Raglin Care Limited

Abingdon

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

Overall summary

This announced inspection of Abingdon took place on 22 & 23 April 2015.

Abingdon is a care home offering a service to nine people who have a learning disability. The home is owned by Raglin Care Limited. The home is situated in a residential part of Southport with access to the town centre. The home is situated over three floors. The home has two large lounges, a dining room, computer/activities room and a large garden at the rear.

A registered manager was in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run'.

People we spoke with told us they felt safe when staff supported them in and outside of the home. One person when asked if they felt safe said, "Of course, they (the staff) are my friends."

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident.

Summary of findings

Our observations showed people were supported by sufficient numbers of staff. This was confirmed by people we spoke with.

We saw the necessary recruitment checks had been undertaken to ensure staff employed were suitable to work with vulnerable people.

We found medicines were administered safely to people. Staff had received medicine training and had their practice checked to ensure they had the skills and knowledge to safely administer medicines.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety.

Relevant health and safety checks for the building and equipment had been undertaken.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. A person said, "I see my dentist and if I feel unwell I see my doctor."

The manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people. This included autism training to help understand and support people with autism. Supervision meetings and staff appraisals were on-going.

The manager informed us people who lived at Abingdon were supported to make key decisions regarding their care. We found the manager and staff knowledgeable regarding acting in people's best interests. We saw this followed good practice in line with the Mental Capacity Act (MCA) (2005) Code of Practice.

People we spoke with were happy with the food and were involved in choosing the menus. People's nutritional needs were monitored by the staff.

People at the home articulated their needs and wishes in different ways and our observations showed staff understood and responded accordingly. Communication aids and strategies were in place to support people.

Staff had a good knowledge of people's care needs and support was provided in accordance with their support plan.

Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood.

People told us they took part in a range of activities, some of which were organised social events in the community.

A process was in place for managing complaints. People who lived at the home and relatives told us they had confidence in the manager to investigate any concerns they had.

We received positive feedback about the manager from staff, people who lived at the home and relatives. Staff told us the manager was 'approachable' and ensured the home ran well.

Arrangements were in place to seek the opinions of people who lived at the home and their relatives, so they could provide feedback about the home.

Quality assurance systems were in place to monitor the quality of the service and improve practice.

Summary of findings

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.

People we spoke with told us they felt safe when staff supported them in and outside of the home.

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident.

Our observations showed people were supported by sufficient numbers of staff.

We saw the necessary recruitment checks had been undertaken to ensure staff employed were suitable to work with vulnerable people.

We found medicines were administered safely to people. Staff received medicine training and had their medicine practice checked to ensure they had the skills and knowledge to safely administer medicines.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety.

Relevant health and safety checks for the building and equipment had been undertaken.

Is the service effective?

Good

The service was effective.

People's care records showed they had been supported to attend routine appointments with a range of health care professionals to maintain their health and wellbeing.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. Staff obtained people's consent before providing care and support.

People we spoke with were happy with the food and were involved in choosing the menus. People's nutritional needs were monitored by the staff.

Staff told us they were supported through induction, on-going training and appraisal.

Is the service caring?

Good

The service was caring.

Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood.

Staff assisted people to use and develop their daily life skills. Where possible activities and day-to-day tasks were led by the person involved to help promote their self-esteem and independence.

People told us they were pleased with the support they received. This was also confirmed by relatives we spoke with.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of people's care needs and support was provided in accordance with their support plan.

People told us staff listened to them and responded to their requests for support.

People told us they took part in a range of activities, some of which were organised social events in the community

A process was in place for managing complaints and an easy read version of the complaints procedure was available. People we spoke with said they would talk to a member of staff if they were worried about anything.

Is the service well-led?

Good

The service was well led.

The home had a registered manager in post. We received positive feedback about the manager from people who lived at the home, staff and relatives. Staff told us the manager was 'approachable' and ensured the home ran well.

Staff were aware of the whistle blowing policy and would use it if required. Staff told us there was an 'open' culture in the home and they were able to speak with the manager if they had a concern

Arrangements were in place to seek the opinions of people who lived at the home and their relatives, so they could provide feedback about the home.

