

Ralle Health 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 ●

Summary of findings

Overall summary

Ralle Health Limited is a domiciliary care service that provides personal care to people living in their own homes. The people who use the service have a range of needs. There were 18 people receiving a personal care service at the time of this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said this was a safe service. They knew all of the staff and felt comfortable with each of them.

People were supported in a safe way. Staff had training in infection control and had all the necessary equipment to care for people in a hygienic way. People who required assistance with medicines were supported by staff who had training in medicines management.

People's needs were assessed before the care service was arranged. Staff were trained in care and relevant health and safety topics. People's consent was sought and recorded before care was provided.

Where appropriate people were supported with meals. No-one was at significant nutritional risk, but the registered manager was aware of how to support people with any modified diet and drink requirements. The service had good working relationships with health care services and any changes in people's health were referred to the right service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives consistently praised the caring, kind and helpful attitude of staff and registered manager. There were good relationships between people and staff. People felt confident that staff knew their needs, preferences and wishes.

Ralle Health Limited provided a personalised service that matched each person's individual needs. Care records were sufficiently detailed to guide staff in the individual needs of each person. People told us felt included in all discussions about their care.

People, relatives and staff stated they had confidence in the registered manager and the way the service was run. The registered manager was also the founder and Nominated Individual of this small company. They were committed to making continuous improvements to the service.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ralle Health 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 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 was a comprehensive inspection. This inspection took place on 28 November and 7 December 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Due to technical issues on our part, the provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

We contacted the commissioners of the relevant local authority to gain their views of the care provided. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used feedback to inform the planning of this inspection.

We visited the office location to see the registered manager; and to review care records and policies and procedures. We spoke with four people either by telephone or visits to their home and spoke with two relatives. We contacted nine care staff.

We also looked at the care and medicine records of three people and the recruitment records of two staff. We viewed the training records and quality monitoring records.

Is the service safe?

Our findings

People said they felt comfortable and safe with the staff. Their comments included, "They look after me very well", and "I'm very, very happy with the care" and "I know all my staff very well." Staff members were matched to each person in respect of their compatibility, geographical area and experience. People had small staff teams so they knew each member of staff who visited them.

Staff had training in safeguarding adults. They also had written guidance about safeguarding people who used the service and whistleblowing procedures (how to report poor practices). In discussions staff were fully aware of their responsibilities to report any concerns and to safeguard people who used the service. There had been no safeguarding concerns about the service in the past year.

Risks to people's health and safety were assessed before the service was set up and kept under review. These included risks relating to people's mobility, nutrition and environment. It was clear from discussions with people and staff that staff knew how to support each person in a safe way, whilst allowing people to maintain their independence.

People said there were enough staff to provide their care as agreed. Staff told us there was enough time to carry out the visits. Their comments included, "There is always enough time in between calls" and "There is always enough time on visits to give the best care, even if we go over by five minutes or so it's not a problem." Staff said they all received a copy of the full rota so if they were running late at one call they could ask each other to cover.

The provider had safe recruitment procedures in place when employing new staff. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people or children. In some cases, references from previous employers were taken up verbally but the details of these had not been recorded. The registered manager agreed to keep a record of the content of any future discussions with referees.

Some people using the service required support with their medicines. There were assessment records and consent forms to show people's agreed level of assistance with their medicines. Staff had training in medicines management. Medicine administration records (MARs) were checked weekly to make sure people were receiving their medicines correctly.

Staff had training in infection control and were provided with personal protective equipment, such as gloves, aprons and hand hygiene products. The service had an infection control policy that set out the expectations on staff to follow best practices in relation to the prevention and control of infection.

There had been no specific incidents that had led to a 'lessons learnt' approach, but the registered manager used staff meetings to reflect on any good practices that could be adopted by all staff. For example, some staff had found an improved, more comfortable way for one person to be transferred into a chair and this

was now used by the staff team.

Is the service effective?

Our findings

People said they received an effective service. One person said, "I'm very happy with the care, they do everything I want and need." A relative said, "My [family member] is very happy with their care. The service has meant they have been able to live in their own house."

The service carried out an assessment of each person's needs before a care package was agreed or put in place. This meant the service could check whether the care needs of the person could be met by the staff team.

Staff said they received the right training to help them care for people in the right way. This included essential training in moving and assisting, infection control, food safety and first aid. New staff completed induction training and received an information pack with relevant protocols about confidentiality, nutrition and hydration, dignity, falls awareness and medication. If staff did not feel confident in supporting people with any specific needs, such as mental health, they were offered training in that area or were not matched to those clients.

The two senior staff carried out supervision checks with individual staff members and the registered manager carried out annual appraisals. All the staff said they felt supported in the roles. Their comments included, "I am well supported by staff and [registered manager] herself, she is a very involved boss" and "We get all the training and support we need. [Registered manager] is always there to talk if needed."

Staff understood the support that each person needed with eating and drinking and this was reflected in their care plans. For example, one person had thickened drinks, some people had help with their meals and others had assistance with shopping. People told us they felt able to direct care staff to make the meals they wanted and in the way they wanted them.

The people who used the agency had capacity to consent to the care and treatment they received. The care records showed that people had been fully involved in agreeing their own care package and had signed consent forms to show this. The people we spoke with said that staff always asked them for their permission before carrying out any care or support.

Staff said there was good communication in the agency to make sure people got the right care. For example, one staff member commented, "We all work well as a team and communicate very well with each other and the clients."

