

Raglin Care Limited

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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 

Overall summary

The inspection was carried out on 3 and 4 December 2014. We gave the provider 48 hours notice of the inspection in order to ensure people we needed to speak with were available. This is in line with our current methodology for this type of service.

Raglin Care Ltd is a registered with the Care Quality Commission to provide personal care. The service

supports people who have a learning disability to live in their own homes. At the time of our inspection the service was supporting approximately 120 people across four local authority areas.

The office base is located in Liverpool, close to the city centre. The office is accessible for people who use wheelchairs and it provides the facilities required for the running of the business.

We found that people who used the service were protected from avoidable harm and potential abuse

Summary of findings

because the provider had systems in place to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to allegations of abuse were in place. Support staff were confident about recognising and reporting suspected abuse and senior staff and the registered manager were well aware of their responsibilities to report abuse to relevant agencies.

People were provided with good care and support that was tailored to meet their individual needs. People had a plan of care (support plan) which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed and plans were in place to manage these.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

Medication was managed safely and detailed guidance was maintained about how to support people with their medicines.

Staff were able to tell us about the different approaches they used to support people to make choices. People's care plans included detailed information about their preferences and choices and about how they were supported to communicate and express choice.

The registered manager and senior staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this.

They were able to tell us how they ensured decisions were made in people's best interests. This included referring to multi-disciplinary professionals as appropriate.

Staff told us they felt there was an open culture throughout the service. They told us they would feel confident to raise any concerns and felt that any concerns they did raise would be dealt with appropriately.

Staff recruitment checks were robust. Staff were only employed to work at the service when the provider had obtained satisfactory pre-employment checks.

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they attended regular supervision meetings and team meetings.

There was a registered manager at the service at the time of our 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.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service.

Summary of findings

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 was safe. Practices and procedures were in place to protect people who used the service from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse. Risks to people's safety had been assessed and were well managed.

Staff recruitment procedures were robust to ensure staff were suitable to carry out their roles and responsibilities.

People's medicines were managed safely and in line with clear procedures.

There were sufficient numbers of staff employed to protect people's safety.

Procedures were in place for responding to emergencies and there was an 'on call' manager available to support staff outside of office hours.

Good



Is the service effective?

The service was effective. Staff had been provided with the training they needed to support people effectively and they received good support through regular supervision and attending team meetings.

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and the importance of working alongside family members and relevant professionals in making decisions in people's best interests.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to multi-disciplinary professionals for advice and support in order to meet people's needs effectively.

Good



Is the service caring?

The service was caring. Staff presented as caring and we saw that they interacted with people with warmth and respect. People who used the service told us that staff were caring. One person we spoke with said that when they raised a concern about how staff conducted themselves the agency addressed their concerns.

Staff had a good knowledge of people's needs and preferences. They were able to tell us about how they supported people to make choices and how they respected the choices people made.

People's support plans included detailed information about people's need, wishes and choices and how they were supported to communicate.

Good



Is the service responsive?

The service was responsive. People's individual needs were clearly reflected in a support plan and this was reviewed on a regular basis with the person concerned and other relevant people who could advocate on their behalf.

People were well supported with their health care needs and staff readily referred for specialist support in response to people's changing needs.

Good



Summary of findings

Is the service well-led?

The service was well-led. We found that the service was well managed and staff were clear as to their roles and responsibilities. Staff were also clear as to the lines of accountability across the service and the wider organisation.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. Regular audits were carried out across the service to monitor the quality of the service provided.

Staff told us there was an open culture and that they felt well supported to meet the aims and objectives of the service.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 Health and Social Care Act 2012.

The inspection was carried out on 3 and 4 December 2014. We gave the provider 48 hours notice of the inspection in line with our current methodology for this type of service.

The inspection was carried out by an adult social care inspector. We reviewed information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we met a group of ten people who were supported by the agency. We also met five people who were supported by the agency during visits to people's own homes. We spoke with six support workers on a group basis and two support workers on an individual basis. We met with members of the management team with responsibilities for training, quality assurance and area management. We met with the registered manager and a regional director. We also contacted a number of commissioners of the service to gain their feedback about the quality of the service before we concluded our inspection.

We viewed a range of records including: the care records for three people who used the service, staff files, records relating the running of the service and a number of the company's policies and procedures.

Is the service safe?

Our findings

The service was safe. The way in which the service was delivered helped to protect people from risks to their health and welfare.

Risks to people's safety were assessed and plans were put in place to support people in a way that protected their health and welfare. People who used the service had a detailed support plan which highlighted risks to their safety and provided staff with guidance on how to support them to manage these. Risk assessments recognised risks but balanced these with people's rights to choice and independence. As a result people were supported to take risks as part of living a more independent lifestyle. People had signed 'How I was involved' forms to demonstrate that they were involved in the risk assessments.

