Raglin Care 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

Raglin Care Limited is registered to provide personal care to people living in their own homes. The service provides support to people who have a learning disability and people who have mental health needs.

The service is located in Liverpool, and services are provided across Liverpool, Wirral, Sefton, Knowsley and St Helens. The service is a supported living service and people are provided with a range of hours per day or per week in line with their assessed needs.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were supported to take risks to promote their independence in accordance with their comissioned care. Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. The service recruited staff to the equivalent of 110% of its contracted hours to provide cover for sickness, annual leave and training. Medicines were safely managed within the service by trained staff.

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 support this practice. Staff received appropriate training and support which allowed them to meet people's needs effectively. People were supported to maintain a healthy diet and to access healthcare services.

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. Staff involved people in day to day discussions about their care and support and gave them the option to refuse or do something different. People were given information in a way that made sense to them.

The care records that we saw clearly demonstrated that people had been involved in the assessment process and planning of their care. Where people had learning disabilities which limited their understanding of the process, the service had made good use of person-centred planning techniques to maximise their involvement. People's wishes and aspirations were clearly recorded in files and regularly reviewed. The procedure for receiving and handling complaints was clear. A copy of the complaints procedure was included in the service's statement of purpose and made available for people using the service or their representatives.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. The registered manager had sufficient systems and resources

available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis.

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? The service remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 inspection took place on 23 January and 8 February 2017 and was unannounced.

The inspection was conducted by an adult social care 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. In this case their experience related to learning disability and autistic spectrum conditions.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with three people using the service, three relatives, a team leader, a service manager, a support worker and the registered manager. We visited people in their homes and spoke with them over the telephone. We also spent time looking at records, including four care records, four staff files, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

Each of the people that we spoke with and their relatives said that the service was delivered safely. One relative said, "I've no concerns. [A manager] adjusted the shift patterns to make sure there were more staff at the busiest times." A person using the service told us, "Yes I feel safe. There's staff 24 hours a day." While another person commented, "I'm happy. I feel safe. I am safe."

We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. People were supported to take risks to promote their independence. One member of staff said, "All the people we support have risk screens. They're involved in the development of plans. It's all about positive risk taking." Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. The service recruited staff to the equivalent of 110% of its contracted hours to provide cover for sickness, annual leave and training. This meant that people were supported by regular staff who knew their care and support needs. However, one relative did comment that bank staff (staff who do not have contracted hours in a particular service) were not always as knowledgeable about people as the regular staff team.

Medicines were safely managed within the service by trained staff. The requirements for storage and administration of medicines in supported living services are not formally regulated, but Raglin Care Limited managed the administration of medicines safely and effectively. People told us that they were supported to take their medicines on time.

Good

Is the service effective?

Our findings

People using the service and their relatives were generally positive about the training available to staff. One relative said, "Raglin Care upped their game on recruitment. They introduced shadowing with more experienced staff (as part of the induction)." One person using the service told us, "Staff know what I need."

The people that we spoke with were very complimentary about the choice and quality of food available to them. One person commented, "I get nice meals. I'm on a diet, but the food is lovely."

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. Staff involved people in food shopping to maximise their choice. We were told that there was no set menu in the supported living services and that people could choose what they wanted on an individual basis.

People who used the services of Raglin care were supported by staff who had completed a programme of training in relevant social care topics. New staff were required to complete an induction programme which was aligned to the Care Certificate. This meant that their competency was assessed within 12 weeks of starting employment. Training was regularly refreshed to ensure that their knowledge was current. Staff were supported through the provision of regular supervision and appraisal. The frequency of supervisions was monitored as part of the provider's quality assurance process.

Consent had been sought from people regarding various aspects of their care and support including; support planning, the management of finances and the administration of medicines. This was done in accordance with the Mental Capacity Act 2005. People had been asked to sign a form to indicate where they had given consent.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need. We saw evidence that important healthcare information was well documented. For example, health passports which detailed health, support and communication needs for people requiring hospital treatment. However, one relative commented that their family member did not have a health passport and they had to prompt staff on the importance of the document.

Good

Is the service caring?

Our findings

People using the service and their relatives were complimentary about the caring attitude of the staff. Comments included; "They treat me very nicely", "The staff are lovely" and, "The staff are caring." Regarding privacy, one relative said, "[Family member] has their own room and no one can go in. They [staff] ask if it's alright, but if [family member] says no, they don't go in. [Family member] has their own key."

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. For example, when we arrived at people's homes, staff explained that we were the visitors that they had mentioned earlier. They asked if people were still happy to talk with us before facilitating the meetings.

The allocation of hours meant that care was not task-led and could be delivered flexibly to meet people's needs and preferences. Staff involved people in day to day discussions about their care and support and gave them the option to refuse or do something different. People were given information in a way that made sense to them. We heard examples where staff re-worded questions to ensure that people understood.

People's right to privacy and dignity were supported by staff in the provision of care and support. People had their own bedrooms to entertain visitors and personal care was given in locked bathrooms. A member of staff told us, "Personal care is delivered away from other people." We also saw an example where a room had been personalised so that the person could engage in activities of their choice in privacy. Staff knocked on the door and asked if it was okay to enter before introducing us to the person.

Good

Is the service responsive?

Our findings

People and their relatives told us that they were invited to review meetings. One person said, "I usually have a review once a month." Another person commented, "They [staff] have one-to-one meetings every month." A relative said, "They invite me to reviews of care. We have discussed one-to-one times, finances and a holiday." Another relative told us, "I always go to reviews. [Family member] is in the room."

People also said that they knew who to complain to. Comments included; "I'd speak to staff, but the next people up [managers] are available" and "I'd speak to my keyworker."

The care records that we saw clearly demonstrated that people had been involved in the assessment process and planning of their care. Where people had learning disabilities which limited their understanding of the process, the service had made good use of person-centred planning techniques to maximise their involvement. For example, records made good use of images and photographs to aid understanding. In some cases people had chosen their own file to hold the information. These files reflected their preferences and interests and were used to discuss any changes at the regular reviews.

People's wishes and aspirations were clearly recorded in files and regularly reviewed. We spoke with a senior member of staff about one person who presented as very independent. In conversation the person had indicated their wish to move to more independent living. We were told that there was still some progress to be made before the person was ready to move safely to their own accommodation and that the situation was being regularly reviewed. We saw evidence of this in care records.

The procedure for receiving and handling complaints was clear. A copy of the complaints procedure was included in the service's statement of purpose and made available for people using the service or their representatives. There had been a small number of complaints which were managed in accordance with the provider's policy. No formal complaints had been recorded after October 2016. Complaints were analysed as part of the service's quality audit process.

Good

Is the service well-led?

Our findings

The majority of people spoke positively about the quality of communication and the general management of the service. Comments included; "Staff tell me things face to face and I get to see [manager]", "[Communication] wasn't always good, but the last two and a half years it's been better" and, "The current hierarchy is clear and good. I can ring and discuss things with senior managers."

A registered manager was in post and was clearly aware of the day to day culture and issues within the service.

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.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families.

The organisation had a clear set of visions and values which were displayed in brochures and other promotional materials. These visions and values were linked to organisational strategy and used as one of the criteria on which quality was assessed.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the organisation. A member of staff told us, "I love my job. If I didn't I wouldn't do it."

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis. Important information was captured electronically and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. The processes were mapped to the Care Quality Commission's inspection methodology and scored services against qualitative and quantitive measures.