Mr Michael John Riglin

Mike Riglin Nursing

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

Mike Riglin Nursing is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service predominantly to older people. People using the service lived in their own residential houses and ordinary flats across Chelmsford and the surrounding areas. At the time of our inspection 18 people were using the service.

Not everyone using Mike Riglin Nursing receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection the registered provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the last inspection in August 2016, the service was rated 'Good'. At this inspection we found the service had maintained a rating of 'Good'.

The manager ensured there was a number of different systems and processes in place to assess and monitor the quality and standard of the care being provided.

People were receiving safe, compassionate and effective care and told us that the provision of care was of a good standard. During the inspection we reviewed care plans and risk assessments which were in place. Records were well maintained, contained up to date and relevant information and were regularly reviewed. Staff said that records enabled them to provide the level of support which was required and risks were always assessed, monitored, safely managed and communicated amongst the staff team.

Policies and procedures contained relevant, up to date information and were available to all staff as and when they needed them. Staff were familiar with 'safeguarding' and 'whistleblowing' procedures. Staff knew how to report any concerns and had completed the necessary safeguarding training.

Care plans were individually tailored and a 'person centred' approach to care was evident throughout the records we reviewed. People told us that staff were familiar with their support needs and always provided care and support in a respectful and dignified way.

We reviewed medication management systems during the inspection. People had the relevant medication care plan in place which included detailed information in relation to medication administration times, medical history and the level of support required. There was a medication consent form which had been signed by each person who was being supported and staff had received the necessary medication training.

We reviewed the manager's recruitment processes. All staff who were working for the manager had suitable references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the manager to assess level of suitability for working with vulnerable adults.

Staff told us they were fully supported in their roles. Staff received regular supervisions and annual appraisals. Training was regularly provided as well as specialist training being offered to help support with learning and development.

Accidents and incidents were being routinely recorded and monitored. The manager ensured that accidents/incidents were being assessed and trends were being established.

The day to day support needs of people were well managed by the manager We saw evidence of appropriate referrals taking place, correspondence between external healthcare professionals as well as the necessary risk management tools being used to monitor people's health and well-being.

The manager had suitable quality assurance audits, checks and assessments in place. Such measures ensured that people were receiving a safe level of care and support in relation to their support needs. Quality assurance tools ensured that the quality, standard and provision of care was being monitored, assessed and improved upon.

The manager was aware of their responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. Statutory notifications were being appropriately submitted in a timely manner.

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**

Mike Riglin Nursing

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 was an announced inspection. The provider was given 48 hours' notice of the inspection visit because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. We also wanted the manager to be available in the office on the day of inspection.

The inspection site visit activity started on 25th April 2018 and ended on 1st May 2018. It included telephone calls to people, staff and relatives. We visited the office location on 25th April 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was completed by one inspector, who completed the site visit on the first day of inspection. Phone calls to people and relatives, were made on the second and third day of inspection by 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.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We gave the registered provider the opportunity to provide us with some key information about the service, such as what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, the human resource manager, six people who were being supported, three relatives, the care co-ordinator and five members of staff.

We also spent time reviewing specific records and documents, including care records of four people who were receiving support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents, health and safety records, a range of different policies and procedures and other documentation relating to the overall management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff that visited and provided their personal care. Comments included, "Well [relative] goes into a care home today, but they were very safe with the carers from Mike Riglin. The quality of care they give is outstanding.", "I think [relative] is very safe with them, they are very reliable" and, "I feel quite safe with them, they have looked after me very well for a few years now."

People told us that they received care from a regular 'group' of care workers. One person told us, "Yes, everything was spot on with them. No concerns at all about their timekeeping". One relative told us, "Yes they are on time, they go above and beyond when they are here and they have never let us down" and another relative said, " I have no qualms at all leaving [relative] with the carers when I go out, they are very professional and capable people."

We were told that care staff mostly arrived on time, and when they were running late, the care workers or someone from the office called to let them know. One person told us, "They are mostly on time, unless they are held up elsewhere, but it is never a big problem. They never let me down." Another person said, "They are always on time and stay the right length of time. In fact they ask if there is anything else they can do for me"

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. A member of staff told us, "If I saw or thought something was wrong with a person, I would always get advice from the office but know I can call other people such as yourselves [Care Quality Commission]."

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with adults and children. Whilst we saw the manager had obtained clarification staff had business car insurance, not all records we saw had hard copy evidence to view. The manager attended to this proactively after the inspection.

Risk assessments were completed and risk management plans were in place. Whilst these were completed as part of the care plan, because it was one document this meant some of the information could get lost. The manager advised they would record risks to people on separate documentation in more specific detail, and implemented this after the inspection. We saw risk assessments were reviewed and updated annually or as necessary if people's needs had changed. The risk assessments included risks associated with moving and handling, mobility, the environment and the use of equipment such as hoists. Where people were supported with moving and handling equipment, we saw the records provided guidance and details for staff about how to use the equipment.

