

Ranger Home Care Ltd

Ranger Home Care - Main Office

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ranger Home Care - Main Office is a domiciliary care agency providing live-in care services to people in their own homes. The service provides support to younger adults and older people, people living with dementia, people with a disability and people with a sensory impairment. At the time of our inspection there were 33 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider worked with people to identify and achieve goals, promoting very positive outcomes for people around their health, wellbeing, communication needs and independence. The provider worked to find the right care solution for each individual, working creatively to overcome obstacles or barriers to people receiving the right care. Staff had an extensive knowledge of people's needs and were dedicated to working in partnership with them to ensure their views and wishes were central to how care was planned, carried out and reviewed.

The registered manager and senior staff were caring, competent and professional. There were effective systems to oversee the quality of care and engage people when gaining feedback about care. Staff told us they felt supported in their role and listened to by management staff. The provider promoted a positive culture which achieved excellent outcomes for people.

People received personalised care in line with their needs. Staff supported people to lead active and full lives and stay in contact with those important to them. There were systems in place to help ensure complaints or concerns were investigated appropriately. Staff were provided training and support to help ensure people received responsive and empathetic care at the end of their lives.

The provider had systems in place to protect people from the risk of abuse. There were systems in place to assess and reduce risks, including risks associated with people's medical conditions or home environments. People were supported to take their medicines as prescribed and the provider's medicines policy had been developed in line with best practice guidelines. Staff had received training in infection control and understood good practice in reducing the risk of infections spreading.

Staff had the training and skills to provide people with effective care. The provider had systems in place to ensure people's needs were fully assessed, and appropriate care was put in place. Staff worked effectively with people, relatives, and professionals to promote positive outcomes in people's health and wellbeing. 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.

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 12 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ranger Home Care - Main Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care and live-in care services to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection so the registered manager could contact people and their relatives to ask them to agree to talk with us on the phone, during the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority.

During the inspection

We spoke with 8 people and 5 relatives. We also spoke with 7 care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service. We reviewed a range of records related to the service people received. These included 5 people's care plans and medicine records, 3 staff files, records related to the management of the service, quality assurance records, records of complaints and compliments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. Comments included, "Yes [I do feel safe], because they [staff] know about me and have all the information they need" and, "[Yes I do feel safe] any concerns I have had, have been ironed out very quickly which is really good."
- Staff received training in safeguarding and had a good understanding of their responsibilities and the actions required if they were concerned about a person's safety or welfare.
- The registered manager ensured safeguarding alerts were raised with the relevant local authority when required. They had a proactive approach and took relevant actions when they identified any potential risks to people's human rights.

Assessing risk, safety monitoring and management

- The provider carried out risk assessments around people's home environment. Where risks were identified, the provider put measures in place to reduce the risk of harm to people and staff. This included helping people to source appropriate mobility equipment to aid safety during staff support.
- Staff were pro-active in identifying changes to people's conditions which may increase risk. For example, they informed senior staff when people were struggling during support with moving and handling. This prompted senior staff to carry out a reassessment of people's needs. This helped to ensure any new or emerging risks were quickly identified and acted upon.
- The provider had a business continuity plan, which detailed how the service would run safely in the event of an emergency, such as staffing shortages or extreme weather. This helped ensure the service would run safely in such a circumstance. This included providing temporary accommodation for staff who needed to take a break for their live in care role due to illness and required a place to recover before returning to work.
- The provider had an 'out of hours' telephone service run by senior staff. This meant people and staff could contact the provider outside of office hours in the event of an emergency. Senior staff went out to support or relieve staff if required during out of hours duty. This helped ensure any incidents or staff shortages could be responded to robustly.

Staffing and recruitment

- People told us they had consistent staff who understood their needs well. Comments included, "The consistency [of staff] is one of the best things" and, "I have regular people [staff] who I am with."
- The provider made efforts to match people with staff who shared similar interests, which complimented them continuing to pursue interests and daily routines. In one example, one person had been matched with a younger staff member after it was identified the person required an active person who would feel comfortable supporting them in social situations. One staff member told us, "I was matched [with person] because I am similar in age and we share interests in common."

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. This included references from previous employment in health and social care and police checks.