Systems were in place to prevent abuse from occurring. A safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with local authority safeguarding policies and procedures. We spoke to support workers about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents. Senior staff were able to provide us with a detailed overview of what actions they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff recorded incidents that had taken place appropriately. These were then reported through the provider's quality assurance system. This was to ensure appropriate action was taken following an incident.

Hazards to the safety of people who used the service and staff had been identified as part of a safe working practice risk assessment. Management plans were in place to control/manage any identified risks.

Procedures were in place for responding to emergencies and there were 'on call' managers to ensure staff could seek guidance, advice and support outside of office hours.

The service employed sufficient numbers of staff to meet people's needs appropriately and safely. People who used the service were supported by small consistent staff teams. This meant staff had the opportunity to develop a good level of knowledge about the needs of the people they supported and any risks to their safety and wellbeing.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff began working at the service. We found application forms had been completed and applicants had been required to provide confirmation of their identity. References about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. All staff had been provided with training in medicines management and staff were required to undergo an assessment of their competency to administer medicines, and be signed off as competent, prior to being responsible for administering medication. We found people's support plans included detailed and individualised guidance about how to support people safely with their medicines. This included information about what people's medicines were taken for and what possible side effects were associated with their medicines. People were supported to manage their own medicines within a risk management framework. Staff maintained a record when they had supported people with their medicines. Regular checks on medication practices were carried out as part of the provider's quality assurance checks.

Is the service effective?

Our findings

The service was effective. People received the care and support they required to meet their needs and maintain their health and welfare.

Support workers were able to describe how people's consent to care and support was obtained and how this was based upon people's individualised ways of communicating. The manager also described asking relatives to advocate on behalf of their family members when this was appropriate. During our meeting with a group of people who used the service a number of people told us they felt they would like more control over some of the decisions made about their support. They gave us examples whereby they felt staff were making decisions which they could be making themselves. For example, staff were controlling the heating or making decisions about meals. We discussed this with the manager and they agreed to look into this.

The manager had attended training in the Mental Capacity Act (2005) and demonstrated an understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager was able to provide us with an example of how staff had referred for professional advice in supporting a person to make a decision. The decision in question had been made by the person and was supported by family members and a social care professional. Each of the people who used the service had a support plan and these included a section with information about the person's communication skills, level of understanding and decision making strengths and needs. All staff had been provided with training on how to support people who lacked the ability to make more complex decisions as part of their induction training package.

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed the staff files for six support workers. These included training certificates. We also asked the training manager to provide us with an overview of the training provided to a group of 40 support workers who we chose at random from across the service. This information showed us that staff had been provided with up to date

training in a range of topics such as: safeguarding vulnerable adults, first aid, moving and handling, medicines management, food safety, hydration and nutrition and mental capacity. We saw that some staff had also been provided with training in autism awareness, epilepsy awareness, mental health awareness and communicating effectively. The provider had a rolling programme of training throughout the year which staff could attend as and when they required this. A staff training data base was maintained by a training manager and they were able to identify gaps in staff training and alert managers to these to ensure staff kept up to date with refresher training. The training manager also advised us that staff were provided with bespoke training linked to the individual needs of the people they supported. This was confirmed during discussions with support workers. Staff were required to undergo knowledge checks on aspects of their training. We saw examples of this for topics such as medicines management and treating people with dignity and respect.

We saw in staff files that they had signed statements to confirm they had received a copy of the staff handbook. This provided staff with information about their roles and responsibilities and with information on key policies and procedures.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff had also undergone an annual appraisal of their work. Team meetings also took place across the service on a regular basis.

We saw in records that staff had referred to a range of health and social care professionals for advice and support to ensure people's needs were met effectively. For example, one of the people we met had started to experience a number of changes in their needs and staff had responded by referring the person for a range of physical and mental health assessments.

People who used the service had a support plan which detailed the support they required to maintain a healthy balanced diet. People's strengths and needs for managing their own diet were documented in their support plan. Where people required support this was documented along with information about the person's likes and dislikes, preferences and dietary needs.

Is the service caring?

Our findings

The service was caring. We asked people who used the service to tell us if they felt staff were caring and people told us they were. People's comments included "Yes they are nice" and "They know me and understand that I can do things for myself."

We observed some of the support provided by staff in order to try to understand people's experiences and to help us make judgements about this aspect of the service. We saw that staff interacted with people with warmth and respect when they were supporting them. Staff included people in discussions and decisions and one member of staff we met advocated for a person really well in making sure their voice was heard.

