

Raglin Care Limited

Raglin Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Raglin Care Limited is a supported living agency that provides personal care and support to people living in their own homes. It provides support services to people with a range of needs such as physical disability, learning disabilities and autism. The service is located in Liverpool, and services are provided across Liverpool, Wirral, Sefton, Knowsley and St Helens.

Supported living is where people live either on their own or with a small group of others and have their own tenancy agreement. Care and support is provided in order to promote their independence. The care people receive in supported living settings is regulated by CQC, but the accommodation is not. The service supported some people on a 24-hour basis and others at specific times during the day and night. At the time of the inspection 49 people were being supported by the service with personal care tasks.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There was a strong person-centred culture in the service. Staff empowered people to have a voice and realise their potential. People's individual needs and preferences were reflected in the way care was delivered. We saw multiple examples of how this had improved the lives of people being supported by Raglin Care.

Staff were highly skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes. The staff team was consistent, and people achieved positive outcomes which exceeded expectations. People were able to live in their own homes, reduce social isolation and maintain personal or family relationships.

People were supported by a well trained staff team. Staff undertook comprehensive training tailored to each person being supported. Families were involved in the design and delivery of this training, ensuring people's needs were truly reflected and catered for. This enabled staff to deliver and maintain professional, high quality, person-centred care for people safely and confidently.

The leadership, governance and culture in the service was used to drive and improve the delivery of high-quality person-centred care. The management team had an inspired and shared purpose and fostered a culture of coproduction within the service that ensured people were active participants in their own care, and the delivery of the service. The inclusion of people in decisions about their care and the delivery of the

service, had achieved excellent outcomes for people. People felt empowered and truly valued.

People had had the opportunity to choose their own staff and ensure that they were compatible. People told us being involved in the recruitment of staff had improved their well being and helped them in developing positive relationships. Family members told us they had full confidence in the staff and they were more like family to people. People and families told us the staff were kind, compassionate and respectful towards them. They described how they trusted and felt safe with them.

People were supported to engage with activities that interested them and supported with engaging in the community. It was clear staff knew what people liked to do and knew how to support them to avoid social isolation. We saw examples where people had been able to go on holiday for the first time, or spend time alone with loved ones for the first time. This had improved the well being of people supported by Raglin Care and their relatives.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support (PBS) principles. The use of PBS was highly effective in delivering positive outcomes for people. We saw evidence of the use restrictive interventions being greatly reduced.

Care plans focussed on individual goals and outcomes and contained detailed information regarding people's likes, dislikes and preferences. People told us they developed good relationships with staff and staff knew them well.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People 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.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Everyone we spoke with was complimentary about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 9 March 2017).

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

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

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?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective 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 responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Raglin Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 August 2019 and ended on 9 August 2019. We visited the office location on 8 August 2019 and visited people in their homes on 9 August 2019. We contacted other people who used the service, their relatives, and staff by telephone on 6, 7 and 9 August 2019.

What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior service manager, service manager and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- Staff had received safeguarding training and were aware of the processes to follow to safeguard people at risk of abuse.
- Staff had fostered positive and trusting relationships with people and their family members as they had the time and skills to do so. They monitored situations to prevent abuse and to enable problems to be detected early.

Staffing and recruitment

- Safe recruitment processes were in place. This ensured staff employed to work with people using the service were suitable.
- There were enough staff to support people safely, in line with their assessed needs.
- People were generally supported by a consistent care staff team. One person said "Staff know me really well, I have the same staff supporting me, I get to know them and they get to know me."

Assessing risk, safety monitoring and management

- Risks to health and safety were appropriately assessed and control measures were in place to mitigate the risks identified. Informative and individualised risk assessments and management plans covered various aspects of a person's life.
- There was a system for the recording of accidents and incidents. Incidents were thoroughly investigated, and service managers and the registered manager reviewed these to see if there were any patterns or behaviours that required input from specialists, such as health care professionals.