Using medicines safely

- People's care plans identified their prescribed medicines and preferred routines around administration. Care plans included details of how independent people wished to be around their medicines administration and any risks associated around medicines management. This helped ensure there were safe systems in place.
- Staff had completed medicines training and had their competency assessed by senior staff. Staff recorded the administration of people's medicines on an electronic care planning system. Senior staff monitored the electronic system which created alerts if medicines were not administered as planned. This helped to ensure any errors or medicines related incidents could be identified and acted upon quickly.
- The provider had a medicines policy in place which detailed the procedures staff should follow in supporting people to manage their medicines. The policy had been developed in line with best practice and staff received training in line with this policy.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager fostered an 'open, no blame policy' which encouraged staff to be pro-active and reflective when incidents took place. Staff understood their responsibility to report incidents promptly and told us senior staff were supportive in providing guidance and listening to their suggestions about how to reduce the risk of incidents reoccurring.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, preferences and choices about the delivery of their care were assessed with them and/or their representative. The provider organised virtual meetings using video calling technology during the initial assessment of people's care needs, so all stakeholders could attend and give their input into care planning.
- The provider's assessment processes included exploring information about people's protected characteristics as defined by the Equality Act 2010. Staff had a good understanding of how to help prevent people from experiencing discrimination on the basis of their protected characteristics. One staff member told us, "Every person has had a life, a different background, different experiences. We must remember this and adapt to who they are and what they need from us."
- The provider had developed policies in line with statutory guidance and best practice. There were systems in place to ensure policies were amended when guidance changed, and updates were accessible to staff. This helped to ensure staff were working in a safe and effective way.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to meet people's care needs. A relative commented, "All the staff provided seem professional and knowledgeable."
- Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff were positive about the training and support they received. Comments included, "The training was very good in comparison with training I received in other care jobs."
- Staff received additional training in the management of people's specific health conditions. This included the use of ventilators, stoma care and percutaneous endoscopic gastrostomy, which is a tube fitted to help people eat and drink who cannot swallow. This helped to ensure staff had the skills to meet people's needs.
- Staff received a specific induction into people's needs before working with them. This included time to read people's care plans, an initial meeting with the person accompanied by senior staff, and handover time with senior staff and outgoing carer to promote continuity of care. Staff were very positive about the induction they received. One staff member told us, "Information [given before working with people] is good and gives you everything that you need."

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

- People told us they were happy with the support they received around eating and drinking. Comments included, "I make my own choices [around eating and drinking] and they [staff] help me and sometimes we come up with recipes together."

- People's nutrition and hydration needs were documented in their care plans. Risks associated with eating and drinking were assessed and managed. Staff ensured any referrals to professionals such as the speech and language therapist (SALT) were completed and recommendations were reflected in care plans.
- Staff had a good knowledge of how to safely prepare food and drinks when people had been assessed to require an adapted diet. Staff were confident in preparing food and drinks to different textures and had received training to help ensure this was done safely.

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

- The provider ensured people's needs were communicated with external professionals when they had to attend appointments or have stays in hospital. Staff were made available to accompany people to appointments or provide support in hospital. Staff were also kept available during periods of hospital admission.

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

- People's healthcare needs were identified in their care plans. Care plans identified the level of support they required from staff to promote their health in the management of healthcare conditions.
- Staff were confident in recognising changes in people's health. They had referred people to a wide range of health care professionals to ensure their healthcare needs were met. This involved making referrals to ensure people had the right care related equipment in place including, hoists, mobility equipment, medical equipment and profiling beds.
- The provider participated in regular review meetings attended by multi-disciplinary teams of professionals involved in people's care. This was beneficial for people as their overall care arrangements were reviewed in line with their changing needs. One relative told us, "The reviews are good as everyone knows where they stand."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- There were systems in place to ensure the provider obtained appropriate consent to care. People were given the chance to review and agree to their care plans before care commencing.
- Where people lacked the capacity to make specific decisions, mental capacity assessments were completed and best interests decisions were made in accordance to legal requirements. In one example, one person had a best interests decision in place around the administration of medicines covertly.

