

All Home Care Limited

Right at Home Basingstoke & District

Inspection report

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Date of inspection visit:
10 April 2017
11 April 2017
19 April 2017

Date of publication:
24 May 2017

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

This announced inspection took place on 10, 11 and 18 April 2017. Right at Home provides a domiciliary care service to enable people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 21 people using the service, who had a range of health and social care needs. All of the people who were supported by the service had commissioned their care privately. Some people were being supported to live with dementia, whilst others were supported with specific health conditions and mental health diagnoses. At the time of the inspection the provider deployed 15 staff to care for people and meet their individual needs.

The service had a registered manager who was appointed in October 2016. 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 2008 and associated Regulations about how the service is run. The provider operated a franchise system where individual branches were owned and operated by nominated individuals. The provider operated a robust selection process for prospective owners and provided comprehensive training prior to the service opening.

People were supported by staff who made them feel safe. People and relatives told us the continuity and consistency of staff was very good, which reassured them and lessened their anxiety. People were kept safe and protected from abuse because staff understood their role and responsibility in relation to safeguarding procedures.

The registered manager completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risks associated with people's care and support needs were identified and managed safely to protect them from harm. Staff provided people's care safely in accordance with the guidance contained within their care plans.

The care coordinator completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided.

Staff had undergone relevant pre-employment checks as part of their recruitment, which had been verified by the provider. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People's medicines were administered safely, in accordance with the provider's policy, by trained staff. Staff had received medicines management training and their competency was assessed by the registered manager. Staff felt confident managing medicines because their training had prepared them to do this.

Staff had the necessary skills and knowledge to provide the support required and delivered care in

accordance with people's support plans. People were supported by staff who had completed the provider's required training and induction programme which enabled them to support people and meet their needs effectively.

Staff were supported by the management team to deliver effective care based on best practice, through an effective system of supervision, spot checks, appraisal and monthly staff meetings. Staff had received regular unannounced spot checks by the registered manager who had observed and assessed the quality of their care practice.

People's human rights were protected by staff who demonstrated clear understanding of guidance and legislation relating to consent and mental capacity. The registered manager and staff had initiated best interests processes where required to ensure people's human rights were protected.

People were supported to maintain a healthy balanced diet by staff who understood their dietary preferences and ensured they received sufficient to eat and drink.

Staff were alert to people's changing needs and took prompt action to promote their health and wellbeing by ensuring they were referred to relevant health professionals where required. People were effectively supported by staff to ensure their health care needs were met.

Staff had developed caring relationships with people and knew about people's needs and the challenges they faced. Staff understood people's care plans and the events that had informed them. People and staff had two way conversations about topics of general interest that did not just focus on the person's support needs. Staff had time to spend with people and consistently spoke with them in an inclusive manner, enquiring about their welfare and feelings.

People were involved in developing their personalised care plans which detailed their daily routines. The registered manager was committed to ensuring people were involved as much as they were able to be in the planning of their own care. There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice.

Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

When people were nearing the end of their life they received kind, compassionate care from staff who worked effectively in partnership with palliative care specialists.

People received person centred care that was responsive to their needs and focussed on them rather than the requirements of the service. People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Staff were provided with the necessary information and guidance required to meet people's needs.

People told us the service had actively involved them in decision-making about their care and where appropriate had involved people they wanted to support them with important decisions.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

People felt able to raise any issues or complaints with staff and were confident they would be listened to

and that appropriate action would be taken to address their concerns. The registered manager investigated complaints, in accordance with the provider's policy and responded to the complainant with the actions taken. The service was responsive to people's feedback.

The registered manager and owner demonstrated clear and direct leadership. They were highly visible and regularly went out to provide care which inspired staff and built a good team spirit.

The ethos of the service was based on putting people first, listening to their concerns, treating them with dignity and respect, promoting their independence and choice, providing high quality consistent care whilst always striving to improve the service. Staff knew these values which we observed them demonstrate while delivering people's day to day care.

The registered manager effectively operated systems to assure the quality of the service and drive improvements. Feedback from people, their relatives, and staff was sought to identify changes required to improve the quality of care people experienced. The provider's audits were used to review changes implemented, and ensure all required actions had been taken.

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 were protected from abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people's needs at all times.

The provider had appropriate arrangements in place to manage people's medicines safely.

Is the service effective?

Good 

The service was effective.

