Ranger Home Care Ltd

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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

The inspection took place on 18 October 2018 and was announced, we gave the provider 48 hours notice, this was to ensure staff we needed to speak with were available. This was our first inspection of the service.

Ranger Home Care Ltd offers personal care to people in their own homes by providing a care worker [to be referred to as care staff] who provides 'live in' care and support. The service is provided to both younger and older people and those who require end of life care. On the day of the inspection 19 people received the regulated activity of personal care.

The service had a registered manager. 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.

There was guidance and procedures in place to protect people from the risks of harm and abuse. There were enough staff to support people safely. The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm. Medicines were managed safely and administered as prescribed and staff had regular competency checks to help ensure they were following best practice.

People were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People's individual needs had been assessed and from that a care plan was created. Staff were trained to support people with an array of health care needs, in line with recognised best practice. People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed specialist training to meet individual's needs. People were supported to eat and drink sufficient for their needs.

Staff worked both within the service and with external organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professionals' guidance was followed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The service did not currently support any individuals who required assessments under the MCA.

People reported they were treated in a kind and caring manner by staff. People were supported by staff to

express their views and to be involved in decisions about their care. People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The registered manager confirmed that should people need information in an alternative way that this would be arranged to meet the accessible information standard.

The service was responsive and involved people in developing their care plans, which were detailed and personalised to ensure their individual preferences were known. People's care plans had information about people's care needs, their wishes regarding independence and any risks identified and how to minimise these. If a person's needs changed then their care plans were updated to reflect this.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

People were well supported at the end of their life and the service worked with specialist agencies to ensure people could stay in their homes where possible at the end of their lives.

The service was well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of the support people received were effectively monitored and any identified shortfalls were acted upon to drive continuous improvement of the service.

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.

People were protected from the risk of harm and staff received training to be able to identify and report abuse.

Medicines were managed safely.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

Is the service effective?

Good

The service was effective.

People received comprehensive assessments and care plans were created from these to ensure care was individualised and person centred.

Staff received comprehensive training and ongoing support in their role.

People had access to healthcare services as required and staff worked in partnership with other services to help ensure people received effective care.

People were supported to eat and drink sufficiently and staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and preferences.

People's complaints and concerns were investigated and dealt with thoroughly.

People were supported with compassion and dignity at the end of their lives.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture that was open, inclusive and empowering that achieved good outcomes for people.

People were supported by a service that used quality assurance processes to effectively improve the service.

Incidents were used as learning opportunities to drive improvements within the service.

Ranger Home Care Ltd

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 on 18 October 2018 and was announced. The inspection was completed by one adult social care inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with five people about their experience of the care provided. We spoke with the registered manager, the provider, a social worker who works within the service, five care staff and we received feedback from four professionals.

We reviewed records that included five people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and staff told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One person told us, "Yes, my carer helps keep me safe, I struggle with lots of things in my condition and her being here means I can stay at home and be safe." One relative told us, "With [Loved ones] safety needs continuously changing, the carer constantly adapts how she works to keep [loved one] as safe as is possible with her condition. We couldn't ask for more."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, what to look out for and how to report concerns if they had any. Staff had not seen anything which caused them concern, but they were confident any concerns would be handled effectively and promptly by the registered manager. Staff had received training in safeguarding, refresher training was planned to keep staff up to date with any changes in legislation.

The registered manager told us there had been no safeguarding concerns. However, the registered manager showed us the provider's safeguarding policy which detailed the process that would take place should there be a safeguarding concern. This was to report to and liaise with the local safeguarding authority and notify the CQC as required by the regulations. Suitable procedures and policies were in place for staff to reference. Staff were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment. Details of how to minimise these risks were recorded in people's care plans. We asked professionals for feedback regarding the providers risk management procedures. One professional told us, "This is something I feel they have been very responsive to. We currently have client where risks of poor care previously had not been picked up. Since moving them to ranger, the carers have been proactive in pointing out issues and acting upon them. Their initial risk assessment appears to highlight potential concerns from the start." This demonstrated that the provider had effectively assessed, monitored and mitigated risks to the person.

The provider carried out the necessary recruitment checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There were enough staff to safely meet people's needs. There was no use of agency staff, if required the registered manager and owners would cover care staff. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider had systems and processes in place to ensure medicines were managed safely in people's homes and in accordance with current guidance and regulations. Staff were appropriately trained and regularly assessed for their competency of administering medication.

We looked at the Medicines Administration Records (MAR) for people who required assistance with taking

their medicines. The records contained relevant information, such as if the person had allergies or preferred to take their medicines in a particular way. We noted that there were no unaccounted-for gaps in people's MAR charts.

