

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

### About the service

Rangeford Care Wadswick Green is a domiciliary care agency providing personal care to older people living in their own homes within an assisted living development. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 16 people were receiving personal care.

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

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice. Views of people were valued and used to make improvements to their care and support.

People's care and support needs were being met in line with their personal preferences. The service responded promptly when people's needs changed. The service worked well with other health professionals to make sure people's care needs were met.

People were actively involved in making decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff members felt they were valued and respected by the management team, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind, respected their dignity and privacy, and promoted their independence.

The service was well managed, by a registered manager and management team who were described as 'supportive', 'approachable' and, 'brilliant'. Quality assurance systems, including audits, feedback from people who used the service and staff were all used to make continuous improvements to the quality of the service people received.

Rating at last inspection: The last inspection report was published in June 2017 and the service was rated Good.

Why we inspected: This was a planned inspection. The service was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was Responsive

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our well-led findings below.

# Rangeford Care - Wadswick Green

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out the inspection.

Service and service type:

Rangeford Care Wadswick Green is a domiciliary care agency. People receive a personal care service in their own home.

Not everyone using Rangeford Care receives regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit was announced and started on 22 November 2019. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the

provider must notify us about, such as serious incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 one person who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, senior care workers and care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included five people's care and medication records, five staff recruitment files and training and supervision records. We reviewed records relating to the management of the service. We reviewed how the provider and the registered manager completed their quality assurance checks.

After the inspection we telephoned four people who used the service, six relatives and emailed two members of staff to gain their view on how the service was managed and care delivered. You can see what they told us in the main body of the report.

We obtained feedback from one health professional to obtain their views about the service. We have included their views and feedback in the main body of the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems had been designed and implemented to protect people from the risk of abuse.
- People felt safe using the service and their relatives agreed with this.
- Staff had received training in safeguarding and had a good knowledge about the subject. Any concerns had been reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and managed well.
- Staff were knowledgeable about risk management and demonstrated they supported people's safety.
- People's care records demonstrated risks to their safety and had been discussed with them and/or a relative. People's wishes regarding how they wished to manage risks were respected. For example, some people ate a diet of their choice even if this was against medical advice. This demonstrated a person-centred approach to risk management.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People and relatives were satisfied staff were available to assist them when they required it.
- The staff said they were able to provide care to people when they needed it.
- The registered manager had ensured staff were of good character before allowing them to work within the service.

Using medicines safely

- People told us they received their medicines on time and that staff told them what medicines they were being given.
- Medicines were managed safely and were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used PPE appropriately.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available from the office.
- The service looked clean and tidy throughout. Domestic staff completed cleaning schedules to ensure the property was kept clean.

#### Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed. These included their physical, mental health and social needs. People's diverse and cultural needs had also been considered.
- The registered manager demonstrated a good understanding of best practice guidance. For example, they had implemented changes to enhance the environment for people living with dementia.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "Without a shadow of doubt, they are well trained to their roles." However, one relative felt the shadowing could be hands on and specialised where people had more complex conditions.
- A training manager had an overview of the training and support needs of staff and mentored and line managed new staff during their first 12 weeks of employment. New staff attended a comprehensive induction programme and were signed off by the training manager as competent before they became part of the staff team.
- The service had a small, steadfast group of staff. Staff worked well as a team and received regular supervision and guidance from the registered manager. The supervision meetings were thorough and covered several different areas including wellbeing, training and development which were tailored to individual staff requirements.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People's food and drink, likes and dislikes were recorded in their care plans.
- People told us they could eat whatever they liked and were supported to make positive food choices. People told us, "The girls always ask me what I want to eat", "They know what I can and can't eat, but always offer me a choice." One relative said, "Yes, they do prepare food for [Person] but sometimes the portions they give [Person] are too big."
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences, such as a vegetarian diet. .
- When required, people were weighed regularly to ensure they remained a healthy weight. For example, one staff member told us how they were working with a person to help them put on weight to improve their health.



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

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. A health professional told us, "We work well with them, they are on the ball."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, showing people different outfits they could wear or food they would like to eat.
- Records showed people's capacity to consent to a decision had been considered.. Where people could not consent, relevant individuals had been involved to ensure any action taken was in the person's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support. Everyone told us they were treated with compassion and kindness by staff and that positive relationships had been developed. One person told us "Every one of them, I can not fault them. They always go above and beyond in my opinion."
- Staff knew people well and had a genuine concern for people's wellbeing. They displayed positive, warm and familiar relationships when interacting with people. Staff told us that the relationships they had developed with people helped them to recognise changes in care and support needs.
- Staff understood and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people.
- The general atmosphere around the village was warm and friendly. Everyone we saw appeared happy and relaxed; people were keen to interact and chat with staff as well as amongst themselves which helped to create a real community feeling.
- The registered manager recognised the importance of supporting people with equality, diversity and human rights.
- The service recognised the importance of people maintaining relationships with those close to them. Family members and friends were made to feel welcome when they visited; they were encouraged to be involved in events within the village and given volunteer roles to support this.

