

HOA Care Services Limited

Right at Home Croydon

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 September 2017 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. The service was previously registered with us at a different location. At our previous inspection on 30 July and 4 August 2015 we rated the service 'good' overall and found the service was meeting the fundamental standards. This was the first inspection of this service since they registered with CQC at their new address on 15 July 2016.

Right at Home Croydon provides personal care and support to people in their own homes who have a variety of needs, including older people, people with a learning disability and people with physical disabilities and mental health illnesses. There were 50 people using the service at the time of our inspection and most people were privately funded.

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

The service provided personalised care to people to a very high standard. The provider emphasised companionship as part of every visit and only accepted visits of an hour minimum to enable staff to spend quality time with people. Care workers were highly motivated to provide quality care and enjoyed caring for people. Care workers knew people very well and treated people with dignity and respect. People were supported to be as independent as they wanted to be and the provider worked to increase people's strength and mobility where possible.

The service was exceptionally responsive to people's needs. The provider matched people exceptionally well with the care workers who supported them which helped build strong relationships. Matches were based on personality, shared interests, hobbies and backgrounds. People were each supported by a small team of care workers which provided a high level of consistency of care. People were supported to integrate into their local community and to do activities they were interested in to remain active.

The provider was very selective in their recruitment processes and only selected staff who they identified, through various methods, as kind and caring.

People were safeguarded from abuse and neglect. People felt safe and care workers received training in how to recognise if people were being abused or neglected and how to report this.

Risks relating to people's care were managed well by the provider who had systems to identify and assess risks and put suitable management plans in place for care workers to follow to keep people safe. People were involved in the risk assessment and care planning process and care was delivered to them in accordance with their wishes.

People's medicines were managed safely by the provider. Records showed people received medicines as prescribed and the provider had suitable systems to identify and investigate any omissions in recording.

People were supported by staff who were suitable to work with them due to checks the provider carried out as part of the recruitment practices. There were sufficient numbers of staff deployed to support people. Care workers received effective support to carry out their roles through induction, training, supervision and appraisal.

People were cared for in line with the Mental Capacity Act 2005 and care workers received training to increase their understanding of their responsibilities in relation to the Act. Care workers obtained people's consent before they carried out tasks such as personal care and the provider had systems to assess people's mental capacity regarding significant decisions relating to their care.

People received the necessary support in relation to health conditions, accessing healthcare services and eating and drinking when this was part of their care package.

People were provided care which was responsive to their needs and reviewed regularly to ensure their care plans contained information which was accurate and suitable for staff to follow. People and their relatives were involved in the review process.

People felt comfortable raising any concerns or complaints with management and concerns were dealt with appropriately.

The provider had a range of systems to monitor and assess the quality of the service including gathering the views of people who used the service and care workers. People, relatives and care workers all told us the service was well-led. The provider communicated well with people who used the service and care workers.

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 and neglect and risks relating to people's care were managed well.

People's medicines were managed safely.

There were enough staff deployed to support people and suitable recruitment checks on candidates were carried out to ensure staff were safe and suitable to work with people. Systems were in place so only staff who were kind and caring were selected to support people.

Is the service effective?

Good ●

The service was effective. People received their care in line with the Mental Capacity Act 2005. The provider supported care workers with effective induction, training, supervision and appraisal.

People received suitable support with their health needs and with eating and drinking.

Is the service caring?

Good ●

The service was very caring. Staff were highly motivated to care for people and knew the people they were caring for well.

Staff treated people with dignity and respect. Staff supported people to be as independent as they wanted to be and encouraged people to mobilise as far as possible.

People received care in the ways they wished and were involved in decisions about their care.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive. The provider matched people very well with care workers and consistency of care workers encouraged good relationships. People were supported

to integrate into their local community and pursue activities they were interested in.

People's care was assessed and reviewed appropriately, involving them in the process. People's care plans included information about their backgrounds and preferences to guide staff on delivering care centred on each individual.

The provider had suitable systems in place to investigate and respond to complaints.

Is the service well-led?

Good ●

The service was well-led. The registered manager, director and staff had a good understanding of their roles and responsibilities.

There was a range of systems in place to assess and monitor the quality of service and to gather the experiences and views of people who used the service and staff.

Right at Home Croydon

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 inspection visit to the service took place on 21 September 2017 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector. An expert by experience telephoned people using the service and their relatives after the inspection. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service and the provider including the responses from questionnaires. We also sent questionnaires to people using the service, their relatives and staff to gather their views on the service. We received responses from five people who used the service, 13 staff and two relatives and friends. We did not receive any response from professionals.