Checks were in place to monitor the quality of the service and improve practice.

Abingdon

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 announced inspection took place on 22 & 23 April 2015. The provider was given 48 hours' notice because people who lived at the home and staff are out at different times of the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before our inspection we reviewed the information we held about the home. This included a review of the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission had received about the service. We also contacted the commissioners of the service to obtain their views.

During the inspection we spent time with seven people who lived at the home. We spoke with the registered manager and seven care staff. Following the inspection we spoke with two relatives and sought the views of an external health professional.

We looked at the care records for three people, four staff recruitment files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms (with their permission), bathrooms, the dining room, lounges and external grounds.

Good

Is the service safe?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Abingdon. This was because the people who used the service communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent time with seven people who were living at the home and we looked at records, met with staff and conducted general observations. There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff.

People we spoke with told us they felt safe when staff supported them in and outside of the home. A relative we spoke with us told us the same. One person when asked if they felt safe said, “Of course, they (staff) are my friends.”

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident. Safeguarding policies and procedures were available including the Local Authority’s procedure for reporting concerns. Contact details for the Local Authority were readily available for staff to refer to. A staff member told us they would not hesitate to contact the relevant authority if they had a concern.

Arrangements were in place for reporting and reviewing safeguarding concerns and incidents that affected people’s wellbeing and safety. These were analysed to identify any trends or patterns to lessen the risk of re-occurrence.

We looked at how the home was staffed. Staff told us the staffing numbers were flexible and extra staff were brought in if people required protected time for further support or taking part in community based events. A member of staff told us the normal daytime work shifts are from 7.30am to 3pm and 2.30pm to 10pm. If people planned to do things that cut across these shift times, the staffing hours were varied so people could do what they had planned.

At the time of our visit the manager was on duty with eight staff (support workers) for nine people. They informed us the number of care staff was from seven upwards during the day. At night the home was staffed by two care staff and a care worker who slept at the care home to provide extra support if needed. Our observations showed people were supported consistently and safely by sufficient numbers of staff; this support was given at a time when support was needed and requested by people.

People who lived at the home told us there sufficient numbers of staff to support them and if they wanted to go out there was always someone to go with them. Their comments included, “I can go out and (staff member) comes with me”, “(staff member) helps me when I want to bake” and “Yes, I just ask and they (the staff) are there.”

Care files seen showed staff had completed risk assessments to assess and monitor risks people’s health and safety. These included daily life activities in and outside of the home which posed a risk to a person's safety. For instance, access to the community, and supporting people with their behaviours. This helped to keep people safe and support their independence. Protocols were in place for dealing with emergency situations such as, a person going missing from the home.

We looked at how staff were recruited. We saw four staff files and asked the manager for copies of applications forms, references and identification of prospective employees. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the home. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. The appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people.

We looked at how medicines were managed in the home. Medicines were kept secure in a locked medicine trolley. The majority of medicines were administered from a bio dose system (medicines dispensed in a sealed pack). We checked a sample of medicines in stock against the medication administration records and found these to be correct. We observed a staff member administering medicines and they signed the MAR (medicine administration record) once the medicines had been taken. This helped reduce the risk of errors and our findings indicated that people had been administered their medicines as prescribed. We saw people’s medicines were subject to regular review by their GP.

Good

Is the service safe?

Staff competencies around the safe management of medicines were checked to ensure they had the knowledge and skills to administer medicines safety to people. Staff told us they underwent a thorough training programme prior to being allowed to administer medicines. They told us this included a period of shadowing experienced staff and observation by senior staff. Staff training records showed this training and medicine competency checks had been undertaken by the staff.

People had a plan of care and a medicine pen picture which provided information about people's medicines and the level of support they required. A risk assessment recorded people's agreement and wishes around support with medicines. PRN (as required) medicines were monitored by the staff and documents were in place to support this practice.

The staff carried out domestic duties and we found the home to be clean. We saw the staff had plenty of gloves, aprons and hand gel in accordance with good standards of infection control and food hygiene standards.