People received support and care from staff who were well-trained and used their knowledge and skills to meet people's needs effectively.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to the issues of consent and mental capacity.

Staff encouraged and supported people to have sufficient to eat and drink to maintain a balanced diet that met their individual needs.

People's health needs were carefully monitored by staff who made prompt referrals to healthcare professionals when required to maintain their health.

Is the service caring?

Outstanding 

The service was exceptionally caring

People were consistently treated with kindness and compassion

in their everyday care by staff who responded to their needs quickly.

People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for.

The provider used creative ways to make sure that people had accessible, tailored and inclusive methods of communication which ensured people felt their views were listened to and mattered.

Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity,

Staff consistently treated people at the end of their life with compassion and in accordance with their wishes. Staff consistently cared for and supported the people that matter to the person who is dying with empathy and understanding.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans which reflected their care needs, preferences and how they wished their care to be delivered. These had been updated regularly to reflect people's changing needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

People were provided with information about how to complain, in a format which met their needs. The registered manager listened and learned from people's experience to drive improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

The registered manager provided clear and direct leadership

visible at all levels, which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

Right at Home Basingstoke & District

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.

The inspection took place Between 10 April 2017 and 18 April 2017 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with the provider's nominated individual, who was the owner of the service and the registered manager. We also spoke with the provider's care coordinator and seven staff. We visited seven people in their homes, together with seven relatives and also spoke with five staff in attendance. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move. Following the home visits we spoke with four health and social care professionals. We spoke with a further three people and five relatives on the telephone to find out about their experience of the quality of care provided by the service.

We reviewed 14 people's support plans, including daily records and medicines administration records (MARs). We looked at 12 staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We

considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

This was the first inspection of the service since it was registered in August 2015.

Is the service safe?

Our findings

People told us they were safe and experienced very good continuity of care, from reliable staff who knew them well. People and relatives told us they could speak with staff or the registered manager if they were worried about anything and were confident their concerns would be addressed. A common theme to emerge from conversations with people and their relatives was the positive and highly visible presence of the owner. One relative told us, "The owner and manager are very good and always come with any new staff to introduce them before they deliver any care." Without exception, people told an independent survey that their staff always made them feel safe when they visited.

Staff had received safeguarding training and had ready access to the provider's safeguarding policies and procedures, together with local authority guidance and government legislation. Staff knew how to recognise and report potential signs of abuse. There had been no safeguarding incidents since Right at Home began to provide their service which required to be notified. However, the owner, registered manager and staff were able to demonstrate how they would deal with a safeguarding incident, including reporting issues outside of the organisation if necessary. Staff told us they trusted the management team and were confident they would act on their concerns if required. Staff demonstrated clear knowledge of the provider's whistleblowing policy and procedures. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.

Staff told us that the service priority was to ensure people they supported were safe but they also felt valued by the management team who were also interested in their welfare. Staff were required to contact the on call duty manager at the conclusion of their late shifts, which assured staff were safe and well and also ensured that people's bedtime visits had been completed. This meant that the duty manager could then check to ensure people and staff were safe.

Planned visit times were checked against an electronic monitoring system and daily records, which enabled the provider and people to be assured they received consistent care in accordance with their care plans. The registered manager promoted staff safety at work by effectively implementing the provider's lone worker policy, which was confirmed by staff.

The registered manager and staff protected people from harm by identifying risks associated with their care and managing these effectively. Designated staff completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe, for example; risk assessments were specific to the individual and not generic purely relating to their diagnosis. People and their relatives told us they had been reassured by the thoroughness of the risk assessment process.

Staff were able to demonstrate their knowledge of people's needs and risk assessments in relation to specific health needs, communications, behaviour which may challenge, medicines management, pain relief, personal care, skin care, mobility and social contact, which was consistent with the guidance contained within people's care plans.

Staff supported people safely with their moving and positioning needs. Staff had received appropriate training to support people to move safely and had their competencies regularly assessed by the provider's care coordinator. Staff had been trained in the use of people's individual support equipment, for example; particular ceiling hoists and stand aids. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their care plans. One person told us, "I feel very safe because I have a small group of carers who know me very well and know my moods and routine so well. And if a new member of staff comes they are always introduced by the owner or the manager and shown what to do."

Staff understood the risks to people and followed guidance to protect them. Where skin assessments identified people were at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. We observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. The risks to people from pressure sores were managed safely.