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 our last inspection we rated this key question good. This key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were exceptional at helping people to express their views. This included utilising technology designed for people who are unable to communicate verbally. Staff were particularly skilled at working with people to adapt the use of communication aids as their needs changed. One staff member told us, "[Person] now communicates with a letter chart using their toe to point to phrases or letters. I have worked with them to adapt how they use this [as their medical condition progresses]. It can take time and is frustrating [for person], but it gives them a voice they otherwise wouldn't have."
- Staff were skilled in resolving any conflicts, tensions and barriers to people receiving the right care. In one example, one person suffered a decline in health when they were unable to access their bath for personal care. The person was at risk of requiring a residential placement, which they strongly advocated against. Staff contacted a local nursing home to arrange the use of accessible shower facilities, which they then supported the person to access. This meant the person was able to access the facilities they needed whilst fulfilling their wishes to stay in their own home.
- Staff anticipated people's needs, recognising their anxiety around receiving support by offering sensitive and respectful care. In one example, one person was highly reluctant to receive any input from care or health services, which had resulted in a serious decline in their health. The provider arranged for staff to live in annexed accommodation on the person's property, gradually introducing support in a way the person was comfortable with and accepted. By slowly building this relationship the person was supported with very positive outcomes around their health, in particular accessing GP services after a significant time where they were unwilling to do so.
- The provider worked with local businesses to help ensure people had access to trusted and safe essential services, vital to people remaining in their own home. The provider had researched and vetted local; gardeners, dog walkers, electricians and other service professionals, who people were able to contact if needed. This helped ensure people could access essential services which promoted the sustainability of them remaining in their own homes.

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

- People were supported to identify and achieve goals which enhanced their health, wellbeing and opportunities to live a full life. In one example, one person worked with staff to identify 6 key areas around mobility and wellbeing which were achievable outcomes from support. With input from professionals and support from staff, the person gradually built strength, improved their mobility and regained their confidence. It resulted in them being supported to take holidays, attend football matches, and participate in charity work. We received a testimonial from the person, thanking the provider for embracing their desire

around rehabilitation and promoting improvements in their wellbeing.

- There was a strong person-centred culture embodied by all care and management staff. Staff were highly motivated in their role and displayed a real empathy for the people they cared for. Staff spoke in depth about people's individuality, achievements, and the ongoing challenges they faced. People's comments included, "[Staff member] is wonderful, literally a member of family" and, "I have had the same member of staff for 8 years and they are absolutely amazing."
- The provider had received numerous compliments from people and relatives about how care had exceeded their expectations and in particular how they had been supported to stay in their own home when without support this would have not been possible. One compliment read, '[Staff member] brings sunshine and happiness, it is a rare gift for which we are truly thankful.'

Respecting and promoting people's privacy, dignity and independence

- People decided who provided their support and when they needed it. In one example, one person required live in care services whilst on campus at university. The person wanted control over when they received care and wanted it not to be obvious they were receiving care services. The provider had arranged a system, where the staff member lived in nearby accommodation and the person contacted them via mobile phone when they needed support. This meant the person had the support they needed, but staff were discreet and respected their wish for privacy.
- The provider championed ways to help people maintain their independence. In one example, staff worked creatively to help one person continue to visit their local pub independently. After numerous incidents where the person went missing during these trips, staff forged a good relationship with the local pub, a local taxi company and supported the person to wear a GPS device. This helped to ensure the person could safely travel to and from the pub without needing support.
- The provider demonstrated many examples where they had worked with people to reduce their reliance on formal care services. This included work with people after hospital discharge to gradually regain skills or working with people with a history of failed residential care placements to live in their own homes independently, with the aim of gradually reducing support as their skills and confidence grew.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care reflected their physical, mental, emotional and social care needs. People's strengths, levels of independence and planned outcomes for their care were detailed within their care plan.
- People's care needs were reviewed periodically or following a change in the person's needs. These reviews involved people, relatives and health and social care professionals. This helped to ensure appropriate levels of care were in place.
- Staff used an electronic care planning system to access up to date information about people and records of care provided. Senior staff monitored electronic care records from the provider's office to help ensure key care tasks were being carried out as planned. The system also enabled senior staff to upload changes to people's care plans responsively, so staff were able to access most current information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan, so staff were aware of how to support the person in the most appropriate way. Staff we spoke to were knowledgeable about people's communication needs and confident in ensuring these needs were met.
- The registered manager understood their requirements in relation to the Accessible Information Standard. There were arrangements in place to provide information in adapted formats should people require this.

