

Raglin Care Limited

Abingdon

Inspection report

48 Alexandra Road
Southport
Merseyside
PR9 9HH

Tel: 01704533135
Website: www.theslcgroup.co.uk

Date of inspection visit:
17 August 2017

Date of publication:
27 September 2017

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

This inspection of Abingdon took place on 17 August 2017 and was unannounced.

Situated in a residential part of Southport, Abingdon is a care home offering a service for up to nine people who have a learning disability. At the time of the inspection, there were seven people using the service. The home is situated over three floors. The home has two large lounges, a dining room and a garden at the rear.

At the last inspection, in April 2015 the service was rated 'Good'. We found during this inspection that the service remained 'Good'.

We found that risk was well assessed and information was updated regularly. Staff used restraint as a last resort in line with good practice guidance. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse, this included 'whistleblowing' to external organisations. Medication was stored securely and administered safely by staff that had been appropriately trained. Our observations and discussions with staff confirmed that the staffing levels were sufficient for the support which needed to be provided. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely.

The registered manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people living at Abingdon. This included autism training to help staff understand and support people with autism and positive behaviour support training. All newly appointed staff were enrolled on the Care Certificate. Records showed that all staff training was in date.

The service operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records demonstrated that processes were in place to assess people's capacity and make decisions in their best interests.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People told us they liked the staff who supported them. The provider adopted a caring approach throughout the service towards staff and people living at Abingdon. This was evident through initiatives such as 'Above and Beyond' awards for staff, an employee recognition scheme and through the creation of a 'Dignity Tree', a visual aid to promote dignity within the service.

People were supported to raise complaints or concerns about the service through the use of comment cards and easy-read policies. Complaints were well managed and documented in accordance with the provider's complaints policy.

Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people. Care plans were person centred and contained relevant

information in relation to a person's wishes, choices and preferences. Positive behaviour support plans were in place for those people who displayed challenging behaviour and assessments were regularly reviewed and updated.

The registered manager had a number of different systems in place to assess and monitor the quality of the home, ensuring that people were receiving safe, compassionate and effective care. Such systems included regular audits, staff and 'resident meetings' as well as 'resident comment cards,' annual surveys and relevant health and safety and infection control checks.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Abingdon

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 17 August 2017 and was unannounced.

The inspection was carried out by an adult social care inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, care of people living with a learning disability.

Before our inspection we reviewed the information we held about Abingdon. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used all of this information to plan how the inspection should be conducted.

During our inspection we spoke with the deputy manager, the area manager, three members of staff, six people living in the home, two relatives of people living at the home and two professionals who were visiting the home at the time of our inspection. We observed the lunchtime service and staff interaction with people who lived at the home. In addition, we spent time looking at four care records, three staff files, staff training records, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

During our inspection, we used a number of different methods to help us understand the experiences of people who lived at Abingdon. This was because the people who used the service communicated in different ways and we were not always able to directly ask them about their experiences. We spent time with seven people who were living at the home and we observed interactions and looked at non-verbal exchanges. We observed that staff were on hand to assist and people appeared at ease in the company of staff.

We reviewed staff rotas and it was evident that the service monitored and assessed staffing levels to ensure sufficient numbers of staff on duty to meet people's needs. On the day of our inspection, there was six staff on duty to meet the needs of seven people living at the home. The service had identified individuals who required additional support and had taken the appropriate action to increase the staff to client ratio.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisations safeguarding policy. Staff we spoke with also said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. We saw training records which evidenced that all staff had received safeguarding training.

Medication systems and processes were being safely managed. Staff were appropriately trained and had an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Medication was stored safely and securely, temperature checks were being completed accordingly and regular medication audits were being carried out. Individual medical plans and PRN (as needed medication) protocols ensured a personalised approach to medication management. Staff we spoke to had a good awareness of people's medication needs and were able to describe particular stressful times for people which may require PRN medication.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments and behavioural management plans were in place for people who presented with complex behaviours and provided key information to staff about how to manage any challenging situations for the safety of everyone who lived in the home. Staff followed good practice with regards to restraint and were trained in PROACT SCIP, a positive behaviour support model with a focus on non-physical interventions such as diffusion and calming techniques to manage behaviour. We observed good practice with regards to the management of complex behaviour on the inspection day.

We reviewed three personnel files of staff who worked at the service and saw that there were safe recruitment processes in place including; a probationary period, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

The building itself was clean and well maintained. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements. Staff wore PPE (personal protective equipment) which

was available for all staff, such as gloves and aprons. Fire procedures in the event of an evacuation were clearly marked out, and people had Personal Emergency Evacuation Plans (PEEPs) which were personalised and reviewed regularly. People's bedrooms were fitted with exit alert alarms. These operated by a bleeper sounding when a person exited their bedroom, the bleeper identified the person by name.