When required the service informed relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and palliative care specialists, so that the person's changing support needs could be reviewed as a matter of urgency and plans could be put in place to keep them safe.

The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. All staff had been given training on how to deal with different types of emergency, which records confirmed. Where people experienced health conditions which may require support in an emergency this was clearly detailed within the person's care records. Staff were able to demonstrate their understanding of the action required to keep people safe. There were arrangements in place to keep people safe in an emergency.

The care coordinator told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided. The registered manager demonstrated how they had declined to provide some care packages where they did not have sufficient staff to meet people's needs safely or delayed provision until they had ensured staff had received the required training to meet their individual needs. This meant the service ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff had undergone relevant pre-employment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. If staff had an adverse DBS record the owner had fully investigated the circumstances and completed a risk assessment outlining the reassurance provided. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Selection interviews comprehensively covered any gaps shown in staff employment histories and staff completed health questionnaires relevant to their role. People were protected from harm because the owner and registered manager had taken appropriate action to assure themselves that staff employed were of suitable character to support people safely.

People's medicines were administered safely, in accordance with the provider's policy, by trained staff. Staff told us they had received medicines management training and their competency was assessed by the registered manager, which records confirmed. Staff told us they felt confident managing medicines and that their training had prepared them to do this. The provider's medication management policy detailed three levels of support provided to people to manage their medicines safely. Staff were able to demonstrate a

clear understanding of the difference between assisting and prompting a person to take their medicines and administering their medicines, which we observed in practice. People told us that staff supported them where necessary with their prescribed medicines, in accordance with their care plan. We reviewed people's medicine administration records and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason for this and any action taken as a result were recorded.

Is the service effective?

Our findings

People spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported. One person told us, "The carers [staff] are wonderful, they are so charming but very effective at what they do and know how to get the best out of me to do what I need to do to help myself." A relative told us, "They [staff] know [their family member] so well and how to get him moving. They are very efficient at what they do but do it in such a gentle way."

Relatives and health and social care professionals made positive comments about the effectiveness of the service. A health and social care professional told us, "The staff are very willing to learn and enthusiastic to try new things. The way they have implemented the guidance and advice we provide has had a significant impact on people's wellbeing and health."

People and relatives told us the owner and registered manager were keen to ensure the care delivered by staff was the best it could be. One relative told us, "I was very reassured by the owner who has been to see us regularly to check everything was ok and the new manager is very hands on."

People and relatives said staff had the necessary skills and knowledge to provide the support required and delivered care in accordance with people's support plans, which we observed in practice. People made positive comments about the effectiveness of the service. They told us they believed staff were well trained because of the quality of care they provided. One person told us, "Because of the encouragement and support from the girls [staff] I feel as though I am taking back my life and getting back to the old me." A relative of a person with complex needs told us, "The caregivers [staff] are excellent at talking to [their loved one] to find out how they are and what they want and really understand how to support [family member]."

Before staff were allowed to support people unsupervised the provider ensured they completed an induction course and spent time working with experienced staff. This ensured new staff had the appropriate knowledge and skills to support people effectively. All staff had successfully completed the Care Certificate which was confirmed by staff records and the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The provider also supported staff to achieve other qualifications relevant to their role.

Staff had received the required training for the role for which they had been employed. These subjects included moving and positioning, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, medicines management and first aid. Staff had specific training and had their competency assessed to deliver more complex care, by the registered manager, for example; Catheter and conveen management (catheters and convenes are devices used to support people to manage urinary incontinence discreetly). Staff had undertaken effective training to enable them to meet people's individual needs.

Staff were supported by the management team to deliver effective care through an effective system of supervision, spot checks, appraisal and monthly staff meetings. Staff told us they had received regular

unannounced spot checks by the registered manager who had observed and assessed the quality of their care practice. Staff received supervision, appraisal, training and support from the management team to enable them to carry out their roles and responsibilities effectively.

The owner and registered manager had developed links with organisations that provide sector specific guidance and training linked to best practice in leadership and delivery of care. For example, United Kingdom Homecare Association had provided staff training in relation to supporting people who live with dementia in the community, tailored to home care service provision.

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The registered manager told us that staff had completed training in the MCA during their induction, which was confirmed by staff and records. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. We observed staff effectively seek valid consent from a person who had limited verbal communication using their knowledge of the person's body language and unique sign language, in accordance with their communication support plan.