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

- People and family members were encouraged to share their views about the care and support staff provided. They told us they were always included in discussions about people's care and asked their views of care packages needed altering. However, three relatives raised concern that they and their families had not been consulted by the provider when they changed the call bell system to an external operator. The provider informed us they still respond and provide support when people called the office.
- People had access to a satisfaction survey; this gave them and family members the opportunity to share their views about all aspects of the service.
- Where necessary people were supported to access services and support such as advocacy to ensure their choices and decisions were listened to and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity and made sure they were clean and well presented and that personal hygiene was dealt with to a high standard.
- Staff ensured they delivered personal care to people in private; they knocked on doors and waited for a

response before entering people's rooms.

- Staff ensured people's confidentiality was maintained; conversations about people were kept private and only discussed with relevant and authorised others.
- Staff told us they were 'guests' in people's homes as well as the village and it was important to remember this.
- The registered manager and staff were keen to promote people's independence wherever possible. People told us they were offered choice and control over their day to day lives and supported to maintain independence wherever possible.
- People were given volunteer roles within the village to help encourage independence. People told us this gave a sense of purpose to their day and helped to encourage socialisation with others and added to the 'community' feel.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to be independent and follow their aspirations. A relative told us, "[Person] had been supported to continue with their story writing. Staff had arranged an evening for [Person] to talk about their past career. Now they are supporting [Person] to be part of the Pantomime." This gave people a sense of purpose and achievement.
- People's social, cultural beliefs and religious preferences were actively encouraged by staff. Staff were confidently able to describe and understood people's differing religious beliefs.
- Care plans described how to support people with their emotional and social wellbeing. There was specific guidance around people's health conditions and communication needs. These directed staff on actions they should take and strategies to support people effectively.
- Staff team knew people well and their individual needs well.
- Care plans were person centred and included details of people's choices, abilities, associated risks and preferences for how they wished to be supported. People's life histories, interests and routines were documented. For example, in one person's care plan it was written, "I like to go to Church and "I dislike everything about smoking".

Meeting people's communication needs

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

- Staff understood and applied the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager gave an example of how they had documented an activity planner in large print to enable one person who had reduced sight.
- Communication between the office and the care staff was responsive and ensured care plans reflected the changing needs of the person. Care staff told us they really appreciated this communication and the opportunity to discuss any changes with senior staff, before they visited people.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and given to people when they started to use the service.
- Where complaints had been received in the last 12 months. They had all been investigated, responses

provided, and actions taken to resolve the issues raised in accordance with the provider's policy. However, one relative informed us, although their complaint had been resolved, it had taken a considerable amount of time for the provider to resolve the issue.

- People and their relatives told us they would not hesitate to raise any issues of concern and found the management team approachable. One person told us, "I would ring the office, but I have not had to."

#### End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.
- People were supported to make decisions about their preferences for end of life care where appropriate and where people had a 'do not resuscitate' directive, this was clearly recorded in the care plan.
- The registered manager told us about a nationally recognised accredited end of life training course they had completed. Where they had supported people with end of life care, compliments had been received from relatives, speaking positively about the care and support that had been put in place.
- A member of care staff reflected on the care they provided for one person who had recently passed away. They had noted, "[Person] wanted to spend their last days in their own home. We did everything we could to grant their wish."

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

- The activity coordinator worked with people and their relatives and found ways to support them to lead a full and active life. The registered manager told us people volunteered to arrange some of the activities such as the baking. One relative told us they were actively involved in suggesting activities to meet people's different interests and abilities.
- Regular activities were available, and people spoke very positively about the activities. One person said, "We are always engaged, I loved the golf" another said, "I join in the coffee mornings but not all the time." A relative confirmed people went off site for cinema, theatre or shopping.
- People informed us they had one to one social time, where they could sit with staff and do what ever they wished. Staff told us how one person had used this time for baking and took the cake to a neighbour. This had helped build positive interaction and friendship.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- The provider had values which were reflected in the practice of staff during our inspection. A staff member told us, "I am proud to work here, I don't feel like I'm coming to work. I learn things from the people we support."
- All staff we spoke to talked positively about the service. One staff member said, "I wouldn't work anywhere else." Comments from relatives included, "I'm delighted with the care they receive," "They need to listen more." and, "This has given him a new lease of life."
- All staff were provided handbooks which set out their responsibilities for providing high quality care and support to people, which respected their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- People benefitted from a service that was well-organised and there was a clear staffing structure. Staff felt supported and had confidence in the management team. Staff told us the management worked alongside them.
- We observed effective communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the provider expected of them. Their comments included, "We work as a team" and "It fills me with joy everyday coming to work here."
- The provider recognised the contribution staff made to the quality of care people received. They shared their thanks and people's compliments. A member of staff had been made the provider's dementia champions in recognition of their effort and attainment in dementia awareness.
- Effective quality assurance systems were used to assess and monitor the quality and safety of the service. These were undertaken by senior staff and management. Audits and checks provided a good overview of how the service was run. The provider used learning from these to make changes and improvements in the service.
- Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. Notifications had been submitted appropriately.

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

characteristics, Continuous learning

- The registered manager had established a strong focus of involving people, staff and the community in the service.
- People, their relatives and staff were encouraged to provide feedback on their experiences of Rangeford Care Wadswick Green. Regular meetings and surveys enabled people to share their views.
- Staff meetings were held each month to discuss people's care and support and keep staff up to date with any changes. Staff also talked about learning and development and reflected on their practice and how this could be improved.
- The provider organised social events for people and families to get together such as birthdays or festive events.

Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals.
- The registered manager was continually looking for ways to develop and adopt best practice. As such, end of life 'champion' roles were in the process of being developed.