

Care Rangers Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 23 and 24 January 2017 and was announced.

Care Rangers is a domiciliary care service providing a range of services including personal care for people in their own homes. They provided 49 hours of care to seven people at the time of our inspection. Care was delivered by the registered manager and two care workers. The service provided support to both older and younger people with diverse needs. For example, people who may be living with dementia, physical disabilities and learning disabilities.

The service had a registered manager who was also the owner / provider. 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.

Relatives of people told us the service was safe and they were confident in the staff that provided care and support to people.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were in place to make sure people were cared for by suitable staff.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People and relatives had good relationships with the staff and were treated with dignity and respect.

The registered manager had failed to ensure incidents of possible abuse were reported to The Care Quality Commission.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009.

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. The registered manager had taken reasonable steps to ensure the recruitment of staff employed were of suitable character to care for people in their own homes.

There were arrangements in place to manage risks to people's safety.

Appropriate arrangements were in place to ensure that there were sufficient numbers of staff available to support people.

Is the service effective?

Good 

The service was effective. Information relating to people's ability to consent to their care and support was recorded.

Staff were supported in their role through regular supervision and appraisal.

Staff members had the skills and knowledge they required to help them to carry out their roles and responsibilities.

Is the service caring?

Good 

People and relatives told us that staff treated with kindness and consideration by.

People's care plans showed that they had been involved and that their opinions were an important part of the care planning process

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Is the service responsive?

Good 

The service was responsive. Care plans contained information to guide staff on the most appropriate care people required to meet their needs.

Care plans were reviewed regularly or when people's circumstances had changed.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

The service was not always well-led. The registered manager did not ensure incidents or reports of possible abuse were reported to the commission.

The provider had established systems of quality monitoring which included seeking feedback about the service annually.

Peoples call times were consistent and calling schedules accurately reflected where care staff should be at any specific time.

Requires Improvement ●

Care Rangers Limited

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 January 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted one health and social care professional in December 2016 for their views on the service provided but we did not receive a response to our request.

We used a variety of methods to inspect the service. We looked at the provider's records. These included seven people's care records, two staff files, a sample of audits, staff attendance rosters, and policies and procedures. We spoke with the registered manager, senior care worker and one member of care staff. We visited and spoke with four people in their own homes and two relatives to obtain feedback on the delivery of their care and to view care records held at people's homes. We also telephoned and spoke with two people receiving care.

Since our previous inspection the number of care staff employed had decreased from nine to two and the number of people being provided with care had decreased from 38 to seven.

We last inspected the service in January 2016 when we identified breaches in relation to Regulation 9, 11, 12,

17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed. We also issued a warning notice in respect of a breach in regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We revisited the service in August 2016 and the provider had met the conditions of the warning notice.

Is the service safe?

Our findings

People told us they felt safe with the care staff who visited their homes. One person said, "We've had X (care worker) for a while now, she's a very caring person". Another person said, "I feel very safe with X (care worker). She knows what she is doing". A relative told us, "I have no concerns at all about the care being provided to my relative. I'm confident he is in safe hands".

At our previous inspection we identified that risk assessments were not robust and did not always contain accurate information. At this inspection we found the provider had made improvements in the assessment and recording of risk. In care records we viewed we saw that risk assessments had been carried out or reviewed where necessary. For example, one person at risk of falls due to a medical condition had been assessed and guidance was in place to ensure the person was supported to mobilise safely. When we visited people in their own homes we saw copies of the risk assessments in their care folders had been signed and dated by the person or their representative. Everyone we spoke with told us they had been fully involved in the reviewing of their risk assessments.

At our previous inspection people consistently told us the number of missed and late calls resulting from insufficient staffing levels had a significant impact on their welfare and safety. The service had shortfalls in respect of the number of suitably qualified, skilled and experienced staff. Since our previous inspection the service had significantly reduced the number of people they provided care for and staff. The registered manager told us, "I'm now in a place where we can get to people on time and provide the care they need. Last year we provided 266 hours of care per week to 38 people and have reduced this to 48 hours per week to seven people. Downsizing has made a big difference".

The service no longer used an electronic rostering system due to the number of people they were providing care for and the registered manager used their own knowledge and experience of the people receiving care and the geographical area to allocate care calls to staff. Both care workers told us they had enough time to travel between each person and that people received visits at the times they preferred. The registered manager also attended to some care visits themselves. They told us, "We only have seven people now and people have their favourites so we try to keep that going".