Is the service effective?

Our findings

People were supported and cared for by trained staff who were familiar with people's needs and wishes. People living at the home indicated that "Staff have the right skills to support me" via the aid of comment cards.

Staff reported feeling well supported in their role and that they had the skills and knowledge they needed to carry out their roles effectively. Staff we spoke with explained individual care plans and complex behaviours and what support needed to be provided. We reviewed the staff training matrix and saw that staff had a thorough induction which included service specific training such as autism awareness and positive behaviour support training.

The registered manager ensured that all new staff were assessed in line with the Care Certificate within three months of beginning their employment. The care certificate is a nationally recognised set of fifteen standards that care staff are expected to meet as part of their role.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This legislation protects and empowers people who may not be able to make their own decisions. The care files included Mental Capacity Assessments in relation to decisions such as medication administration and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives were appropriate. We saw evidence of best interest meetings which considered the individual's preferences in accordance with good practice guidance. We saw evidence within files that staff sought consent from people when delivering care and care plans prompted staff to consider 'how the person was involved' in making decisions.

People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA). At the time of our inspection, five people living at Abingdon were subject to Deprivation of Liberty Safeguards (DoLS). This is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. We saw evidence that the service had followed good practice and considered less restrictive means before depriving someone of their liberty.

People we spoke to were happy with the food provided at Abingdon. People living at the home had choice regarding their meals and mealtimes were flexible. Staff supported people with their nutritional intake and we observed staff assisting people at risk of choking. We looked at records which demonstrated that people's dietary needs such as diabetes were managed appropriately. People living at Abingdon were encouraged to participate in planning their meals by taking it in turns to choose the menu.

People who lived at Abingdon had access to health professionals with regular health check-ups and routine appointments being documented in care files. One relative told us that their loved one "Gets appropriate and timely medical care". We saw evidence that referrals were made to health services such as the dietician, SALT and behavioural team.

Is the service caring?

Our findings

We received positive comments about the caring nature of the staff at Abingdon. People who were able to communicate verbally told us; "The staff are nice people to live with" and "This is the best place I've lived".

During our inspection we observed staff providing kind and compassionate care to those who were living at the home. We observed calm and thoughtful choices being given to one person living at the home who was in a very agitated state. Staff expressed genuine interest when discussing the care needs of the seven people living at the home and it was evident that their needs and choices had been communicated amongst the team.

The service told us in their Provider Information Return that they endorse the National Dignity Council statement which states that services should be delivered in a person centred way which respects people's dignity. During our inspection, we saw evidence of this in the form of a 'dignity tree' which is a lighted tree on which all people's photos are displayed alongside 'leaves' explaining what dignity is. People living at the home discussed this creation with pride.

We saw evidence that people were involved in their care planning and their opinions were clearly recorded within their care files. People had a 'My perfect day' document which outlined people's likes and preferred daily routine. For example, one individual documented that they liked to watch a specific TV programme. We observed this individual doing this on our inspection day.

Staff ensured communication was not a barrier to people's involvement in their care. People living at Abingdon had access to information in a way they understood, for example, easy read version of values and principals. Staff had received communication training and were able to describe non-verbal means of communication and how they interpreted what people wanted. The care plans we looked at reminded staff to evaluate non-verbal clues to interpret people's behaviour such as body language and posture. Records showed that staff encouraged people to use tools such as mood diaries and numerical mood thermometers (1-10; 10 being angry) to help people communicate their feelings.

Staff were observed showing respect for people's privacy by knocking on people's bedroom doors and requesting consent before delivering care. Staff took time to ensure dignity was maintained and we saw that people were actively involved in making decisions about their care. For example, people living at Abingdon had helped choose who supported them by being involved in the staff selection and recruitment process.

The service promoted and encouraged people's independence. We looked at support plans around 'community life, leisure and work'. This showed that people were being encouraged to live as independently as possible with the promotion of life skills such as cooking from a 'live to learn' group.

We saw evidence of support being offered by Independent Mental Capacity Advocates (IMCAs). IMCAs represent people where there is no one independent, such as a family member or friend to represent them.

At the time of our inspection, two people were accessing this service.

Care records contained end of life 'last wishes' documents to encourage people to consider their choices for the end of their lives.

Is the service responsive?

