

Raeburn Group Limited

Raeburn Healthcare Swindon

Inspection report

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27 June 2019

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Raeburn Healthcare Swindon is a domiciliary care service providing personal care support to 14 people at the time of this inspection.

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

At the October 2018 inspection we found audits and checks did not effectively identify issues or record action taken to make changes and drive improvements. At this inspection we found improvements had been made.

Improvements had been made with medicine management and checks were more effective in identifying when there were issues so that action could be taken. Learning from audits took place which promoted people's safety. People's records were more personalised and gave staff guidance on how to support people safely.

There were some improvements to the feedback on punctuality of home visits, however, people and relatives said there were issues at the week-ends, with some visits being late. The registered manager was continuously looking at ways to improve the quality of the service and people's experiences but had yet to resolve this problem.

People and relatives confirmed they knew how to raise a complaint. Some relatives had raised complaints about the visit times which they felt were not always dealt with. The registered manager had systems in place to respond to complaints which we saw, but these had not effectively addressed the problem of late visits.

People and relatives were complimentary about the staff who supported them. They confirmed staff were kind, caring and had developed meaningful relationships with them.

People's dignity and privacy were respected, and their rights upheld. Staff involved people in all aspects of their care.

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 his practice.

People were supported to maintain good diet and hydration.

Staff were overall positive about communication between each other, with only some staff noting there could be changes to their schedule that were not always conveyed to them in a timely manner.

Staff were well supported and had the skills and knowledge to meet people's needs.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Raeburn Healthcare Swindon on our website at www.cqc.org.uk.

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?

Good ●

The service was 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?

Requires Improvement ●

The service was not always 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.

Raeburn Healthcare Swindon

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 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 to mainly older people living in their own houses and flats.

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

This inspection was announced.

We gave the service two working days' 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 available to support the inspection.

Inspection activity started on 24 June 2019 and ended on 27 June 2019. We visited the office location on 24 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from a sample of care workers and three relatives.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used this information to plan our inspection.

During the inspection

We spoke with the registered manager and two locality managers. We reviewed a range of records. This included two people's care records and their medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks.

The Expert by Experience spoke on the telephone with five people and three relatives to gain their feedback on the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Four care workers provided their views on the service. On this occasion, professionals did not provide their feedback.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to have effective quality checks and audits to ensure people always safely received their medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance in place to identify when people may require the medicine.
- Staff were clear about their duties when supporting people with their medicines and confirmed there was always Medicine Administration Records (MAR) to record when a medicine had been given to a person. One staff member said, "I would tell the office of any medicines issues."
- There were systems in place to check completed MARs to ensure people safely received their medicines.

Staffing and recruitment

- There had been some improvements, since the last inspection, with the timing of visits to people. One person said, "They come on time, most of the time." A relative confirmed staff were mainly on time and told us "Some [staff] stay longer to chat and have a cup of tea with [person using the service] which she loves." However, we received feedback from some people and relatives that at the week-ends visit times could vary and be late.
- The provider had effective recruitment processes in place to support safe recruitment decisions. Pre-employment checks included references and a disclosure and barring service (DBS) check.
- There were procedures in place for when a staff member leaves their employment and works elsewhere and then returns to work at the service. This had recently occurred and the reference for the person had yet to be returned. The registered manager confirmed this staff member was not working alone with people using the service until the reference was seen and verified.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were happy with the staff who visited them.
- Staff had completed training in protecting people from harm and abuse and understood their responsibilities to identify and report any concerns. Feedback from staff included, "I would ring the office to express my concern and give all the details of what has happened. They [staff] can take the correct procedures in getting help for the customer."

- The provider had safeguarding policies and procedures in place. Records showed that safeguarding concerns had been recorded, reported appropriately and investigations completed.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessments included areas such as their mobility or medicine management. Staff were familiar with and followed people's risk management plans.
- Health and safety checks and records ensured equipment and the environment were checked to ensure it was safe.

Preventing and controlling infection

- Staff had completed infection control training and used their knowledge to protect people from infection.
- People confirmed that staff used personal protective equipment (PPE), for example aprons and gloves. A staff member confirmed PPE was "always available."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Records showed appropriate action was taken to minimise the risk of reoccurrence. There were systems in place that enabled the registered manager to monitor accidents and incidents for trends and patterns.
- Meetings and training with staff were held to discuss when areas for improvement had been identified. For example, some staff were not signing the MAR when applying prescribed creams to people. Refresher medicines training was held shortly before the inspection, to remind staff of best practice, current medicines guidance and improving record keeping.

