

Mr Michael John Riglin

Mike Riglin Nursing

Inspection report

Unit 12d, West Station Yard
Spital Road
Maldon
Essex
CM9 6TR

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Tel: 01621843485

Website: www.mikeriglinnursing.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mike Riglin Nursing is a domiciliary care agency providing nursing and personal care. The people they supported included people over the age of 18, people with dementia, people with a physical sensory, learning disability and autistic people and those with mental health needs. At the time of the inspection, they were supporting 27 people living in their own homes within the local community.

Not everyone who used the service received personal or nursing care. CQC only inspects where people receive personal or nursing 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to achieve consistently positive outcomes, which improved their wellbeing and enhanced their quality of life. They received support from consistent staff who knew them well and how they liked to be supported. 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.

People's needs were assessed, and care records developed with them, and their relatives where required. Care records were updated regularly and clearly promoted preferences and choice. Medicines were managed safely, and staff were appropriately trained and recruited. People and their family members were assured that safe infection control measures were taken by staff such as wearing personal protective equipment (PPE) and following infection control procedures to reduce the risks of infection.

Right Care:

People received outstanding kind and respectful care. People and their family members, without exception, told us staff were warm, caring, and compassionate and went 'above and beyond' to provide a high level of care. People were actively involved in planning and reviewing their care and support. Staff were proactive in developing ways to ensure people could communicate their wishes and views and be fully involved in decisions about their life.

Right Culture:

The service was very well-led. Managers led by example and were visible in the service. They were

passionate about ensuring the service delivered care and support based on their values and principles, that people's rights to choice, control, and autonomy were respected. Governance arrangements were well embedded, and this ensured people received consistently safe, effective, and very high-quality care. Staff were highly motivated and extremely proud of the work they did. People using the service and their family members told us they would highly recommend the service to others. The service worked collaboratively and responsively with healthcare professionals to plan extremely person-centred care and support.

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

Rating at last inspection

The last rating for this service was good (published 29 June 2019).

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

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Mike Riglin Nursing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors 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 people living in their own houses and flats.

Registered Manager

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

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

Notice of inspection

The inspection was announced. We gave the service 48 hours' 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 in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and health services. We used the information the provider sent us in the provider information return (PIR).

This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

Inspection activity started on 25 October 2023 and ended 6 November 2023. We visited the location's office on 30 October 2023.

During the inspection

We spoke with 1 person who used the service and 13 family members. We spoke with the registered manager, the office manager, accounts manager, human resources manager and 5 care staff. We received emails from 3 care staff and feedback from 4 professionals about the service.

We reviewed a range of records. This included 4 people's care plans and medicine records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.
- The provider had an up-to-date safeguarding policy and procedure. Staff were able to confidently say where to locate this and how they would report any concerns to the management team, the local authority and CQC. One staff member said, "I have reported concerns in the past and we all worked together as a team to resolve them."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people's health and wellbeing had been assessed to keep them safe in their homes. Risks included the use of equipment, risks of falls, pressure care, choking and going into the community. These had all been discussed and recorded. A family member said, "My [relative] uses a hoist and I am very satisfied that the staff have been properly trained and [relative] is safe. The hoist is always operated by two staff."
- The provider had put in place a new policy and procedure around the use of paraffin based emollients (creams) so that staff were aware of the fire risks and followed best practice guidelines.
- Staff knew the risks people faced and were aware of what action to take if people's needs changed. A family member told us, "The service had been very prompt in arranging a review of the care plan as a result of a change in [relatives] health needs."
- People were assured of safe support, as staff had access to their care records at the person's home. A staff member told us, "I always read the notes the previous staff member has left so that I know what has happened the day before. I can then respond to the current situation in the right way."
- Effective monitoring and good communication were in place with spot checks and supervision of staff undertaken. People's safety and wellbeing was consistently well managed by the management team. A professional told us, "They communicate in a timely way to ensure people's needs are met, letting us know whether or not they are able to fulfil the request made."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff and operated safe recruitment processes.
- There was enough staff to care for people safely. A staff member told us, "Shortness doesn't usually happen, it is always covered. Most staff stay on and wait if they have to, we understand it is part of the job,

but it rarely happens." Another said, "My manager was able to reallocate staffing within an hour to cover my shift when I became unwell while at work. This meant people were not left without their care."

