

Raglin Care Limited

Abingdon

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Abingdon is a residential care home providing personal care and accommodation for up to nine people. There were nine people living at the home at the time of this inspection. The home accommodates people with a learning disability and/or autism.

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

People were safe from harm as the service had assessed for risks, including the risk of the spread of infection. People's records were accurate and up to date.

People said they felt safe living at the home. Staff knew service users well. Staff had safeguarding training, and any concerns were monitored and managed by staff.

There were enough staff as the service had taken initiative in active recruitment. People told us they felt there were enough staff and that there was always plenty of staff to speak to. There was a consistent and stable staff team meaning service users had positive interactions.

We found a positive atmosphere within the home. Service users told us they were happy and that staff were able to support them with anything.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The home did not have any distinguishable features which identified it as a care home. The staff were able to manage the service like a small personalised home. There were communal areas for people to use as they wished, and private spaces also. The office door remained open at all times and service users felt comfortable using this area and talking to staff.

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 4 March 2021) and there were multiple breaches of regulation. 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.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an announced comprehensive inspection of this service on 27 and 29 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We identified breaches in relation to infection prevention and control measures.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abingdon 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 ●

This service was safe.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well led.

Detailed findings are below.

Abingdon

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Abingdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

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.

During the inspection-

We spoke with two people that lived at the service and one relative about their experience of the support provided. We spoke with three members of staff at different levels. We looked at a range of records. This included three people's care records and three staff files in relation to recruitment and staff supervision; a variety of records relating to the management of the service, including policies and procedures.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff received safeguarding training and understood their role in recognising and reporting safeguarding concerns.
- Information, policies and procedures were accessible and there was a system in place to raise and manage safeguarding concerns.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to adequately assess the spread of infection in relation to COVID-19, which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were arrangements in place to manage risks.
- Restrictions on people were minimised where possible.
- We checked care plans were complete and up to date. Care plans were stored securely in the main office and people could access them easily.

Preventing and controlling infection

- At the last inspection we found several breaches; at this inspection we found the provider had made the necessary changes to improve.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- We checked three staff records and found that appropriate checks had been made to ensure staff were suitable to work with vulnerable adults.
- The service had a full staff complement. There were enough staff on duty to meet people's needs.
- Several staff had worked for the service for many years and there was a consistent staff team.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff.
- There was a clear and up to date medicines policy which was being followed.
- All staff were trained in managing medicines.

Learning lessons when things go wrong

- Staff monitored and managed accidents and incidents well.
- There were systems in place to make sure action was taken in response to any incidents. The manager regularly reviewed to make sure lessons were learned.

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 now 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.

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

- There was a positive culture at both staff level and between staff and service users. Staff were enthusiastic and proud about their work.
- We found an open and inclusive culture. Service users were encouraged to be actively involved in setting and achieving their own outcomes.

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 manager understood their responsibilities for the duty of candour, and staff were open and honest about things that could be improved.

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

- Managers and staff were clear about their roles and responsibilities.
- The registered manager had an effective system for monitoring risks and regulatory requirements, and a regular programme of audits.
- The service audited their infection prevention control policy for example hand hygiene and PPE, which was an improvement following the last inspection.

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

- Service users told us they were involved in how the service was run and their opinions were sought for a range of decisions.
- Staff also felt engaged and listened to by line managers and senior managers.

Continuous learning and improving care

- There were resources and support available to develop staff team and drive improvement.
- Managers had several ways to recognise and value innovations and new ideas.
- There were effective clinical governance procedures in place, to monitor and manage performance.

Working in partnership with others

- Staff and managers worked in partnership with other agencies such as Public Health England and the infection prevention and control team.