Where people required support this identified people to consult about decisions made in their best interests. Where required, best interests decisions had been made in accordance with current legislation and guidance, for example; advanced decisions regarding their wishes in relation to resuscitation. Where people had been assessed to have fluctuating capacity care records clearly identified which decisions they were able to make themselves and those for which they required support. Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition.

Where people had specific dietary requirements staff were able to describe the support they provided. We observed staff encourage people who lived with dementia to eat by offering alternatives and checked when people said they had already eaten to make sure this was the case. People were supported to eat and drink sufficient amounts to maintain their health.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We reviewed examples where staff had immediately sought advice from the registered manager when they had identified a change in people's needs, who then arranged support from relevant health professionals. One relative praised the vigilance of staff who identified a change in a person's physical characteristics whilst delivering their personal care. The swift action taken by staff led to the early intervention by healthcare specialists to treat a life threatening illness. Another relative told us how staff quickly identified their family member had developed a chest infection and arranged the attendance of the person's GP.

People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GPs, nurses, mental health professionals, physiotherapists and occupational therapists. We spoke with four health and social care professionals who made positive comments regarding the effective implementation of their respective guidance. People were effectively supported by staff to ensure their health care needs were met.

Is the service caring?

Our findings

People and relatives said staff were kind and compassionate and treated them and their household with respect. People and relatives told us the staff were calm and assured whilst delivering their care, which inspired confidence and reassurance. People told us that staff always had time to chat and were never rushing to get away. Relatives said staff were warm and friendly and constantly demonstrated positive, caring relationships with the people they supported. One person told us, "She [staff] is like a best friend and big sister. We always have such good fun which makes the other stuff [care and support] much easier for both of us." One relative told us, "I don't know where I would be without them. It's not just the care for [their family member] but the support they give the whole family." People were consistently treated with kindness and compassion in their day to day care.

We observed relationships between people and staff, which were mutually warm and caring. People and staff had two way conversations about topics of general interest that did not just focus on the person's support needs. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings.

Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity, which we observed in practice. People told us their dignity was promoted by staff because they were treated as individuals. Staff described how they supported people to maintain their privacy and dignity. This included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships with people to ensure they had the necessary support they required, for example; one person wished for their intimate personal care to be provided by staff instead of family members. The tactful manner in which this preference was discussed ensured the person's independence was promoted and their wishes were respected. This allowed the person to regard close relatives as their family again and not their care staff. One person's relative praised the compassionate and tactful manner in which the owner promoted their loved one's dignity by discreetly contacting them in relation to some missed payments, thereby ensuring no embarrassment was caused.

People and relatives told us that the owner and registered manager went out of their way to ensure they received a caring service. When new staff had been recruited, before they were introduced to people they would initially attend calls with existing staff. People told us if staff were not familiar with people's care needs they checked with them how they wanted their care to be provided. The provider ensured compatibility by matching appropriate staff to meet people's needs. A relative of a young adult told us how the registered manager had ensured their loved one was allocated staff of a similar age, of the preferred gender and who had similar interests, with whom they had developed caring relationships. People's diverse needs in relation to their age, gender and disability were understood and met by staff in a caring way.

Staff were highly motivated and inspired to offer care that is kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. People valued their relationships with staff and

felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for. The provider ensured staff developed caring and positive relationships with people. Relatives overwhelmingly told us that staff had taken time to build meaningful relationships to gain people's trust and confidence, for example; One relative described how their loved one was a very private and proud person and had resisted the provision of any support to the detriment of their health and personal hygiene. A relative told us, "The carers have been exceptionally caring and have now encouraged [their loved one] to allow them [staff] to support her with personal care and bathing. They are always thinking about her and have improved things like her diet. My [family member] does not find it easy to eat and the carers are always turning up with treats that she enjoys, like her favourite berries." The positive bond developed between the person and staff had allowed staff to support the person with their needs, which had a significant impact on their health and wellbeing.

Another person was being supported by the service during a period of rehabilitation after a serious illness to regain their mobility. We spoke with the person during a home visit, shortly after they had managed to move downstairs for the first time in many weeks. They were elated with their progress and told us, "The girls [staff] are phenomenal, they are so caring and determined. They have really supported me with my physio and exercises. Their cheerful encouragement has spurred me on no end and I couldn't have done it without them. They've got me back on my feet. They should all be physiotherapists." The person's relative told us, "The carers are excellent and so dedicated to caring. They are very keen to do all they can and it's more like friends coming round not nurses." The enthusiastic implementation by staff of advice and guidance from the physiotherapist had significantly improved the person's mobility and had inspired a positive mental attitude towards their rehabilitation, which had improved their mental well-being.