- Staff arrived on time to support people. The rota arrangements were well organised and meant people had the same staff except for changes to the rota when sickness or holidays occurred. A person told us, "Staff are absolutely punctual." A family member said, "Staff have been pretty consistent over the last 5/6 years." Another said, "They never miss an appointment and always keep [relative] updated if staff have issues with traffic."
- Professionals were complimentary about the staffing arrangements at Mike Riglin Nursing. A professional told us, "The staff arrive for work well presented and it is very rare that we have any concerns raised about their performance. If concerns are raised, they are dealt with promptly and in a professional manner."
- Safe recruitment procedures were followed. This included taking up references and identification and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support to take their medicines safely from trained staff. A family member said, "Staff check that [relative] has taken their medicines and checks that they are hydrated."
- Systems were in place for the safe management of medicines. Medicine administration records (MAR) were audited regularly and during spot check visits at the person's home. The provider showed us how they were implementing a new recording system to ensure safety and consistency with all medicine records.
- People's care plans gave detailed information about their medicines and the support they needed from staff to take them safely. This included any risks around the medicines such as specific times to take them and any side effects. A staff member said, "It's important to know people's signs such as if they are visibly distressed or telling me they have pain. One person I support has dementia so I keep questions basic for yes and no answers. They might be able to explain they have pain but not always able to express where so I check again until we find the answer."
- Checks on staff members' competency to administer medicines were completed. A staff member told us, "I have a refresher course for doing medicines so that I keep focussed on giving them to people safely." Another staff member said, "My manager checks that I am giving people their tablets as they want them. It is detailed in their care plan, so you can't get it wrong."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured the provider was supplying staff with personal protective equipment (PPE) and staff were using it effectively and safely.
- People and family members told us staff followed good practice guidance. Comments included, "Staff are very hot on wearing gloves and aprons." And, "We discussed and agreed that staff wear gloves and aprons, but not masks due to communication. This was recorded as part of their care review."
- We were assured the provider was responding effectively to risks and signs of infection as staff were trained in how to protect people and themselves from infection.
- We were assured the provider's infection prevention and control policy was up to date which included COVID 19.

Learning lessons when things go wrong

- There was a system in place to report, record and monitor incidents and accidents to help ensure people were supported safely.

- Lessons had been learnt when things had gone wrong. Information was discussed during team and managers' meetings and cascaded to staff through communication systems to ensure all staff were aware of any changes to policy decisions or ways of working.
- The provider was able to give us examples of how they had reviewed and shared updated policies with staff and people who use the service after investigating complaints or concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People's needs were assessed prior to starting with the service. Assessments reflected a good understanding of people's needs.
- The management team kept up to date with government guidance relevant to the quality of delivering care and support to people in the community. This ensured staff continued to provide care in line with good practice and the law.
- People's protected characteristics under the Equalities Act 2010, such as gender, religion, sexual orientation, and ethnicity were not always assessed as part of people's needs. We discussed this with the provider. They confirmed shortly after the site visit that all protected characteristics had been added to the assessment process. In addition, they had set up learning sessions for staff to raise awareness of cultural and lifestyle needs and people's rights.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the people they would be supporting and their job role. A staff member told us, "I take out new staff with me to show them the ropes. They shadow me and get to know people and experience what the caring role is. I enjoy sharing with them."
- Staff received appropriate training to care for people effectively. Staff had completed mandatory training online as well as face to face including safeguarding and moving and handling people. Staff were also supported to gain further knowledge and skills by undertaking the National Vocational Qualification (NVQ) levels 2 and 3. A professional told us, "In the past they have responded well to any specific training needs for specific people and use of specialist equipment. The staff are extremely knowledgeable, experienced, and competent and will work flexibly to meet the needs of the person."
- There was a system in place for spot checks, observations on staff competencies and annual appraisals. Staff felt supported in their role by the management and office team.
- People and their family members told us they thought staff were well trained and competent. Any concerns people raised about staff competency were dealt with quickly. One family member told us, "My [relative] can be quite silent and needs the staff to talk with them. A couple of the staff have been retrained to ensure they know how to chat with [relative]." A professional told us, "Mike Riglin Nursing make sure that staff have the right training and equipment to carry out the tasks safely and understand the risks involved."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's dietary needs and preferences were known and recorded in their care plans. This included their likes, dislikes and any known food intolerances or allergies.
- Where people required support with their meals, this was clearly recorded, including what level of support was needed.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Referrals were made to external professionals where needed, and advice was incorporated into people's care plans. The service worked alongside occupational therapy, nutritionists, speech and language therapy team, district nurses, dementia team and the community dentist and optician. A professional told us, "Myself and a colleague have recently met with Mike Riglin Nursing to ensure good working relationships and look at any ways of improving/streamlining the communication between our organisations. This meeting was well managed and productive. We value the relationship we have with this agency."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans contained information regarding people's capacity to make decisions about their care. Where people needed support to make decisions about their welfare or finances, we saw family members were involved and some people had a lasting power of attorney (LPA) in place.
- Staff had received training in the MCA and understood the principles of the act. They put this into practice when working with people, especially those with dementia. A staff member said, "One person I care for is getting more and more confused. They are starting to open the door to anyone and getting more rogue callers. I talked about this with [manager's name] and they created a A4 laminated note to put on the inside of their front door saying, 'Do not open the door for your safety'. This has helped remind them but it is hard to protect people all the time."
- People told us the staff helped them to make day to day decisions and respected their wishes. A person told us, "It's important I have control over my life and the staff respect that."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