Our findings

The people who lived at Abingdon were not always able to describe their level of involvement in their own care. However, it was evident from their care plans that they had been consulted and relatives had been involved where appropriate.

The detail in the care plans and risk assessments was person centred and enabled staff to appreciate and understand the level of care and support that needed to be provided and in what ways to suit the needs of the person. For example, people living at Abingdon often needed extra support when they were becoming anxious. Staff were familiar with early indications of anxiety and also ways in which people could be supported appropriately without causing further distress.

Care records showed individual person centred care plans which provided information around the many different aspects of care which staff needed to be familiar with such as behaviour management, health and medication and the way in which people wanted their support delivered. Documents entitled 'My rules' and 'My motivators' provided staff with an accessible summary that was easy to refer to. We also saw evidence of an individualised approach to behaviour management whereby care files documented periods of increased stress for a person living at the home which was related to events in this person's family life. This level of detail provided staff with a significant amount of information about the person centred care which needed to be provided and in what ways this care and support was to be delivered.

We looked at how social activities were organised at Abingdon. People living at Abingdon told us they enjoy activities in the local community; comments included; "I love shopping and I get to go out all the time". The service identified people's aspirations and people were supported to follow their interests through links with the local community, for example the service supported one person to access a radio presenting course which the person spoke proudly about. People had access to a lounge, a kitchen area and dining area as well as being able to enjoy activities such as skittles in the well maintained garden when the weather permitted. We saw picture evidence of social activities taking place in the house such as movie nights, disco's (where people are encouraged to invite friends to) and charity fundraising events. People enjoyed activities outside of the home such as trips to the zoo. People's individual choices and preferences in relation to activities were routinely discussed in 1:1 meetings. This is where people living at Abingdon were prompted to consider 'what's working' and 'what's not working'.

We saw evidence that people's views were acted upon, for example, one person requested volunteer opportunities and there was evidence of this being addressed.

People living at Abingdon were encouraged to maintain relationships. The service had developed a secure social network application for use by people living at the home, their family and carers. This photo sharing application allowed people to keep up to date with their loved ones. During our inspection, we were shown several recent posts and saw that this technology was well used and appreciated.

We were informed that people who lived at Abingdon were involved with the décor of the home and were

encouraged to make their bedrooms as personalised as possible.

People were encouraged to share their experience of the service and to complain if necessary. We saw that care files contained a copy of the complaints procedure in an easy to read format to meet the needs of people living at Abingdon. At the time of the inspection, we saw that there were three recent complaints which the manager had recorded and dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager in post. 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 spoke positively about the management at Abingdon. Comments included, "(The registered manager) listens to my problems". The service operated 'comment cards' to capture the views of people living at Abingdon. The questions covered topics such as, 'I am involved in planning my support', and 'If I ever make a complaint, things change for the better'. The majority of respondents reported that they either agreed or strongly agreed with these statements. Completed comment cards showed that people living at Abingdon strongly agreed with the statement, "I know who the manager of the service is and they visit me in my home".

There was also a process in place to seek the views and suggestions from family members of those who lived at the service through the use of an Annual Satisfaction Survey. We saw that the response rate to this survey was low but the majority of respondents confirmed that they felt they were involved in planning their relatives support and felt the team communicate effectively with them. We saw that the service listened to people's suggestions to improve the quality of service. For example, following a suggestion from someone who lived at Abingdon, the service operated monthly themed meal nights where people chose a cuisine from a different country. People living at the home told us they looked forward to these nights.

From our observations and the relevant discussions held with staff it was evident that the provider promoted an open and supportive culture within the home and staff that we spoke with were clearly motivated to provide good quality care. Staff told us; "The team are great", "The management are 100% approachable and support me with my training and development" and "They genuinely care".

The service had a clear vision and promoted a caring culture through the use of an employee recognition initiative entitled 'above and beyond awards' where good practice was celebrated and rewarded. The service operated a three tiered on-call system to ensure staff had access to the necessary support at any time depending on the level of need.

During this inspection we checked to make sure that the systems in place in relation to the quality assurance process were effective. We found that a range of audits and checks were in place and they were used to monitor the quality and safety of the service. We saw evidence of staffing, safeguarding, and premises audits. There was a good awareness of people's needs at provider level and the area manager was also involved in care delivery and delivered Cognitive Behaviour Therapy to some people living at Abingdon.

Staff meetings were held regularly. We reviewed minutes of meetings which demonstrated discussions about accidents and incidents, fire safety and people's needs.

There were policies and procedure in place for staff to follow. The staff demonstrated their understanding of these by describing and summarising these policies which showed that staff were aware of their roles with regards to these policies.