member of staff". This supported agency staff to understand the needs of the people they would be supporting during their shift.

People were encouraged and supported to join in with activities and events both within the village and the outside community to minimise social isolation. This included going to the theatre, shopping or being supported to access one of the many opportunities that took place on site. For example, a reading group, walking group or accessing the onsite gym and swimming pool.

There were regular opportunities for people and their relatives to raise issues, concerns or compliments. People and their relatives were made aware of the complaints system. Information on how to complain was available in the customer contract which was given to people when they joined the service. Where complaints had been raised we saw that all measures had been taken to try and resolve the concerns. People told us they felt able to raise any concerns or complaints they had. Their comments included ""Never complained, never needed too, but if I did it would be to (The registered manager)", "No never made a

complaint, no need too. If I did I would complain to the manager".

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The registered manager said the service culture was that of an 'open door policy' where people and their relatives could discuss care and support needs and any concerns.

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. The registered manager spoke passionately about providing a good service and ensuring people were "Well looked after".

To keep up with best practice the registered manager attended various local forums and national conferences where they could meet other providers and share ideas and best practice. The company who operated Rangeford Care organised quarterly quality healthcare forums with other service providers in the company. They invited external speakers to share practices and discuss quality systems.

The registered manager 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 corner' available to all staff to support them to keep up to date with information on best practice and policy updates.

People and staff spoke positively about the management of the service. Staff comments included "It's a nice place to work. (The registered manager) is a great manager and we all work well together", "I feel supported. I have been able to discuss my personal development with the manager and we are looking at opportunities". People's comments included "The registered manager is doing a good job. Nobody tries harder than her" and "(The registered manager) is very approachable and she seems to be always on duty. If I have a problem I can always phone her" and "She (The registered manager) is a real treasure, she leads from the front".

Comments from professionals who worked alongside the service included "Both the registered manager and the staff at Rangeford Care are very approachable and friendly. Any concerns that are raised are quickly and effectively dealt with" and "The registered manager is very approachable, 100% committed to improving the service at every opportunity".

Regular team meetings took place. We saw records of recent meetings and what had been discussed. This included accidents and incidents and reporting procedures. The team had also discussed any changes to people's care and support needs. During team meetings the manager explained they would use a training tool to promote two way discussions about health and safety matters to compliment training provided and to support staff's knowledge in this area.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager and the quality and compliance manager carried out regular audits throughout the year 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 investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the clinical governance committee to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence. For example, the registered manager explained they had worked closely with one person, their relative, an occupational therapist and district nurses when the person was at risk of falling. New equipment had been identified and provided to minimise the risk. They had also worked with the contactors on site to review the lighting in the village. Changes to lighting were made for those areas deemed as a trip hazard to enable people to see more clearly.

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 was knowledgeable of the requirements to notify CQC of any significant events and had done so accordingly.