At our previous inspection recruitment processes were not robust. The registered manager had not taken all reasonable steps to ensure the recruitment of staff were of suitable character to care for people. Application forms were not always fully completed and staff employment histories had large gaps. Disclosure and Barring

Service (DBS) checks for three members of staff who were providing care to people in their own homes had also not been completed. At this inspection we found safe recruitment processes were in place. Both staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the

provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Both staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

There were policies in place in respect of how the service supported people to take their medicines safely. At the time of our inspection the provider did not support anyone with their medicines. Relatives and people told us they did not require assistance to take medicines but were aware that the provider could assist with this if it became necessary.

Is the service effective?

Our findings

People and their relatives told us they were supported by staff who understood their needs. They told us staff always followed the instructions in care plans and recorded the care they had provided in their care log. People were supported by staff on a one to one basis by regular staff, which was important to them. One relative said, "I'm very happy with the lady who supports my relative. She is very caring and understands him well". Another relative told us, "I think my relative's carer is very good. She knows X (person) well and will often sit and have a chat if time allows. Yes it's all good".

At our previous inspection in January 2016 information relating to people's ability to consent to their care and support was not recorded and some staff members' understanding relating to the Mental Capacity Act 2005 required improvement. At this inspection people told us staff encouraged them to make decisions about how their care was provided and respected their choices. Where appropriate their family members were involved in this process. People were asked to record their consent to their care and we saw signed consent forms in people's care records. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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.

Where appropriate people's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. The registered manager and care staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

At our previous inspection in January 2016 staff were not effectively supported in their role through regular supervision and appraisal. Training had not been fully effective at ensuring staff had all the skills and knowledge they required to help them to carry out their roles and responsibilities. At this inspection we found staff were up to date with required training subjects. These included for example, moving and handling, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness. Staff had the training and specialist skills and knowledge that they needed to support people effectively.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily

working life. All new staff employed by the agency would undergo an induction which included the standards set out in the Care Certificate. Since our previous inspection the provider had not employed any new staff and we were therefore unable to measure the effectiveness of the providers induction programme.

Staff understood the need for people to eat well and to have good hydration to maintain their wellbeing. At the time of this inspection only one person required support with food preparation. The registered manager and staff told us if they felt people were not eating or drinking adequate amounts, they would pass their concerns / observations onto their GP or family. The registered manager told us, "We do keep a careful eye on people if we think they are not eating properly. Things like lose fitting wedding rings or clothes that appear to be too big". A relative of the one person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. They also told us that in the past they had received telephone calls from the manager when she became concerned that the person was not eating properly.

Support for staff was achieved through individual supervision sessions and an annual appraisal. At the time of our inspection the registered manager had undertaken a number of one to one supervisions and spot checks on both members of staff however annual appraisals were not due to be completed until February 2017.

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff were polite, courteous and treated them with respect. People also told us that they had developed good relationships with staff and looked forward to their visits. One person said, "She's (Staff) a lovely person and I get on with her very well". People told us staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "The carer treats [person] with respect, I have no concerns about that, and she always provides his care in private". Another relative told us, "We are very pleased with the care provided. They came highly recommended. It is reassuring to know that X (person) has very good care".

People and their relatives were encouraged to contribute to their care plans. People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

People told us staff were sometimes able to spend time with them, relaxing or having a cup of tea. One person told us, "I never feel rushed, I need to take things slowly and [staff member's name] knows that and will stay a bit longer if it takes a bit longer". People told us they were made to feel at ease when staff were providing them with care, which helped them to feel comfortable with having members of staff come to their home.

Staff told us that they enjoyed working with people and supporting them to lead as independent a life as possible. They explained that helping people was the reason why they worked for the service and they enjoyed spending time with people and getting to know them. Staff told us they were committed to ensuring people's needs were met whilst strong relationships were developed with them. One staff member told us, "Talking to a person, it's all part of caring". Another said, "It's important to have a good relationship with people".

People told us that they had been involved in planning their care and support, and had been provided with the information they needed about the service. One person told us, "I have a care plan and I can ask for it to change if I need to." Staff told us that they were aware of the people's care plans and regularly referred to them, to ensure they delivered people's care correctly. Care plans contained information in respect of any known allergies, nutritional needs, past medical history and medication needs. People's care plans showed that they had been involved and that their opinions were an important part of the care planning process. They also showed us that people and their families were provided with information about the care they could expect to receive from the service. This included a guide to the service, which contained useful information, including contact details and the complaints procedure.