Staff had completed infection control training, in accordance with the provider's policy. The staff we spoke with were aware of their responsibilities with regards to this and the importance of it. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible from the office when more was required.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded incidents and accidents so that they could be recorded and analysed for any trends or patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

People, relatives and professionals told us that people received care and support that met their individual needs and that choices were given to them about the care they received. One person told us, "Yes all my needs are met, they know just how I like things done and what I want." One relative told us, "We gave Ranger a challenge as [Loved one] is not the average person that receives care. They have been fantastic and assessed all [Loved ones] needs and involved her fully in the care plan." One professional told us, "The carer from ranger is proactive with supporting a healthy diet for the client, encouraging exercise and good distraction techniques applied to limit alcohol intake."

Comprehensive assessments were carried out prior to people receiving care. People's needs were identified with their input and a person-centred care plan created. Reviews of care plans were carried out regularly. People's care plans included information on any healthcare concerns, nutrition and hydration requirements, risk assessments for example, regarding manual handling. Care plans also contained information regarding people's medicines.

New staff completed a comprehensive induction programme. The training consisted of face to face training, shadowing staff delivering care and competency checks, before directly working with people. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised.

The provider had created a comprehensive training programme for all staff and kept an electronic schedule to keep track of when training was last undertaken and when refresher training was due. This ensured that people were supported by staff who were competent and therefore able to provide safe and effective care. There was specialist training arranged for staff to be able to effectively support people with specific needs for example; one staff member has received training in supporting mental health, another in diabetes. The provider had ensured that staff had the specific specialist training to meet people's individual's needs. Staff's competence was assessed regularly and discussed in regular supervisions.

Some people required support with preparing meals and eating. Staff were trained in food health hygiene and nutrition, promoted a balanced diet and encouraged people to drink enough fluids. People who required it, had a food and fluid chart to monitor their intake. If staff had concerns regarding a person's diet or hydration needs this was discussed with the management team who then liaised with the GP, dietician and/or relatives.

The provider was proactive in involving a range of external health and social care professionals in the care of people where this was appropriate, such as: community nurses, GPs, mental health professionals, social workers, palliative care nurses and dieticians. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

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 or if the person was unwell a family member who had authority to do so were asked for their consent to the care provided, which records confirmed. The registered manager told us that all of the people they provided care for had the capacity to consent to their care. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care. Staff had received training in MCA and understood their responsibility to protect people's rights.

Good

Is the service caring?

Our findings

People, staff and relatives consistently told us that staff treated them with dignity, kindness and in a caring manner. One person told us, "My [care staff] have always shown the professionalism and dedication that is required. My privacy and dignity have always been respected. For example, when emerging from the shower I am always offered a suitable bath robe and during hoisting procedures my dignity is always respected." One staff member told us "I always ask the client what they would like to have to eat, what they would like to wear. When possible, I encourage them to do things for themselves in order for them to retain a sense of independence."

The registered manager and provider told us they had a staff team they found to be caring and compassionate. They told us, "The team are great, they really care and we are like a 'family' here, the staff treat people like they would want their own relatives treated". One staff member told us, "I get a lot of satisfaction from my work, I love the fact that by me being in the client's home they can continue to remain in their own home where many of them have lived in for years and have brought their families up in and that means so much to them."

People had consistency of staff where possible so they could build a professional relationship and trust with them. Where there was a change in staff, there was a period of time when the new staff member went out with the current care worker to make the transition less disruptive. People experienced companionship with their care staff as well as being well cared for. People knew the people they cared for well. One relative told us, "[Care staffs name] is excellent, she is a great support for [Loved one] and encourages her independence, she knows her so well."

People and relatives told us they were involved in the process of their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the registered manager, who made the necessary changes in the care plan.

People told us they felt they were treated with dignity and respect. People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights. Staff and people confirmed that people's independence was respected and encouraged. One person told us, "By being able to remain in my home with the support of a live-in carer I am able to maintain my independence. If it wasn't for [care staffs name] I would have to leave my home."

The registered manager told us how they had arranged for a talking clock to be installed in a person's house who had sensory loss. One person had been supported to acquire an interactive speaker that was linked to the lighting system. This person had not been able to turn their own lights off for a long time and being able to do this enhanced their independence. The registered manager confirmed that if someone required information in an alternative way, such as large font, brail or in a different language that it would be arranged and therefore meet the accessible information standard.

Good

Is the service responsive?