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

- Without exception, people and their relatives were very complimentary about the management and staff at Mike Riglin Nursing. They told us, "I couldn't speak more highly of them," And, "Nothing but praise for them." And, "They're marvellous," And, "They do lots of things over and above. They are very proactive." Staff were repeatedly described as 'kind' and 'caring'. A family member told us "My [relative] told me, their staff member was amazing. They did so much while they were there." Another family member said, "The office is very proactive and try and ensure the 2 regular staff cover each other for continuity. [Relative] has a very strong important relationship with them both."
- People valued their relationships with the staff team and felt they often go 'the extra mile' for them, when providing care and support. As a result, they felt really cared for and that they mattered. A family member told us, "[Relative] looks forward to seeing the staff so much. Seeing them chat together really makes [relative] feel very cared for. Absolutely go above and beyond but in a natural way." Another family member said, "The staff are all absolutely lovely, really caring people." A staff member said, "I care for people very well. I know about their needs, wellbeing and have got to know their body language. I find out about their life so I can connect with them. I take one person Bakewell tarts and they scream with delight when I walk in the door with them."
- The service had a strong, visible person-centred culture. The management team and staff talked about their role with passion, compassion, and respect for people. They demonstrated their values through the care they provided such as people being able to direct their own care, taking risks to aid learning and development and being empowered to have choice and control in their lives. The office manager told us, "We are proud of our staff and would like to think we show them respect and kindness. In turn they are very committed and embrace our values and this shows by giving people the very best care they deserve."
- The staff delivered care and support to people in an exceptionally person-centred way. One example included the support to a person on their long road to recovery. Staff had supported them to get physically well by being non-judgemental, patient and encouraging. This had resulted in them being able to control their own personal care routine and run their household. Staff had also used their initiative and found a gym class the person could access regularly. The person's sense of worth had improved, an increase in mood, a purpose and role and the return of loving family relationships. Another example was a person who suffered with agitation. Staff had tried everything they could to calm the person using sensory light, music, and the TV. But with their own initiative found that stroking their head and talking very quietly over and over to them, calmed them and this had made a real difference.
- People's personalities, likes and dislikes were recorded so that staff could be matched with people based on their compatibility, skills and experience. A staff member told us, "I think we were linked very well

because of our love of football. That is so important to [person] to have those discussions and joint interests. We have some great conversations." A family member said, "It sometimes takes a while to get the right staff member who gets on with [relative]. Mike Riglin Nursing have been very good at trying different people out to see how it works. They are excellent at that."