Using medicines safely

- PRN (as and when needed) protocols were in place for PRN medicines. Some of these needed more detail of when to give this medicine to people.
- Medicines management systems were organised, and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly.

Preventing and controlling infection

- Staff confirmed they had access to Personal Protective Equipment, such as aprons and gloves when

supporting people with personal care or when preparing food. We observed staff using PPE when completing personal care.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- There was a proactive and robust approach to managing poor performance of staff. Staff were supported to improve their practice where concerns had been raised.

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 has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- People and families spoke extremely positively about the impact the service had on their lives. Outcomes for people were positive, consistent and often exceeded expectations with people being able to successfully improve personal relationships, reduce social isolation, and live independently. One family member reported being able to spend time alone with their daughter for the first time since they were a young child.
- People were fully supported to live as independently as possible. We saw evidence of people being included in activities to support independence, for example people were involved in decorating their homes. There were multiple examples of people who had been supported to live completely independently. One person reported this had only been possible with the support and encouragement of the service.
- The registered manager recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. People were supported to complete a document called 'choose your team' to match staff interests and personality traits with those they were supporting. One person told us this had been an important part of the recruitment process for them and the matching of staff had had a positive impact on their relationship with them, and ultimately improved their wellbeing.

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

- The service had an ethos of coproduction which ensured people were active partners in their care. People's individual needs and preferences, including their protected characteristics under the Equalities Act 2010, were reflected in the way care was delivered.
- The provider embedded best practice guidance in the service with regard to involving people in the recruitment of staff. The provider utilised different ways for people to be involved, depending on how much input they wanted. People were invited to attend the interview panel, write questions to be asked at the interview or write the job advert. People told us they liked having a say in staffing choices and felt empowered by this.
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivery of care and treatment.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received.
- The service adopted a flexible approach to any restrictions imposed on people. These restrictions were used only when absolutely necessary and were the least restrictive options.
- Restrictive practices were kept under constant review. We saw evidence the registered manager had used reviews of these incidents, and positive behaviour support (PBS), to reduce the use of restrictive interventions with people. One person's welfare had been improved with the use of PBS. This person had been supported to reduce incidents of harming themselves, which had meant the risk of them causing any permanent damage had been greatly reduced.

Staff support: induction, training, skills and experience

- All staff had training deemed as essential by the provider. Staff training was further developed and delivered around individual needs. Staff undertook comprehensive training tailored to each person being supported. This enabled them to deliver and maintain professional, high quality care for people safely and confidently. People, their families and other carers were involved in planning and delivering this training. We saw for one person, this approach to staff training and the joined up working between staff and families, had reduced their episodes of displaying behaviours that challenge. The support provided by Raglin Care had a positive impact on their well being as this person had been able to access the community to take part in activities and go on holidays.
- People and relatives were confident in the abilities of staff. One person said, "They're [the staff] good at what they do."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed excellent working relationships with other services. The joined up approach between Raglin Care and these services ensured the best possible outcomes for people were delivered.
- The service worked collaboratively with other agencies and professionals to ensure people received effective care. Where people required assistance from other professionals this was supported, and staff followed guidance provided.

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

- Information regarding people's nutrition and hydration needs were recorded in their care files. People's preferences regarding food and drink were also clearly recorded.
- Staff from Raglin Care carried out meal preparation for some people and this was carried out in a satisfactory manner. People were fully involved in menu choices.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences. A relative told us "We are fully involved with everything. That makes me feel better."
- The service used a range of methods to consult with and involve people in making decisions about their care and daily living arrangements. This included individual, shared meetings and service forums, which were regularly held with people and their families. People we spoke with, and related records we looked at, showed this was done in a way that helped to maximise people's independence.
- The service used inclusive recruitment to involve people who received support in the interview and selection process, so they exerted greater control, choice and influence over who would support them, resulting in better outcomes.
- People were supported to self advocate, or to access independent advocacy services if they needed someone to speak up on their behalf. This was clearly promoted within the service.