People who used the service were supported by small, stable staff teams. This meant that people who used the service were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships.

Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. One member of staff gave us an example of how they were supporting a person whose needs were changing and they

described being sensitive to this and respectful of the person's choices. Another member of staff told us they had worked for some time to support a person to learn a new skill because it was important to the person concerned.

Staff used terms such as 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence.

People's support plans had been written in a person-centred way. This means they were written in a way that indicated that people's individual needs and choices were at the centre of the care provided. People's support plans also included details about the actions staff needed to take to ensure people's privacy and dignity was protected. People's records were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about their wellbeing. We saw that people who used the service had been asked to sign their support plans as having been included in them and being in agreement with them.

We saw that key pieces of information, such as the complaints procedure, had been written in plain language and included the use of pictures to make it more accessible for people who used the service.

Is the service responsive?

Our findings

The service was responsive. People were provided with personalised care that was responsive to their needs. People who used the service told us staff supported them well if they were feeling unwell. We asked people if staff responded quickly to support them to see a doctor or other health professional and people told us they did. One person told us “They help me to get an appointment and come with me if I need them to”. Another person said “The staff are always there for me, I just ask them and they help me”.

We viewed the care/support plans for three people who used the service. We found these were individualised and they clearly detailed people’s strengths and needs and provided clear guidance for staff on how to meet people’s physical, mental and emotional needs. The support plans included information about people’s likes, dislikes and preferences. They included information about what was important to people and about how people communicated their needs, wishes and choices. They also included information about how staff needed to support people to have as much control over making their own decisions as possible. People’s care and support was reviewed with them on a regular basis and we saw examples whereby people had signed a front sheet to their support plan to confirm they were in agreement with it.

In discussion with staff they were knowledgeable about the needs of the people they supported. They were able to

describe in detail what people needed and how they preferred to be supported. This assured us that the people’s choices and decisions about their lifestyles were being respected by staff.

The service worked well with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside family members, or relevant health and social care professionals, such as social workers and therapists to ensure people’s needs were met. We also saw from records that staff responded appropriately to changes in people’s needs and referred to multi-disciplinary workers for support and advice. During a visit to people who used the service we saw that a multi-disciplinary team meeting was taking place. This had been convened to look at changes to a person’s needs and to seek agreement with how the person could be best supported with the changes.

We also saw in people’s records that they had been supported to attend routine appointments with a range of health care professionals such as their GP, dentist and optician on a regular basis.

The provider had a complaints procedure and an easy read version of this was provided to people who used the service. We viewed the complaints log and saw that any complaints received had been investigated and responded to appropriately. People who used the service told us if they had any concerns they would feel confident to raise them and they felt their concerns would be addressed. One person we spoke with told us about a recent issue they had raised and how this had been resolved to their satisfaction.

Is the service well-led?

Our findings

The service was well led. Systems were in place for assessing and monitoring the quality of the service and for making improvements and developing the service.

The service was managed in a way that ensured people's health, safety and welfare were protected. The service was managed by a person registered with CQC as the 'registered manager'. The manager and staff were clear as to their roles and responsibilities and the lines of accountability across the organisation.

Staff told us they felt there was an open culture. The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

One of the ways in which the service helped to achieve a consistent quality care for people was through the on-going review of people's care and support plans. Alongside this people who used the service had monthly meetings with support staff to discuss any matters about their care and support and whether this was meeting their needs. Larger review meetings were also held as required. These included family members, who could advocate on people's behalf and outside professionals [as appropriate to the person's needs]. The review meetings considered what support was being provided to the person concerned and whether this continued to be appropriate.

The provider had systems in place for assessing and monitoring the quality of the service on a regular basis. There were designated members of staff within the organisation with responsibility for quality assurance. Locality managers were responsible for carrying out weekly

monitoring checks to the supported tenancies. They were also responsible for carrying out monthly audits of each of the services they had responsibility for. They were then required to complete a monthly report based on the audits which included reporting on matters such as; how personalised the support was, the effectiveness of safeguarding procedures and the suitability of staff. Annual audits of each of the services were also carried out by a quality assurance manager. Action plans were drawn up following audits and these were then followed up to ensure the actions had been met.

We saw that a survey had recently been carried out to attain feedback from people who used the service and their relatives about the quality of the service. We saw that people's feedback was generally positive and any negative comments had been acted upon.

All records we required were readily available to us and appropriately maintained and detailed. We saw evidence that records such as staff files had been audited to ensure they contained all required information.

We viewed a number of accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents had been recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

The agency had policies and procedures in place for responding to emergencies. Staff had ready access to these and to an 'on call' manager for advice and support outside of office hours.