Risks associated with the environment were considered and management plans were in place to manage identified risks to people's safety. Accidents and incidents were reported and actions taken. A member of staff told us how they had supported a person who had experienced a seizure in their own home. They told us they had informed the relevant authorities, including the doctor to ensure the person was safe and received the care they required.

The manager analysed accident and incident reports and were available to provide additional advice and guidance. Where actions were needed to reduce and minimise future risks, these were taken.

People who needed assistance with medicines received the support they required. The manager told us that only a few people received assistance with their medicines. We saw in one of the care records we viewed, that an up to date medicines administration record (MAR) was completed appropriately by the care worker. The person's care record documented the medicines the person was prescribed and the level of assistance the person required. Care workers told us that they had medicines training and training records viewed confirmed this.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). One care worker told us, "One of the reasons I came to the office today, was to pick up some gloves." They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. One relative additionally added, "They (carers) always wore gloves definitely."

Good

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. People spoke positively about the staff that supported them and told us that staff were trained and able to meet their needs. One person said, "They are very well trained and know me very well. I would be lost without them now." One relative also told us, "They are all high quality carers. compared to other agencies we have had, they are wonderful. There have been no problems when using the hoist to transfer [relative] either."

People referred to the service had their care needs assessed by senior staff, before the commencement of the service. This was to make sure the manager was confident the person's care needs could be met to make sure identified risks within the person's home could be addressed. We saw in one such assessment that the manager responded well to changing needs. For example, one person's needs had changed as they now required additional help. As a result additional support was provided to meet the changing needs of the person.

Care workers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided personal care. One care worker told us, "I know all the people I visit very well, but I will always ask them what they want and what their choice is. If I am not sure I will look in the care plan or talk to their relatives." The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

New staff completed an induction programme. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. New care staff were supported through the programme by a senior member of staff. Staff completed essential training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. Staff then shadowed experienced staff until they were confident to work unsupervised. During this time new staff were monitored, and met with senior staff on a regular basis where their progress was recorded. This meant that specific support needs could be identified and addressed. One care worker told us, "We do a lot of training, there is a lot of training available. A lot is on line, it is easy to access and has helped me to progress in my job."

Care workers received regular supervision with senior staff and the staff we spoke with told us they were well supported in their roles. In addition to supervision meetings, staff were periodically observed whilst they provided care to people. These were unannounced visits carried out by senior staff. One care worker said, told us, "This is very good, we never know when we will be observed. I like this as it makes sure we do our job properly." The manager ensured that the quality and standard of care was regularly being reviewed and assessed. 'Spot Checks' were randomly completed on all staff who were providing care. The 'Spot check' focused on key areas such as staff punctuality, appearance, politeness and consideration, respect and

ability of staff.

Where people received support with their food and fluids, people and relative's comments included, "The carers make me a snack at lunchtime, usually a sandwich and make me a drink. My neighbour brings me a hot meal round in the evening." Where people required support with their meals, this was clearly documented in the care records to ensure that their dietary needs were met.

Care workers reported concerns about people's health or change in condition to the office staff or out of hours on call staff. Care workers told us in the event of an emergency they would contact emergency services themselves. They told us they also worked with other health professionals and gave examples of when they had discussed people's specific health concerns with other healthcare professionals and knew how to support the person appropriately.

Good

Is the service caring?

Our findings

We received positive comments from the people and relatives we spoke with during the inspection about the care which was provided. Comments we received from people who were being supported included "They are all very kind and caring, nothing is too much trouble and they make me feel important to them" and," ,"Absolutely, they are all lovely. They will stay over their time if need be, to help with hoisting etc. They never run off and leave us." A relative also said, "It is their approach which stands out for me, they are so understanding of [relative's] needs and disability."

Staff received regular and consistent updates in relation to the people's health and well-being. Staff were familiar with the support needs of the people they were supporting and people expressed that staff provided the care and support which was required. People felt the staff who were providing the care did so in a considerate and respectful manner. One person said, "They do talk all the time to me and are interested in me and my family."

Staff expressed how they provided dignified and respectful care. Comments we received included "We're always polite, we always ask consent when providing care, we need to, make sure the person is ok, and we keep their dignity when providing care. it's their choice, it's about them." One person said, "The carers treat me very well, they are very respectful but are lovely with it." The manager ensured all staff understood the importance of providing dignified care. One relative said, "Yes they do listen to me, as his mum, and that means a lot. They listened when I asked for male carers to start with. Then gradually introduced ladies as well, that way [relative] did not become agitated with them."