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

- People were supported exceptionally well to express their views and make decisions about their care.
- People and their relatives said staff listened, were always interested and genuinely committed to achieving the outcomes and goals people wanted to achieve. A person told us, "I have a consistent staff member who really understands what I want." A family member told us, "[Relative] has got a lot in common with one of the staff members who is interested in history. They took [relative] to London. [Relative] was very chatty when they returned and told us all about it."
- Staff told us that by listening to people and enabling them to express themselves freely they could help to overcome obstacles to providing care. A staff told us, "My lovely person I go to needs a lot of encouragement to get washed and dressed. They love their hair washed and blow dried and we sing in the shower. On Sundays, they really love Songs of Praise on the TV, and we bellow out the words to the songs. We so laugh. It makes my weekend and theirs."
- The staff, management team and the office staff were very proactive in ensuring people felt able to voice their views and experiences. Regular spot checks of staff as well as ongoing conversations with people and their relatives showed that they were very involved in decisions about their care and support. This was reflected in the many comments made about communication with the service. A family member told us, "I am very impressed with the office. They keep in touch and phone regularly asking for feedback. They really do want to hear our voice and make any improvements we suggest."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were exceptionally well respected and promoted. A person told us, "The staff do their best for my dignity and privacy, like always covering me with a towel on the commode." A staff member told us, "I ensure personal care is always done in private, and cover [person] with towels. I always ask their permission and explain what we are doing. I enable them to eat what they can, using food that is easy to hold, and a cup they can control themselves. It's all about maintaining their dignity and making their own choices."
- Staff actively encouraged people to fulfil their wishes and dreams and have an active life. One example included how staff listened to the views of a person in what they wanted to achieve such as going to France, out to comedy nights and concerts, and meeting up regularly with friends independently. This promoted their happiness, fulfilment, and independence. A family member said, "The staff have done so much for my [relative], it's unbelievable. They have made [relative] more confident about going out, trying different foods, and trying to tie their own shoelaces. It's fantastic."
- Care provided was kind, compassionate and creative as staff were highly motivated in enabling people to overcome obstacles. A staff member said, "One person I work with could not walk or talk after an accident and I have worked with them to be independent and mobile. Now I spend lots of time talking with them, taking them volunteering and for walks, playing memory games and going over the achievements they had made that day. I feel that I have had quite an input into them getting this far. There is mutual respect, and we have a good relationship."
- The management team worked extremely well with health and social care professionals to ensure joined up care for people. Professionals were impressed with the service provided to people. A professional told us, "We recently worked together to safeguard a vulnerable person and I believe the managerial team and domiciliary care team members went over and above their required expectation to support the person and ensure the care delivery was maintained." Another professional said, "The management team are very open

and forthcoming and more than happy to take things on board.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- People's care plans were person centred and included their physical, emotional, medical, and psychological needs and any risks to their health and wellbeing. This information provided staff with clear guidance in how to respond to people's individual needs and personalities.
- People told us their care was planned with them to meet their individual needs and recorded their likes and dislikes, preferences, choices, hobbies, interests, and friendships. This included people's wishes such as, "I wish to remain in my own home and to be reassured and comforted during periods of agitation." And, "To lead a normal life, to be comfortable and free of pain."
- People had a choice of the gender of staff member to support them and staff were introduced in terms of compatibility. One person said, "The management and staff think of me as a person not a number." A family member said, "[Relative] adores the regular staff. They treat [relative] as an individual, recognising their strengths and enabling them to enjoy living in their own home where they belong."
- People's care was continually reviewed and adapted to meet their changing needs. For example, where people began to regain some of their mobility, the support was amended to support their independence and autonomy. A family member said, "We started off with 5 visits per week and then moved to 3 times per week as they had helped [relative] to improve so much. Office very flexible about any changes."
- People's daily notes of their care were written by staff in a respectful way as was any communication about them such as referrals to health and social care professionals.