The service worked in collaboration with other agencies where appropriate. For example, care staff described how they liaised with district nurses and occupational therapists to report any changes in people's well-being.

Is the service caring?

Our findings

People and relatives consistently praised the kind and caring attitude of staff and registered manager. There were good relationships between people and staff and they felt confident that staff knew their needs, preferences and wishes.

One person told us, "They're very good to me. They know me and I know them. They know what I like and I have a good chat with them."

People described staff as "caring", "helpful" and "friendly". One relative told us, "The staff are very kind to my relative and my relative really likes them." Another relative said, "They go above and beyond the call of duty." A staff member also commented, "We all go the extra mile for our clients and everyone we attend to seems to enjoy our visits."

People said they were treated with dignity and respect. People said they made their own choices and staff respected this. For example, one person said, "Whatever I ask them, they do."

Staff said they were very happy in their work. One staff member said, "We are all extremely proud of our team at Ralle. Although small we use this to our advantage, we all know each other very well, and we all know the clients very well, this means that we can provide the best care."

Another staff member commented, "We work really well as a team, all of us being supportive, passionate and caring. We make sure our clients have the best care and support to promote a good quality of life with dignity and respect."

People were fully involved in making decisions about all aspects of their care. They were provided with clear information about the service and what to expect. Most of the information was in writing which met the communication needs of the people who used the service, and there was also easy-read information about people's rights in relation to mental capacity. The registered manager was aware of alternative formats if these were required in the future.

People kept a copy of their care records in their own homes so they and the care staff could refer to them at any time. The service copies of people's records were kept in locked cabinets in a locked office. Staff understood their responsibilities in relation to confidentiality and the provider had up to date protocols about data protection.

Is the service responsive?

Our findings

People and relatives said the service was personalised and met their specific needs and preferences. Their comments included, "They're absolutely marvellous – they do everything I want" and "They are all very familiar with my [family member's] needs and what they like and don't like."

People said the service was flexible to meet their needs and any request for changes were easily accommodated. People had been fully involved in setting up and agreeing their care package. This was evident from the signed agreements and consent forms in people's care files.

Staff felt the small size of the service meant they were very knowledgeable about people's needs and wishes and could spot any changes in their well-being. For example, one staff member told us, "We work with the clients on a daily basis, seeing some people three, four or five times a day, so we know their preferences and how they like things done. So if something needs changing we know we are the ones who should suggest and change those things."

Care records were individualised for each person. The care and support plans included detailed information about each task, routine and support the person wanted at each visit. For example, the evening visit tasks for one person included help to find their glasses, a hot water bottle in their bed and to make sure their call-alarm bracelet was on.

Care plans were written in a respectful way from the perspective of the person. For example, "I need my carers to get my medicines out of the pharmacist blister pack and help me take them; a spoon is the best way to give them to me" and "I like the carers to sit and talk with me, even if it's just about the weather."

It was not a primary role of the service to provide social care activities. However, the service did offer a sitting service to people and provided opportunities for people to go out with staff, for example for meals, if this was part of their agreed care package.

People had clear, written information about how to raise any issues or complaints and all stated they would have no hesitation in contacting the registered manager if necessary. People and relatives were confident that any issues would be addressed quickly and without repercussion. There had been no complaints by people or relatives in the past year.

People's comments included, "I have no complaints but I know I can speak with [registered manager] at any time", "I have no complaints at all and can't think of anything that could be better" and "[registered manager] calls in and I can talk with her about anything."

At the time of our inspection there was no one receiving support with end of life care. Where appropriate, the service would work in conjunction with palliative care services if people needed support during the end stages of their life.

Is the service well-led?

Our findings

People and relatives said the service was well-run. They had confidence in the registered manager and said they were open, inclusive and approachable. People told us, "I can contact [registered manager] any time and talk with her" and "The service is very good - I give them an 'A' star!" A relative commented, "We're really pleased with the way it's managed. We wouldn't want any other agency. [Registered manager] and her team work so well with us to provide care for my [family member]."

The registered manager was also the founder and Nominated Individual for this small company. 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's views were sought during six-monthly spot checks by the registered manager and two senior staff members. The spot checks were also used to make sure staff were carrying out the right care in the right way for each person. Any suggestions or comments were acted upon. For example, a relative had asked for a copy of the care records to be left at the house so they could refer to them.

The care records for each person were audited by the registered manager each week and checked for any subtle changes in people's well-being. The registered manager also checked medicine administration records, food diary records and visit call times were correct.

Staff were encouraged to make suggestions at staff meetings and informally at any other time. Staff said they felt able to raise any ideas and that these were listened to by the registered manager.

Staff said they felt supported and valued. Staff were paid above the living wage and said they worked "like a cooperative". The registered manager sent out regular briefings to each staff member which included details of any training arrangements and organisational expectations relating to standards and values.

The provider aimed to make continuous improvements for the people who used it. For example, the registered manager had already purchased an inflatable sink for helping people who may become bedfast to have their hair washed, and was now considering a specialist inflatable bath that was designed to be used on top of a bed. The registered manager told us, "We continually look at potential improvements. Because we're so small we can trial and change things instantly, or trial and revert back if they're not working as well."

This was a small agency that worked closely with local services. A staff member commented, "We all listen and learn from one another, and listen to suggestions from other professionals that we think may benefit and improve the care we provide to the clients."