Reviews with people also took place throughout the year. People were asked about their views and opinions on service which was being provided, if they were treated with dignity and respect, aspects of their care plan, staff approach and any improvements which were needed.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential information was stored and protected. All sensitive information was safely secured at the registered address. This meant that all sensitive and confidential information was being protected and not being unnecessarily shared with others. People were also asked how they would prefer to receive correspondence from the manager. People had the option to receive information via letter, telephone or e-mails.

Information was provided to each person who was receiving support from the manager in the form of a booklet. This provided accessible information to people who were receiving support and contained information about the manager's commitment to provide high quality care, staff who provided the support, company information (contact and address details) experience and skill set of staff, health and safety information, complaints processes and advocacy information.

Good

Is the service responsive?

Our findings

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped care workers to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history.

People told us they were aware of their care plans and the care coordinator or senior care worker reviewed their care plan with them to ensure it was up to date. Care workers told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were communicated to care workers through phone calls or during care worker meetings and supervisions.

Daily care records were kept in the folders in people's homes. We saw they were completed by care workers at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. Care workers told us, " We make sure it is all written down so the next person who cares for the person has an accurate picture. That way we know if anything has changed." The records also included details of any advice provided by professionals. Whilst we acknowledge these records were up to date we discussed with the manager the need for them to be more organised. The manager agreed they would attend to this after our inspection.

The service was flexible and responded to people's needs. Care workers were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Care workers were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People told us about how well the service responded if they needed additional help. For example, one person said, "I will contact the office if I need help and they will always sort things out."

People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. They said that this was respected. We saw examples in people's care records when the service had been responsive to people's requests. One person told us, "I was not happy with one carer, just that I did not get on with them, and they changed them straight away." A relative also added "We have never needed to complain about anything."

We asked the manager if 'End of Life' care was being provided to people they were supporting. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection. This care is provided in a specialist way to people who are at the end stages of life. Staff told us that as part of their training they covered 'End of Life' care training which enhanced their knowledge, skills and understanding of end of life support.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the manager. Comments we received included, "Absolutely well managed, from the top to the bottom of the service. It is very, very good" and, "I think it is run very well. [Manager] keeps in touch often, they have a laugh with me and it makes me feel better."

There was a registered manager at the time of the inspection. The registered manager was also the provider for the service and is registered with the Care Quality Commission (CQC). The registered manager was aware of their responsibilities in relation to their regulatory requirements.

During the inspection we found the manager to be approachable and responsive to any feedback we provided. Staff also expressed that they felt thoroughly supported by the management team, comments we received included, "The management is excellent there, very helpful" and, "I have never actually met [manager] but we chat on the phone often, they are lovely, very helpful and friendly." The manager said, "We have an open-door policy here and are very open, we all work really well as a team and welcome feedback."

The manager had a variety of different audits, tools and quality assurance checks in place to monitor and assess the quality and standard of care being provided. Different measures which were in place included 'service user' file audits, monthly medication audits, 'spot checks' during scheduled visits, monthly communication log audits, medication competency assessment forms, client review meetings, incident trackers and client and staff surveys. As well as the different measures which were in place, we also saw evidence of how improvements were identified and how these were followed up on.

The manager was a visible presence in the service on a daily basis to provide support to the management team. They explained that during these visits they checked audits and carried out discussions with the management team. The care co-ordinator told us; "[Manager] has been here frequently and is very supportive.". The management team met frequently to share information and kept abreast of changes in legislation and good practice through attending workshops, utilising the internet including the CQC website.

'Client Surveys' which had recently been circulated were reviewed during the inspection. The manager explored different aspects of the quality and standard of care being provided. People and relatives were encouraged to provide feedback as a way to highlight the positive areas of care as well as the areas of care which needed to be improved. We reviewed how the manager responded to some of the areas of development which had been identified from the surveys. Analysis and actions from the surveys were also discussed as part of the staff team meeting. This meant that there was a consistent approach to monitoring the delivery of care being provided as well as ensuring that areas of improvement were being highlighted and addressed.

Staff told us that regular staff meetings took place. One staff member said, "Team meetings take place regularly, they're really useful, any issues are brought up here." Team meeting discussions included policies and procedures, recruitment levels, health and safety, professional boundaries, communication, audits,

medication procedures and issues highlighted from audits/checks which had been completed. Updates from meetings were circulated to the full staff team as a measure of supporting effective communication but to also ensure that staff were informed of any significant changes which they needed to be aware of. They included a variety of different themes such as new care packages, medication, reviews which had taken place with external professionals, themed supervision, GP contact, referrals, environmental concerns, hospital admissions and general health and well-being.

We reviewed the range of different policies and procedures which were in place at the time of the inspection. All policies were up to date and contained relevant guidance and information. Staff were also familiar with different policies we discussed with them such as infection prevention control, equality, complaints, confidentiality, supervision, safeguarding and whistleblowing.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The current rating for the service was displayed. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the provider's website.