Staff treated people with dignity and respect. People told us that staff were sensitive to the need to uphold their privacy and took steps to ensure they were not embarrassed or made to feel uncomfortable whilst providing them with care. One person told us, "Oh yes, they always treat me just right". Staff told us that

they took steps to ensure people's dignity was maintained when they were carrying out care tasks, such as supporting people with personal care. One staff member told us, "I treat people as if they were my own family. You treat people with respect and you treat their home as if it's your own". Staff also told us they always ensured they spoke to people as they wished to be spoken to, and felt it was very important to ensure people's homes were treated as if it were their own home. This meant that they were careful with people's belongings and were respectful of the way people liked their home to be.

Is the service responsive?

Our findings

People told us that they were happy with the care planning process and that they felt their views were taken seriously by the service. They told us their preferences were listened to and that their care and support arrangements were amended, to ensure they were respected. One person told us, "I asked for the same carer and that is what they have provided."

At our previous inspection care plans did not always contain current information to guide staff on the most appropriate care people required to meet their needs. Care plans had not always been reviewed when changes in people's circumstances had changed. At this inspection we found that reviews of care had been carried out regularly and people were provided with personalised care which was tailored to meet their specific needs and wishes. They told us that staff members were aware of the care that they needed during each visit, as well as what they were able to do for themselves. People told us these documents were regularly reviewed, to make sure that the content was still accurate and reflective of their current wishes. One person told us, "I have a review every year, or maybe every six months and if things change in between I talk to them about it".

The registered manager had assessed people's needs before they began to receive care to ensure they could provide the care and support people needed. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Each person had an individual care plan drawn up from their initial assessment. Care plans reflected people's individual needs and preferences. For example care plans provided clear information for staff about how to provide care and support in the way the person preferred. Staff told us that they read people's care plans regularly to ensure that they were familiar with any changes.

People and their relatives told us that staff encouraged their involvement in the development of their care plans. Records contained evidence that people had been consulted about their care and their consent and agreement to their care had been recorded. People told us their care plans were regularly reviewed to ensure that they continued to meet their needs.

The service sought people's views about their care and support. People and their relatives told us the registered manager had contacted them twice during the last year to ask for their views about the service they provided. People and relatives told us the service had improved greatly over the past nine months. One person told us, "It's got better since it got smaller". Sometimes small is good. It's much more personal now. In the past you never knew who or when a carer would turn up but now they have got it just about perfect".

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The registered manager had not received any formal complaints since our last inspection however the registered manager was able to demonstrate how they would investigate and respond to complaints should one be received.

People and their relatives told us they were confident that if they needed to make a complaint it would be taken seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received. One relative told us, "If there's ever been a problem, I've called them up and they've sorted it out straightaway".

Is the service well-led?

Our findings

The registered manager had not ensured incidents of possible abuse were appropriately reported to the Care Quality Commission. For example, in August 2016 the local safeguarding authority advised the commission they had instigated an enquiry in respect of an allegation of abuse by the provider. The Care Act places duty on local authorities to make enquiries, or cause other agencies, such as NHS Trusts to do so, to establish whether action is needed to prevent abuse, harm, neglect, or self-neglect to an adult at risk of harm. The provider however had failed to notify the commission of this incident. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff and people told us they felt the service was well-led and spoke positively about the registered manager. One person told us, "I've always got on well with her. She comes across as being a very kind hearted person". A relative told us, "She is very approachable. I have always had a good relationship with her. I find her very open and honest". A member of staff said, "Since we downsized it's all less stressful. I think it works much better now. I'm happy".

At our previous inspection the registered manager had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirement. At this inspection we found that the provider had established systems of quality monitoring which included seeking feedback about the service annually. The provider also sought the views of people each time a review of care was undertaken. People told us they were asked for their views and felt involved. Annual surveys were used to formally gather the views of people and this was last completed in May 2016. Nineteen questionnaires were sent out and the provider had received 11 responses. People said they were happy with the frequency with which the agency contacted them to seek their views.

People were asked whether their care workers arrived on time, stayed for the correct length of time and whether the visit length was sufficient for staff to provide all the care and support they needed. One person told us, "When you asked me 12 months ago about calls being on time I told you they were often late of carers didn't turn up. Twelve months on and things have improved greatly. I can't remember the last time I was 'missed' or my carer was late so yes it's much better now". A relative said, "We have been with Care Rangers for six months and our carer's are always on time".

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit.

Staff were positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care.

Staff meetings were not held routinely. The registered manager told us, "With only two staff now it's not

something we have a need to do formally or routinely. Both my staff have family commitments so it is difficult to plan an afternoon for a meeting because of their own personal needs however we talk almost every day and discuss things as they come up. I support them with supervision so I do have formal conversations with them". Both members of staff confirmed that attending staff meetings would be difficult but felt that the regular contact with the registered manager worked for them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not ensure incidents of possible abuse were appropriately reported to the commission