Without exception, relatives of people being supported to live with dementia praised the continuity and consistency of staff provided to support their loved one. One relative told us, "I am so glad we have now got Right at Home as we've had nothing but doom and gloom for four years, being constantly let down. The staff are very kind and considerate in the way they always talk to [their loved one]. They work well together, always come early and don't rush off. Their reliability and continuity has been very reassuring for [their loved one] and me."

Another relative told us, "The carers are excellent. They have the personal touch which makes [their loved one] feel at ease and they're very good at making her feel safe and in charge of her own life." The relative told us the care provided by Right at Home staff had increased their loved one's confidence and ability to cope and had significantly improved their well-being and quality of life. This person told us, "We [staff and person] are always having a laugh and a joke and they're more like family. I know they really care for me and I trust them completely. The confidence they have given me that I can do things for myself and with their help has given me a new lease of life." People living with dementia had benefitted from consistent continuity of care provided by regular staff, with whom they had developed caring and meaningful relationships.

The provider used creative ways to make sure that people had accessible, tailored and inclusive methods of communication. For example, the provider had enabled staff to support people with their assistive technology and how to support the person if this was not available. One person with limited verbal communication used an electronic communication device which was built into their electric wheelchair. Staff had been trained how to communicate with the person effectively using this technology. However this device was not detachable so staff also had to be conversant with the person's unique language which was a mixture of the person's body language, expressions and sign language. We observed and heard this person laughing and joking with staff whilst they delivered their care without the aid of the assistive technology. This person's relative praised the staff for the way they had embraced their loved one's different communication methods, which ensured their needs and wishes were understood and acted upon at all

times.

Staff were able to demonstrate a detailed knowledge about the needs of people, including the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed.

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives. They told us they were able to make choices about their day to day lives and staff respected those choices. The registered manager told us care staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Staff knew about the preferences and dislikes of the people they were supporting. People's care plans reflected how they wanted their care provided.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to people and staff. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Staff told us it had been impressed upon them by the management team not to discuss people's care in front of others. Personal information about people was respected by staff and treated confidentially, in accordance with the provider's policy.

Information on how to access advocacy services was available for people who wished to have additional support whilst making decisions about their care. At the time of our inspection one person was supported by a lasting power of attorney. This lasting power of attorney told us the owner and registered manager had compassionately supported them to ensure their loved one's wishes were respected and that they received "exceptional care". The provider had obtained full details in relation to this power of attorney which had been recorded within the person's care record. This ensured staff understood who to consult in relation to decisions about the person's care.

When people were nearing the end of their life they received kind, compassionate care and staff were supported by external palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. We observed that the registered manager had promptly arranged for required equipment to meet a person's end of life care needs, for example; the installation of a specific type of bed and moving and positioning equipment. The person's relative told, "As soon as she [the registered manager] saw the bed she said it wouldn't do and this was delivered and installed within two days [indicating replacement bed]." Where appropriate, people were given support when making decisions about their preferences for end of life care. One relative told us about the excellent support their loved one received and said, "All of the staff have been unbelievable, out of this world. Nothing is too much trouble and [their family member] absolutely adores them." This relative also said, "I cannot praise the care provided for [their loved one] too highly, but the way they have supported me has been much more than above and beyond." The relative then described how a member of staff had volunteered to support their family member for a whole day whilst they attended to a family emergency elsewhere. Staff had gone the extra mile to care for the person and their family. Staff consistently cared for and supported the people that matter to the person who is dying with empathy and understanding.

Is the service responsive?

Our findings

People told us that they received person centred care that was responsive to their needs and focussed on them rather than the requirements of the service. One person told us, "The owner came out to see me and my family and spent a long time getting to know us, which made me feel that they really cared right from the outset and what I wanted was what really mattered." A relative told us, "We've had a lot of care agencies but what I liked about [the owner] was they came out and spent time telling us what they could and couldn't do. If they say they're going to do something it gets done so you're not continually disappointed."

People told us the service had actively involved them in decision-making about their care. One person told us, "The new manager was very reassuring. I wasn't really sure about using them [Right at Home] but she took such an interest in me and what I wanted that I'm glad I have. I didn't want to make a fuss but she kept telling me that what I wanted was the most important thing to get right." Another person told us the staff who had visited to assess their needs, "wanted to know all about me and my life and not just what they had to do for me."