Relevant health and safety checks for the building and equipment had been undertaken. This included checks such as, fire safety, electric and gas services and the hot water supply. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Maintenance jobs were actioned daily to ensure good upkeep of the building.

Good

Is the service effective?

Our findings

People's needs were assessed prior to moving into the home and people had a plan of care which was drawn up with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. A person said, "I see my dentist and if I feel unwell I see my doctor." The care files we looked at showed people attended medical and social care appointments in accordance with their individual need. We saw a number of care reviews had been undertaken by health and social care professionals to monitor people's support and treatment plans. People also received health checks and attended 'well woman' and 'well man' clinic appointments. A health care professional told us the staff were very proactive in seeking advice and competent in delivering a high standard of care and support. We asked people if they though the staff had the right skills to support them and they told us they did.

We spoke with staff about their training. Staff told us they had access to a number of courses in 'statutory' subjects such as, moving and handling, infection control, food hygiene, health and safety, medicines, safeguarding and first aid. They told us the training was good and delivered at a pace to suit the individual. Staff also received training in dignity, autism, behaviours that may challenge and MAPA (Management of Actual or Potential Aggression). A staff member gave an example of how they supported a person whose behaviour may challenge. They told us part of their staff role was to know the person well enough to understand when they were expressing themselves in their usual manner or when staff intervention was needed. Throughout our inspection we observed staff obtaining people's consent before providing care and support.

We saw the staff training plan and course certificates. The training programme helped to ensure the staff had the skills and knowledge to support people safely. We saw new staff had completed or were working through their induction with the support of senior staff. A member of staff told us the induction had been "Thorough and, informative." One relative expressed the opinion that staff would benefit from further autism training to help them better understand how people with autism communicated. We brought this to the manager's attention.

We saw staff attended supervision meetings and had an annual appraisal; their induction, training needs and on-going learning were closely monitored by the manager. Staff told us they received a good level of support with their day to day work and also their professional development. All staff had a NVQ (National Vocational Qualification)/Diploma in Care as part of their formal learning in care.

Monthly staff meetings were held and agenda items were structured and covered areas such as, staff training, safeguarding and team work. Staff told us they had handovers at each shift to discuss people's support and daily events.

People we spoke with were happy with the food. One person showed us the weekly menu on a noticeboard in the hall. People took it in turns to choose the evening menu for a week at a time and the staff chose another main course giving everyone a choice of two options. People and staff told us this system worked well. Staff said the second option was considered the healthier option to ensure people enjoyed well balanced meals. People's comments included, "The food's lovely" and "The meals are nice, I like what we choose and we get to cook."

People's nutritional needs including weight was recorded and monitored by the staff. One person told us they could not have a certain food as it made them feel unwell. They advised us the staff were good at remembering this and offered an alternative. A member of staff told us they had gone through a process of elimination, trying to identify the foods that caused the problem and this had made a difference to how the person felt and how they now enjoyed their food

We observed lunch and tea during our inspection. This was a sociable occasion where staff and people ate together in the dining room. The meals were prepared and cooked by staff and people were encouraged to take part in these tasks and to help serve. One person had helped to cook lunch and they told us how much they enjoyed this. We

Good

Is the service effective?

saw people being offered an alternative if they did not like the main menu. People had hot and cold drinks and snacks when they wanted and there was plenty of fresh fruit and vegetables.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager informed us people were encouraged to make decisions around their daily life. They informed us that where staff support was required 'best interest' meetings around specific care needs had been held. The examples shown to us involved relatives and external health professionals to support decisions around people's care and welfare. Mental capacity assessments had also been completed to support the decision making process; this followed good practice in line with the MCA Code of Practice. The manager informed us that staff sought consent from people and their relatives (if appropriate) and involved them in key decisions around daily life and support. Evidence of this involvement was recorded in the care documents we saw.

The manager had applied to the relevant Local Authority for four authorisations of deprivation of liberty for people at the home. Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. One authorisation had been granted. We found the manager and staff knowledgeable regarding acting in people's best interests and the process involved if a referral was needed.

Good

Is the service caring?