Meeting people's communication needs

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

- The provider was meeting the AIS. People's communication needs were recorded and understood by staff so they could engage with them in their own way.
- The provider understood the importance for people's communication needs to be met and they were able to provide information in different languages and formats such as large print, easy read, and pictorial as needed.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- Records confirmed the provider investigated and responded to complaints in line with their policy and procedure.
- People and their relatives told us they were very happy with the care provided. They told us if they did need to raise a complaint it would be taken seriously. A family member said, "I did raise an issue with one staff member who I felt was not strong enough for the work. The office acted quickly and they were not sent to us again."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider had processes in place to support people at the end of their life. Staff knew how to access the appropriate health professionals should they need specialist support.
- People's care plans detailed if there had been discussions about their end of life wishes or any specific arrangements they wanted.
- Staff had received appropriate training and were skilled and experienced in caring for people and their families when receiving palliative or end of life care. A staff member told us, "I think if everyone on palliative care could have what this team offer, they would be very happy, I would be happy. They are so well cared for. One person I care for has been palliative care for 5 years; it is testament to our team that they are living as well as possible."
- We saw compliments had been made to the service by family members for the care and support their loved ones had receive. One included a notice placed in a local paper, saying thanks to the service for many years of caring for their relative. A staff member told us, "I got a nice letter from the family when someone died. They sent it in with a special thank you to me. I was very sad when they passed away, but I was able to provide comfort and spent ages cuddling the relative."
- At the time of the inspection, the service was not supporting anyone at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- People and their family members were, without exception, very happy with the service and the support provided. All told us they would recommend Mike Riglin Nursing to others. One relative told us, "I would absolutely recommend them. They are all excellent from my point of view." Another said, "We are over the moon with them. I have recommended them to a friend of mine."
- There was a positive culture within the service, with good values put into practice by staff and the management team. The provider told us how important it is to them to employ caring staff, who will treat people with dignity and respect. They described the importance of good body language and staff who smile, and this was observed at interview stage.
- The management team worked collaboratively to ensure people received good care from staff who knew them well. A family member said, "We have regular contact with the manager, that works well. We have a good relationship and honest communication." A professional told us, "They have been a pleasure to work with and very keen to engage throughout."
- Communication within the service was effective and responsive. People and their family members told us they were contacted should any arrangement change and kept informed when needed.
- Staff told us of the positive and open culture within the management team and enjoyed working at the service. They were well supported and respected. A staff member told us, "I love working for Mike Riglin. 100% yes. I will probably never leave because I will never find somewhere as nice." Another said, "Once you join with Mike Riglin, you are there forever."

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 management team understood the duty of candour requirements and when to share information with the relevant organisations when concerns were identified. A professional told us, "The managerial team are responsive and honest during all interactions and whenever I have contacted them have always received responses within an appropriate time scale."

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- There were clear lines of accountability within the management team. All staff had a clear understanding of their roles, responsibilities and their day-to-day work in whatever role they undertook which focused on the people who used the service.
- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included regular care plan reviews, health and safety, audits of medicines administration and people's daily notes and comments and feedback.
- The provider understood their regulatory requirements and submitted notifications to CQC appropriately.

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

- People and their relatives were involved in their care arrangements and any reviews which took place. A family member said, "We are so pleased with how the current arrangement is working out that we are going to pay for an additional visit each week." A person told us, "I receive regular emails asking if I am happy with the service. They know that I don't want to be pestered too much. They know that I will contact them if something is needed."
- People were able to have their say about how they felt the service was being provided through ongoing engagement, day to day communication and annual surveys.
- There was a good response to the survey from people and their family members in September 2022 and comments were all positive. Comments included, "Exemplary, competent, kind and caring' go above and beyond." The staff survey in May 2023 was positive. Comments included, "All staff approachable, enjoy coffee mornings." And, "Work is flexible around my family and other commitments." And, "Have recommended a friend to join us."
- Staff had the opportunity to go into the office for support, meetings and a general chat and catch up. They felt part of the development of the service and their views were considered in service improvements. Newsletters were produced to aid communication with the staff with information they needed to know. A staff member said, "The biweekly newsletter is really useful as it advises us of any updates regarding drugs and equipment and changes in legislation."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider described to us ways in which they had improved care for people. This was through learning when things had gone wrong, taking advice from professionals and being responsive to individual situations as they arose.
- The management team were very receptive and responsive to listening to ideas, concerns and the views of everyone involved with the service. This was evident in the feedback from people, their families, staff and professionals and the continuous improvement of the service.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. A professional told us, "I have worked with the home care team and the management of Mike Riglin Nursing on several occasions for different people and have always found them to be professional, proactive and of the highest quality. They are supportive of people and work towards always trying to establish strong working relationships with professionals involved within the care."