People told us the registered manager had involved people they wanted to support them with important decisions, which records confirmed. One person told us, "I know I can speak for myself but I like my [family member] to be involved as I'm getting a bit forgetful." Another person told us, "Sometimes I struggle to remember things so it's nice for my family to be with me when I talk about what I want." People contributed to the assessment and planning of their care as much as they were able to.

People and their relatives, when appropriate, had been involved in planning and reviewing care on a regular basis. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The registered manager told us they completed an initial needs and risk assessment with the person and their family, where appropriate. The person was then revisited after a few days, to gather feedback, make amendments and to add additional information which had been obtained from the first few days of the person's care. During the first two weeks a member of the management team would speak with the person frequently to ensure they were happy with the care being provided. The registered manager and owner would then visit people on a monthly basis to ensure their care was still meeting their needs and to find out if anything could be improved. After the first three months people would be contacted every three months by the management team to check they were still satisfied with their care and support. People also received a quality assurance visit every three months from the registered manager or care coordinator as part of the provider's staff supervision process. Records demonstrated that people's needs and risk assessments had been reviewed quarterly thereafter and more frequently whenever their needs changed.

People told us the owner and registered manager regularly contacted them for feedback. One person told us, "I was surprised to see [the owner] so often. I think it is very good that he makes time to come and see us and find out everything is going well." A relative told us, "One of the things that makes this company better

than others is the fact that [the owner] and [the manager] want to know if there is anything wrong so they can do something about it."

People experienced care and support that reflected their wishes and treated them as an individual. Staff got to know the person and the support they provided was developed around their needs. Care plans were detailed and personalised to support the person's care and treatment. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. A relative told us the management team were very good at tailoring the support provided to meet people's needs. One relative told us, "We know it is [their loved one's] care plan but they always involve us because we know them so well." A relative told us how they were pleased that the care planning treated their family member appropriately with regard to their age and gender. Care plans were detailed and personalised to support the person's care and treatment.

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. We observed staff responded immediately where required, before people became distressed, for example; we observed staff intervene instantly to support a person who was at risk of choking in accordance with their support plan, before they became anxious. We observed staff supporting a person with a serious life threatening illness respond promptly to their needs for pain relief and to be repositioned.

People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person was provided with more support when they became anxious which increased the risk of them displaying behaviour which may challenge others. The registered manager held a meeting with the person and their designated staff so staff could understand how to support the person when they were anxious and so the person could understand and appreciate the impact of their behaviour on the staff. Staff knew and understood the triggers for their anxiety and the measures to implement to calm and reassure them. The person told us the support they received had improved significantly due to the mutual understanding and respect generated by the meeting.

Staff were responsive to people's changing needs and where required arranged urgent referrals to relevant health professionals, for example; when people had developed an infection or required support in managing pressure areas or other injuries. Staff provided care that was consistent but flexible to meet people's changing needs.

There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice. One member of staff told us about the immense satisfaction they felt supporting a person with their rehabilitation and physiotherapy programme.

The registered manager sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings, supervisions and a fortnightly staff letter. The owner had also commissioned a 'Right Care Survey' by an external organisation to obtain the views of people and their staff. We observed the results of this survey clearly displayed on the wall. This survey referred to members of staff as caregivers. All people surveyed agreed their caregivers had made a positive difference to their life.

People had a copy of the provider's complaints procedure in a format which met their needs, which we observed in people's care records during home visits. This had been explained to them and, where necessary, their relatives. Staff knew the complaints procedure but told us they dealt with small concerns as

soon as they arose to prevent them escalating, for example; When the registered manager sought suggestions about how a person's experience could be improved they said they would prefer staff who did not smoke, although such staff had never smoked in their presence and were good at their job. The registered manager tactfully explained to relevant staff and then arranged for only non- smoking staff to support this person. One person told us, "You can speak to [the owner] about anything. I don't think you will hear about any complaints because as soon as you raise something it is sorted out." Another person told us, "The last time I had a little niggle the manager came out to see me to make sure everything had been sorted out and they even brought me a pot plant. Little gestures like that go a long way." Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

People said they felt staff listened to their ideas and concerns, which they quickly addressed. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the registered manager. People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns they had raised.