Our findings

We asked people if they thought the staff were kind and caring towards them. They told us they were. People's comments included, "I like them (the staff) they are very nice", "They're lovely. I couldn't live without them" and "'I've been here a year. I really like it." A relative told us the staff were very attentive when supporting their family member.

People at the home communicated their needs and wishes in different ways and our observations showed staff understood and responded accordingly. People told us they chose what they wanted to do each day and staff were respectful of this. Some people stayed in the lounge and other people went to their rooms. One person told us they liked to watch TV either in the lounge or in their own bedroom.

Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a way which the person they engaged with understood. An example of this was when a person became upset. We saw a member of staff clearly knew how to manage the situation. They rubbed the person's back, spoke kindly and provided reassurance and used questions to distract them. The staff member did not leave the person until they felt reassured.

Staff were present in the communal areas and staff support was provided in a timely manner. When people knocked on the office door we saw staff responding immediately, people were not left waiting which could raise their levels of anxiety. We saw staff supporting people throughout the day with daily life skills and tasks. Where possible the tasks were led by the person concerned to help promote their self-esteem and independence. One person told us having independence helped them feel better, for example, cooking and attending an external venue for art.

Staff were appointed a key worker role. This role provides the opportunity for a staff member to spend time supporting one person to help get to them know and to build up a relationship of trust. A staff member told us how they had regular one-to-one conversations with people around day to day decisions, so that people could express their wishes and views. An example of this was talking with people about their plans for the following week and recording it with the person on their weekly planner sheet. This included checking the person had enough money to do the activities they were planning and placing money aside if they were saving up for a trip, for example.

Information about advocacy services and supporting people with their rights was available. A person gave us an example of how staff accessed an advocate to help support them with some decisions. This information was available in an easy read format for people.

Relatives were free to visit at any time and a relative told us they were always welcomed by the staff when visiting.

Staff told us about how they actively listened to people to ensure good communication. They told us the different ways they communicated for example, by writing things down, using objects of reference, flash cards and picture formats. People's personal life histories were also recorded along with details about their preferences, choices and ways in which they communicated. Staff we spoke with had a good knowledge about the people they supported; they were discreet and respectful in how they spoke about people's lives, showing a genuine regard for people.

A person told us about their bedroom and that this was very much their own personal space and this was respected by the staff. They told us they had a lock and key to their bedroom door and staff did not enter without asking.

Good

Is the service responsive?

Our findings

We asked people to tell us if they were asked about the support and care they needed. They told us they were and that staff listened to them and responded to their requests for support. For example, a person told us told us they liked to go out and get a newspaper each day and the staff supported them with this as it was important to them. One person raised some issues around their current care package. We saw that the person was being fully supported by staff and social services at this time; however this feedback was brought to the manager's attention.

We looked at three people's care files. Their support plans and associated care records provided detailed information about people's health, social background, their preferences, choices, behaviours, communication and how they wanted their support to be given. Examples of the records held included; health action plans and health passport for individual health needs, a decision making profile and a personal planning book. The personal planning book enabled people to create a detailed personal plan, so that staff could support them in accordance with their needs and wishes.

Support plans were signed by people (where able) to support their inclusion in the planning and delivery of their care. These were subject to regular review to report on any changes to the support plan. Annual care reviews were undertaken with people, their relatives and health and social professionals to ensure their care needs were being met. Staff told us they discussed people's care on a daily basis and how changes were made in response to people's needs and wishes. A relative told us they had informal chats with the staff about their family member, attended annual reviews and were always consulted about any change in their family member's support plan or any incident that had happened.

With regards to people's rights the staff provided us with an example of how they supported people with their sexuality and ways in which people were supported to develop and maintain relationships with people that mattered to them.

People told us they took part in a range of activities, some of which were organised social events in the community. For example, some people went to a local community farm where they enjoyed different activities such as, planting vegetables, feeding the animals and doing craft activities.

On Wednesday evenings, several people went to a disco and one person attended a garden centre. People said they also went bowling, shopping, walking, played bingo and went to the cinema. During our inspection some people were out shopping with the staff. One person confirmed the use of the weekly planner sheet and told us their key worker helped plan things like day trips to Alton Towers and Blackpool. This was recorded in their 'All About Me' book. Another person told us about the good support they were receiving from a community based group they were attending. There were many example of the service supporting people to keep in touch and spending time with family members, including holidays. Staff told us how important this was to the people they supported.