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

- People's care plans detailed information about their personal history, background, family, interests and social contacts. This ensured staff had a good understanding of what mattered to people and the support they required to maintain social links.
- Staff supported people to participate in activities and interests they enjoyed. This included support to maintain hobbies, stay in contact with friends or families, attend events or go on holiday.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. This detailed how complaints would be investigated and

gave people an expectation of how their concerns would be responded to.

- The registered manager kept a log of all complaints received, investigation into concerns and records of how complaints had been resolved. We found any concerns raised had been investigated thoroughly and people were responded to in a timely and professional manner.

End of life care and support

- The provider worked with people to identify and document their wishes around end of life care. They worked in partnership with people, families and other stakeholders to provide flexible and responsive care to people nearing the end of their life. This included changing staffing levels and providing additional support to family members.

- Staff had received training in end of life care. The provider offered specific support to staff working whilst providing this support. This included regular welfare checks through visits or phone calls. This helped to ensure staff felt supported during what could be an emotional experience.

- The provider had received many letters of thanks from relatives of people who staff cared for towards the end of their life.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 and nominated individual were heavily involved in the day to day running of the service. They both regularly went out to visit people and were happy to cover people's care visits in the event of staff absence. One relative told us, "[Senior staff] are very pro-active in making sure [my relative] is cared for."
- Staff told us they were motivated in their role and felt well supported by the management team. Comments included, "It's a very good company to work for and the management always listen to me" and, "I love my job. The office staff are very approachable and are willing to help if needed." The provider motivated staff by recognising good practice to reward success. Staff told us they regularly received positive feedback from the registered manager and were given constructive feedback to help improve their working practice.
- People and relatives told us they were happy with the quality of the care provided and spoke positively about the provider and management team. Comments included, "The communication is really good", "[The registered manager] is very good, I can contact him quickly and he is efficient" and, "The care is very suited to [my relative] and I would recommend it."

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 provider promoted an open and transparent culture and understood their duties under the duty of candour. People and their relatives were informed when anything went wrong. One relative told us, "If there is something wrong with [my relative] they [management staff] contact me."

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

- The provider clearly set out its visions and values in their statement of purpose. The provider set out the rights of people who used the service and the expectations around training and support staff received. The registered manager embodied these values and was dedicated in their role. They told us, "We are there to care with you, not just to care for you."
- There was a clear management structure in place. There were a number of senior staff in place who organised and oversaw people's care. People and relatives were positive about the communication with senior staff. Comments included, "[Senior staff] are very good. They come to visit every two weeks. When one goes on holiday, they always tell us who is stepping in to cover."

- The registered manager monitored office staff's workload and performance to help ensure management tasks, audits and oversight of the service was effective in identifying issues and planning out how working resources could be most effectively deployed.
- The provider had submitted statutory notifications to inform CQC of events within the service as required.

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

- People and relatives were asked to give their feedback about care through regular questionnaires and surveys. The registered manager analysed responses of surveys to look for themes and areas which could be improved. Responses from the last questionnaire sent in July 2022 reflected very positive feedback about staffing and communication with the provider.
- The provider engaged with staff through supervision, welfare visits and questionnaires to gain feedback about their role and the support they received from the provider. Responses from the last questionnaire sent in July 2022 reflected high level of satisfaction from staff around the levels of training and support they received from the provider.

Continuous learning and improving care

- There were effective governance systems in place to monitor the quality and safety of the service. This included regular audits of care notes, medicines records and incident reports. The registered manager quickly addressed any issues identified in audits, which helped to drive improvements.
- There were monthly meetings in place attended by senior staff. At these meetings any learning through incidents and changes in policies were discussed. This helped to ensure the service reflected on their performance and were sharing good practice.

Working in partnership with others

- The provider worked closely with the local social and health professionals to promote positive outcomes for people.
- The provider worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.