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

- People were supported by staff who had similar interests and personalities. People were supported to voice their preferences with who they wanted to support them. The matching of staff and people ensured good relationships were built.
- There was a strong, visible person-centred culture. Staff were motivated to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people and their wider family networks.
- People and their relatives told us staff treated them well and they felt supported. Comments included, "The staff are brilliant, don't know what I would do without them," "I'm well looked after," and "[Name] is always happy. The staff are really good. [Name] sees them as family."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was at the heart of the service. There was an emphasis on supporting people to live their lives as freely and independently as they wanted. The service encouraged people to communicate their wishes and supported them to achieve their goals. We saw numerous examples of this.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

- People told us they felt staff protected their dignity and privacy. We saw staff asking people for consent before entering their bedrooms and completing any personal care tasks. Comments from people and relatives included, "I'm very happy with how staff treat [name]," and "They [the staff] make sure everything is private."

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.

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 provider was committed to providing opportunities for people to attend events to combat the risk of loneliness and isolation. They arranged social events throughout the year for people receiving care, their relatives and staff to attend. This included themed events, such as a summer ball and Christmas party, at which people received a present from the provider.
- People were supported to take part in activities that were culturally relevant to them. One person was supported to celebrate cultural events with family and friends.
- People chose to be active members of the community. Staff supported people to become members of local groups, volunteers or look for paid employment.
- People were supported to maintain relationships with their family and friends. One person was supported to write letters and send pictures to their family as they were unable to visit as regularly as they would like.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People we spoke with told us their support was person centred. One person said, "I love it. Staff know me well, they know what I like and help me."
- Care plans were reviewed in response to changes in need or at the request of people, and plans captured detailed information about people's personal histories. This helped staff to understand people extremely well.
- People told us their needs were met by the service. One person said "I'm happy with the care I get. I go out as much as I want and I do what I want."

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.

- People's communication needs were thoroughly assessed and reflected within care plans. We saw plans detail how best to communicate with the person, how to support them in making decisions and detailed information for staff on what may hinder the person's ability to communicate.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people and was written in formats to support people's understanding.

- People and their relatives told us they knew how to make a complaint. People were encouraged to give their feedback regularly through meetings and discussions. There were also formal feedback surveys completed throughout the year.
- Complaints had been responded to appropriately. Relatives told us issues they had, had all been dealt with in a timely way.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Staff had received end of life training and we saw evidence discussions regarding end of life wishes had taken place with people.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, with the support of the wider management team, had fostered a culture of coproduction within the service. This ensured people were active participants in their own care and involved in service delivery.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Information in people's care documentation supported ongoing involvement in decision making for people and their families if appropriate.
- People, relatives and staff told us they felt a part of the service and outcomes were met. One relative told us, "They are flexible with [name] support and change things to make sure [name] needs are met."

Continuous learning and improving care

- There was a strong framework of governance underpinning the service. This was well organised and provided good oversight of the quality of the service being delivered.
- There was a clear drive for learning, reflection and improving the quality of the service for people. The provider had implemented a 'Driving Up Quality' governance framework to support improvement.

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

- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the office as well as the provider's website.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. One member of staff said, "I love it here, we all want the best for people and work together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy.

- The service investigated all incidents and accidents, and ensured all learning was put into practice. There was a process in place to investigate incidents and involve people and their relatives in feedback.

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

- The provider had developed relationships with the local communities. People were supported to access the community regularly which supported them developing relationships.
- Systems were in place to gather feedback from people and this was used to improve the quality of care for people.

Working in partnership with others

- The registered manager had worked in partnership with other professionals including local commissioners, GP's, social workers and speech and language therapists.
- We received positive feedback from professionals working with Raglin care. We were told there was a good working relationship and any advice given was followed. Professionals told us concerns were reported in a timely way and communication from managers was "very good".