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 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 were assessed prior to the commencement of the service to ensure these needs could be met and individual care plans put in place.
- People and relatives were involved about the care being provided.
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice.

Staff support: induction, training, skills and experience

- New staff completed an induction programme that was linked to the Care Certificate standards. They were supported by more experienced staff until they felt confident to work alone. One staff member said, "They [management] don't throw you in at the deep end."
- Staff had access to a range of training to ensure they had the skills and knowledge to meet people's needs. Staff told us they received appropriate training to enable them to fulfil their roles. Training included; equality and diversity, dementia and moving and handling.
- Checks and observations were carried out on staff to ensure they supported people effectively.
- Staff were commended when they carried out good work. We saw emails to staff thanking them for the support and care they had offered to people.

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

- Staff were flexible in the type of meals they prepared. One relative said meals needed to be freshly prepared and commented, "She [staff] has good cooking skills which makes [person] happy. She serves loads of cabbage as [person's] favourite!"
- Where staff supported people with meals they helped people choose the food they want to eat. One staff member said, "I make sure they [people] are eating what they like by sitting down doing the shopping lists with the client, so they enjoy the food we give them."
- Records were kept of what people ate and drank during the visits so that staff and relatives could monitor if there were any problems.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received prompt and consistent support with their healthcare needs and were referred to appropriate healthcare professionals as required.
- Care records included details of GP's and other relevant health professionals involved in people's care.

Records included details of people's relevant medical history to inform staff on how to support people to manage their health.

- Staff helped people achieve their goals. For example, one person told a staff member they had wanted to lose weight. The member of staff got recipes, made a healthier shopping list with the person and helped them devise a weekly food plan. This guidance and support encouraged the person to consider how to become healthier.

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

- People's rights to make their own decisions were respected.
- Staff had completed training in MCA and understood how to apply the principles of the Act when supporting people. They told us, "We encourage them [people] to make their own choices" and "If someone struggles I would give less options, so it isn't too over whelming."

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them with kindness. One person said, "They are a good set of girls. They will do anything extra that I need help with, such as washing up." A second person told us, "The carers that I have are very very kind." A relative commented, "Can't fault the care staff."
- The registered manager and office staff ensured they shared compliments with the staff team. We saw a relative had given positive feedback about the care their family had received. They said, "Thank you and the whole team for the outstanding care you have provided." Another relative spoke highly of the care staff and told us, "Some of the carers have become part of the extended family."
- Staff were vigilant when people's needs changed. One relative confirmed when the person became unwell and needed two staff to support them, this was fed back to the office via the regular staff member and this was provided whilst the person needed extra help.
- People's diverse needs were recorded, such as gender care preference of staff, religious, cultural and social needs were reflected in their care plans.

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

- Care plans were completed with people and their relatives to ensure they reflected their wishes.
- Relatives confirmed they were informed if there were any changes in people's needs. One relative confirmed, "The agency and carers always update me."
- Generally, people received support from regular and familiar staff. This could change when staff left, were sick or on holiday. However, people did say they had built good relationships with the staff they regularly saw. One relative said a staff member knew that the person liked to get up early and so they visited them as early as possible.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted what they could do without the aid of staff. Staff understood their role was to encourage people to carry out as many tasks as they can safely.
- Staff described the various ways they supported people whilst respecting their dignity and privacy. Comments included, "Always respect the person. For example, ask them how they want to get dressed or shower" and "I will never do anything someone has declined. I will always ask before carrying out personal care."
- Personal records about people were stored securely and only accessed by staff on a need to know basis.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant although people's needs were met improvements were still needed to the organisation and delivery of the service.

Improving care quality in response to complaints or concerns

- People and their relatives knew they could contact the office staff if they had a complaint. One relative said, "If I have issues I will always contact the office." A second relative told us, "I have challenged the lack of response [to the complaint] and spoken with the manager who promises to resolve my concerns." The registered manager confirmed they were looking to address the issues and they understood things had improved recently.
- Overall, the common complaints were the timing of visits, which people and relatives had been raising with the registered manager.
- Records of complaints were available and showed the registered manager had sought to address each issue. They confirmed they were working to improve the week-end visit times to ensure people received care within the times agreed. They had recorded 10 late and four missed visits from January 2019 and were looking at ways to have better communication with staff and people to minimise late visits occurring. For example, recruiting week-end only staff as soon as possible. The registered manager also planned for people and relatives to be contacted after the week-end to check there had been no issues.