The amount of one-to-one and two-to-one support provided varied from person to person, according to their agreed support package. People described going out with one or two members of staff to do things. The support was however matched to the person and people from the home went out individually, for example to attend health appointments. One person told us they went out on their own shopping but knew the staff were there to support them if needed.

We saw staff had been responsive in changing a time of a medication to improve the person's health and wellbeing. The person told us they felt better for this.

People took part in daily tasks, for example, cleaning their rooms, though generally this was staff led. We talked with the manager about ways this could be encouraged to prepare people to live more independently. This would be beneficial for people who may be moving on to supported living or their own tenancy which the service actively encouraged.

We looked at the provider's complaints procedure. This was detailed and included timescales for responding to complaints. The complaints procedure was available in an easy read version and a copy was available in people's care files. People who lived at the home and relatives we spoke with said they would talk to a member of staff if they were worried about anything. From March 2014 three complaints had been received and investigated in accordance with the complaints procedure. A relative told us the manager always listened and was there to address any concerns.

In January 2015 people who lived at the home and relatives were provided with a satisfaction survey. This was

Good

Is the service responsive?

to seek feedback about the service. An easy read version of the survey was available for people; this was entitled, 'How are we doing?' The manager advised us that data from the surveys was not yet available. The findings from the surveys in January 2014 confirmed people were happy with the service.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. We received positive feedback about the manager from staff, people who lived at the home and relatives. Staff told us the manager was 'approachable' and ensured the home ran well. Staff comments included, "The manager is excellent", "The support is good, you never feel uncomfortable asking", "Excellent place to work" and "There is a good management structure, always someone to talk to." A person said, "(manager) listens and is really good." Relatives were also complimentary regarding how the service was run and felt improvements were on-going.

The service had a number of systems in place to monitor the quality of the service provided and improve practice. The manager showed us a number of audits (checks) on how the service was operating. This included health and safety checks of the environment, cleanliness, incident reporting, finances, contracts for services and equipment to the home, fire prevention and medicines. Where shortfalls/ improvements had been identified these had been addressed and lessons learnt shared with the staff to drive forward improvements.

The manager informed us they completed a registered manager's work book on a monthly basis. We were shown the work book for March 2015 and this provided a detailed overview of how the service was operating. It included areas such as, safeguarding, training, safety checks, complaints, compliments and finances. An annual quality audit of the service was completed by an area manager in February 2015 and any required actions acted on. The latest audit scores in three areas showed how the service was improving. The latest audit from February 2015 indicated the service achieved 75%-89% (very good) The previous audit in September 2014 the service achieved 80% (good).

The manager had an annual development plan for the service. This included the implementation of new care documents to reduce the number of records staff completed. It had been acknowledged that existing documentation led to repetition. A new document was also being introduced to record goals achieved as this was seen as a positive step in recording people's progress. Plans were in place to develop the rear garden and for on-going building refurbishment.

A new external infection audit from the local community health team was available and being implemented at the time of the inspection to help monitor standards of infection control.

The manager informed us that the development of the service included more involvement with community based events and organisations thus enabling people to have a greater presence in the community to expand their horizons and aspirations.

We talked with staff about whistle blowing and they were aware of the whistleblowing policy and they told us they would use it if required. Staff told us there was an 'open' culture in the home and they were able to speak with the manager if they had a concern.

People who lived at the home told us they talked with the manager and staff at any time and were able to raise suggestions at their monthly 'house' meetings. Where people had raised suggestions these were taken on board by the staff. For example, more barbeques in the summer and 'chippy' teas. One person said, "We can talk about what we want at the meeting." The manager told us people were invited to be involved with the recruitment of new staff. This was called 'Choosing my own support team'. This enabled people to help choose the right staff to help support them.

The records we requested and saw were up to date and kept in good order. The service's policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. The manager notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with our statutory notifications.