Our findings

People, relatives and professionals consistently told us they received care and support that was responsive and met their needs and preferences. One person told us, "I have good dialogue with my carers and my care plan is updated to take account of any change that may arise. For example, a change in medication results in the MAR being updated without delay. Likewise, when my sling is changed for another version, the revised moving and positioning instructions are issued and training given as required." One relative told us, "When something is not quite right, they change things." One professional told us, "we have a client who lives near the beach and used to walk along the beach and swim every day. Sadly, that isn't possible now, but they [Ranger home care] have suggested looking into beach friendly wheelchairs so the carer can take the client for walks on the beach, something they would enjoy for sure."

People were involved in the planning of their care. Where appropriate people's family were also involved, this was evidenced in people's care files. One relative told us, "[Loved one] was quite unwell in hospital when it was decided she needed home care. Ranger came out to the hospital to carry out the assessment quickly and get the right person in place for [Loved one], [Loved one] was not well so I was involved in the assessment also." One professional told us, "When contacting the office there has always been a member of staff to speak with who was able to take the time to discuss any issues and be responsive in resolving a situation. For example, when I needed a live-in carer at very short notice, the office was excellent at feeding back to us concerns around the persons home environment, they took action by arranging for new bedding to be purchased and food provisions for the person and carer."

People's care plans were reviewed regularly, or if their needs changed more frequently. People's care plans had information including their care needs, as well as their wishes regarding independence. The registered manager told us, "All staff are aware of people's needs and know them well, if a staff member feels that a care plan needs updating before the review they call the office and we review it."

People were supported to access a variety of activities and hobbies such as; to attend parties, go to church, to go to the gym or to go shopping. There was an example of a member of care staff helping to cater for dinner parties for a person who used to very much enjoy entertaining, this enabled the person to continue to maintain relationships with friends. People were also supported to attend health appointments such as hospital appointments.

People and their families were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure with people and their families who were new to the service and this was in the welcome pack to refer to also. People confirmed this was the case although some people had not read their welcome pack and were slightly confused as to how to complain. We fed this back to the registered manager who confirmed he will be speaking with [people again to confirm how to make a complaint. People and relatives were confident that any complaints would be dealt with appropriately should they need to complain. The service had not had any complaints to date.

People were supported with dignity and compassion at the end of their lives. Live in care staff had been

given specialist end of life training if they were to be supporting a person at the end of their life. The service worked closely with specialist nurses and hospice staff to enable people to remain in their own homes at end of life. People were supported to attend a day hospice. Support was also given to families by the care staff and management team.

Good

Is the service well-led?

Our findings

People, Relatives, staff and professionals were very positive about the management of the service. They described the registered manager as being supportive and approachable. One person told us, "The management pay me visits to check all is well." One relative told us, "There is a genuine interest and care from the management of the service, the level of commitment from all levels is great." One staff member told us, "I feel well supported, I receive phone calls or visits at the client's home from management and I am encouraged to call the office anytime for any reason."

There was a clear vision to provide a good standard of care and support, based on the values of the service, which included privacy, dignity, independence, respecting and promoting human rights and to deliver a non-discriminatory service. When we spoke with staff it was evident they worked within the provider's values.

There was a governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a team that consisted of a social worker, a clinical lead, an administrator and care staff. Regular management meetings were held to monitor and improve the service.

The registered manager fostered a culture of openness and transparency and they cared and valued staff. This was evident when we were told about some examples of staff being supported and encouraged to progress in their careers. The provider also had recently introduced an apprenticeship post in the office, and there were plans for this to continue in the future. Staff were supported emotionally if they had for example been working with someone at end of life. Staff were given choices to work in potentially emotive circumstances and not expected to do so, their choices were respected.

There was a quality assurance system in place; this included regular audits. Topics covered were, medicines management, support plans, and observations and spot checks on staff to assess continued competency. The registered manager also completed reports to consolidate this information, which fed into a business plan to capture and monitor improvements and the progress.

The provider valued people's feedback regarding their experience of the care provided. People were asked to provide feedback through a questionnaire. This enabled people and their families to express their views as to any changes that could be made to the service.

Staff meetings and supervisions allowed staff members to raise any ideas or concerns. This meant they could express their views on the service and to be informed of updates. The registered manager adopted an open-door policy and staff felt confident they could speak with the registered manager if they had any concerns and that they would be dealt with effectively.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant

measures had been taken for people. There had been no recent incidents.

There was evidence of partnership working within the service and professionals spoke highly of both the standard of care provided and the flexibility and responsiveness of the service. One professional told us when asked if there was anything the service did particularly well, "Being proactive in how to maintain a person's independence and working with other professionals involved and getting services in place when needed. They are always looking at ways to improve things and coming up with inventive ideas to see how things can be improved." There was open communication with other agencies and where the service had concerns about a person this was communicated to the relevant healthcare professional.