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

- People and relatives were included in the development of care plans. One relative told us there were regular reviews and that the person's care plan was regularly updated to ensure the person's needs were responded to effectively.
- People's care plans included details on what the person could do for themselves. For example, one care plan stated, 'I will wash and dry my own face.' It was also noted how they liked to have their tea, which was a personal preference.
- The registered manager described some of the improvements since the last visit. Staff, new to working with a person, was sent an 'About me' form which noted areas such as, the person's likes, dislikes, activities they like to engage in and their medical history. This information helped staff have a summary about the person and know how best to support them.

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.

- Care plans included people's communication needs and how needs were met.

- The registered manager confirmed that rotas outlining planned visits can be made in a larger or different font for people and staff who need this. Documents can be translated to a different language and can be enlarged if required.
- The registered manager described how for a person who previously used the service, staff used a white board and used mobile phone texts to communicate with this person.

End of life care and support

- There was no-one receiving end of life care or had life limiting conditions. End of life care wishes were discussed with people and their relatives where people were happy to discuss this.
- End of life training was available for staff to help them understand how to support people appropriately.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective quality checks and audits to identify any issues and drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements had been made to the quality assurance processes. The registered manager had an oversight of how the service was running, what was working well and where improvements needed to be made.
- Findings from audits were analysed and actions were taken to drive continuous improvement. Checks were carried out on different areas of the service, for example, medicine administration records, staff performance and staff training.
- There was a new nominated individual in post. They are responsible for supervising the management of the service on behalf of the provider. The registered manager confirmed the nominated individual would be carrying out their own internal audits to ensure the service was running effectively.
- The registered manager could demonstrate where changes and improvements had been made since the last inspection. However, they were mindful there was still negative feedback from some people and relatives about late visits. At a recent meeting we saw staff were reminded about the importance of being on time for visits and to let the office staff know if they were running late. Since the last inspection, there were electronic systems in place to check on visits and with two locality managers now in post the aim was to reduce these issues. However, as noted elsewhere in the report, this remained a problem that was yet to be fully resolved.

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

- Feedback from staff and the registered manager showed that the culture was one of improving the lives of people who use the service. Communication had improved and where feedback indicated there was still room for improvement, the registered manager was receptive to look at ways to ensure people, relatives

and staff felt listened to.

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. One staff member told us, "The number one priority for me is my clients."
- Staff were supported in their roles to ensure people received a person-centred service. One staff member said, "When I do on call and a situation occurs that I am not sure how to handle they [management] are always on hand with advice. I am confident I can approach all of them and they will be able to help me whatever the situation."
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- There were a range of opportunities to ensure people and relatives were engaged in the development of the service.
- The registered manager was due to send to people a new newsletter which would be sent to people each month from June 2019, giving them news about the service. Monthly telephone calls to people and their relatives was due to commence so that regular contact could eliminate any problems and identify if changes needed to be made.
- Satisfaction surveys had been sent to people and staff as another way of gaining feedback on the running of the service. The registered manager analysed the results, produced an action plan and would be feeding back to people and staff the results.
- Staff meeting records evidenced that staff were encouraged to have input into the development of the service and contribute their views. One staff member said, "I speak up at meetings and I feel I am listened to." Staff received a weekly newsletter to help improve communication, recognise good practice from individual staff members and share information.

Continuous learning and improving care; Working in partnership with others

- The registered manager recognised the importance of keeping up to date with best practice and guidance. They had recently attended training on oral health as this had been identified by the CQC as an issue when supporting people living in care homes. Although Raeburn Healthcare Swindon provided support to people solely in their own home, the registered manager confirmed there would be a new oral health assessment introduced. This would be implemented so that staff were fully aware of the level of support people needed to maintain good oral hygiene.
- Staff were encouraged to consider taking on extra roles, for example, on call duties to help with their career progression. Staff were supported to identify if they wanted to study for a nationally recognised qualification in adult social care.
- Staff worked in partnership and collaboration with key organisations to support care provision, joined-up care and ensure service development. Records were kept of contact made with health and social care professionals to ensure there was a clear audit trail of discussions held and referrals made.
- There was a commitment to being part of the community. The registered manager was working with a local college to inform students of the benefits of working in adult social care. They had also sponsored an event at a local day centre for people who had brain injuries and would be attending their open day to raise Raeburn Healthcare Swindon's profile in the community.