Since the service was began there had been one formal complaint which had been managed effectively, in accordance with the provider's complaints policy. The registered manager had a system in place to analyse the learning from future complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

Is the service well-led?

Our findings

The provider placed people and their needs at the heart of the service. On their website they promised to ensure that people's dignity, independence and personal choices remained their top priority at all times. The owner told us they strove to make a positive difference every day to the quality of life for the people they supported, whilst the registered manager told us the focus of their service was on the quality of care and not the quantity.

The owner ensured staff had time to provide people's care in the way they preferred. To ensure staff were never rushed and had time to deliver quality care the normal length of their care visits was an hour. The owner also refused to deliver any fifteen minute care packages. A member of staff told us, "It's like a breath of fresh air working here compared to other agencies, we are able to deliver care the way they [people] want it." Another staff member told us, "You never feel you are compromising people's care because you are not always trying to make up time and you can do things at their speed. The task list is not as important as the person."

People, staff and health and social care professionals told us the service was well led by the owner, registered manager and care coordinator. People and relatives told us the management team were approachable, willing to listen and readily available, which was confirmed by staff.

The ethos of the service was based on putting people first, listening to their concerns, always treating them with respect and dignity, promoting their independence and choice, providing high quality consistent care whilst always striving to improve the service.

Staff told us the owner was passionate about providing high quality care and personally emphasised the importance of these values during their induction programme. People and relatives told us that staff consistently demonstrated their understanding and application of these values in their day to day care, which we observed in practice. These values were integral to people's care.

The owner had invested time in their recruitment process to ensure they attracted and kept conscientious, dedicated staff, which provided continuity in the delivery of people's care.

At all levels of the organisation there was a focus on the development of staff, who were supported to achieve accredited qualifications to continually improve the service people received. The registered manager told "All the staff deserve to be recognised for signing up to complete their diplomas in health and social care."

Staff told us the registered manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the management team ensured this was passed on to relevant staff. The management team told us they valued their teams' dedication to the people they supported and acknowledged this in the service's fortnightly letter and monthly staff meetings. The letters, memos and

minutes of staff meetings we reviewed highlighted and praised staff hard work and their willingness to go the extra mile. Staff told us the owner and registered manager readily praised them when they had performed well and exceptional work was recognised with a 'Caregivers Gold Star Award'. The owner also recognised the value of their staff and built team spirit by hosting a Christmas party and providing Easter eggs. One staff member told us, "It may not be much but it is the gesture which makes you feel you are valued." The owner told us when they employed staff who did not celebrate these events they would discuss appropriate forms of recognition which they would appreciate. The owner and registered manager promoted the link between people's positive experiences of their care and staff recognition.

One member of staff told us, "I love my work. I enjoy what I do and we [colleagues] all support one another. The owner has got very high standards but is always telling us what a great job we're doing." Another staff member told us, "The new manager is very good, she really knows so much about homecare and will always show you if you're not sure about something. She is very supportive but won't tolerate anything but the best for our clients [people]."

The management team provided clear and direct leadership and all staff had a good understanding of their roles and responsibilities. Records demonstrated that staff had the opportunity to discuss concerns or ideas they had about the service or their own development, which then formed the basis of action plans. Staff told us there was an open culture within the service and the registered manager encouraged learning from mistakes. When staff had made mistakes the staff involved told us that they had received constructive feedback to improve their performance from the registered manager, which motivated them to implement the guidance provided. When mistakes occurred there was honesty and transparency from all levels of staff and management.

The registered manager carried out a programme of daily, weekly and monthly audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. The management team ensured people's welfare, safety and quality of life were looked at through regular checks of how their support was provided, recorded and updated.

The provider ensured the service delivered good quality care by completing regular audits, site visits and reviewing the owner's weekly monitoring report, which detailed all significant events. The provider's Quality and Compliance Manager conducted a full compliance audit in September 2016, which identified areas that needed improvement, for example; some risk assessments required more detail and the service needed to effectively archive some records. All areas identified to require improvement were subject to an action plan which named either the owner or registered manager as the person responsible for ensuring they were completed by the end of November 2016. All of the necessary improvements had been completed within the designated time frame, for example the identified risk assessments had been updated with the required detail and all relevant documents had been archived and stored securely.

We saw documentary evidence which confirmed that where services had failed to meet the provider's high standards of care the owner's franchise had been terminated. The provider was aware of potential risks which may compromise the quality of the service and took action where required to reduce them.