During the inspection we spoke with the director, the registered manager, the quality assurance lead and the care coordinator. We also spoke with three care workers who visited the service. We looked at five people's care records to see how their care was planned, records relating to medicines management, three care workers' recruitment files and records relating to the management of the service.

After the inspection we spoke with seven people using the service and two relatives. We also received feedback from an occupational therapist.

Is the service safe?

Our findings

People were safeguarded from abuse and neglect. People told us they felt safe with their care workers and relatives agreed staff safeguarded people well. One person told us, "They look after me, they don't take any chances". The provider trained staff annually in safeguarding adults at risk to keep their knowledge current and staff understood the signs people may be being abused and how to respond to keep them safe. The registered manager confirmed they had not received any allegations of safeguarding since they began operating. The provider's annual survey showed 100% of care workers would feel comfortable reporting any concerns to their supervisor.

Risks to people, staff and others were mitigated by the provider because of processes in place. The provider identified and assessed risks relating to people's care and put suitable management plans in place for staff to follow in supporting people. For example, the provider assessed risk to people relating to their medicines management and planned how staff should support people to mitigate any identified risks. The provider also put risk assessments in place relating to other risks including those relating to moving and handling and environmental hazards. The provider reviewed risk assessments and management plans during reviews throughout the year and also in response to incidents or changes relating to risks. This meant information and guidance for staff to follow in mitigating risks remained current.

People's medicines were managed safely by the provider. Our checks of medicines records indicated staff administered people's medicines as prescribed. The registered manager checked medicines records each month and if they identified omissions they recorded these and investigated them. We identified a small number of omissions in staff recording medicines they administered to people and the provider's audits confirmed these had already been investigated. The provider provided additional support to staff who repeatedly neglected to sign medicines records. The provider trained all staff in medicines administration each year. The provider also checked staff administered medicines to people safely during frequent spot checks and observations of their practice.

People were supported by staff who the provider checked were suitable to care for people. The provider checked staff criminal records, identification, proof of address, right to work in the UK and employment history including obtaining references from former employers. The provider also routinely requested staff complete health declarations to enable them to identify any reasonable adjustments to the role required to accommodate any health conditions. However, the provider had not obtained health declarations for two of the three staff whose recruitment files we checked. The provider told us this was an oversight and they would obtain these retrospectively.

People were supported by staff who were kind and caring because the provider carefully selected only caring staff to care for people. One person told us, "The manager would not employ just anybody if she's short she comes and does it herself". The director explained to us how they ensured they selected only staff who were well suited to care. All candidates completed a psychometric test before they were invited to interview. The director told us they found the test to be a good indicator of how caring candidates were and this was usually confirmed during interview. During the induction period senior staff closely monitored new

staff to check they cared for people in a caring manner. The director told us they received many applications for care workers but selected only a small number to ensure they selected only the best candidates to care for people.

The provider deployed enough staff to support people and meet their needs. People, relatives and staff all told us there were enough staff. We observed the care coordinator developing the rota and they told us they did not usually experience difficulties in allocating all the required visits to staff as there were enough staff. The registered manager confirmed all office staff were available, experienced and trained to carry out care if they were ever required to cover staff shortages. The director told us recruitment was on-going to ensure there were always enough staff to cover any additional people who came to use the service.

Is the service effective?

Our findings

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.

People were cared for in line with the Mental Capacity Act. Staff told us they always asked for consent each time they provided care to people. The provider obtained written consent from people for the care carried out by the provider where they had capacity to do so. When the provider obtained consent from those who had legal authorisation to consent on behalf of people who lacked capacity they retained copies of legal authorisations on file for reference. The provider carried out mental capacity assessments to determine whether people lacked capacity to consent to their care where necessary and held meetings with others involved in their care to make decisions in their best interests, ensuring the process was recorded. We identified some mental capacity assessments were not decision specific. However, the provider had already identified this oversight and had an action plan in place to reassess people where necessary in accordance with the MCA. Soon after the inspection the provider send us the revised MCA assessments.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process for services which provide care to people in their own homes. The registered manager told us they did not provide care to any people who needed to be deprived of their liberty as part of keeping them safe, but they had processes in place to ensure this was done in accordance with the law if necessary in the future.

People received care from staff who were well supported by the provider. People and relatives told us they found staff were sufficiently inducted and trained to care for them. One person told us, "[Care workers] know what they are doing. I've had one who is new, she came with someone before she started. If she is not sure she asks". Staff received a suitable programme of induction, training, supervision and appraisal. New staff received three days of training before they provided care to people. This training included safeguarding adults at risk, Mental Capacity Act, dementia awareness, mental health issues and learning disability awareness. Staff shadowed more experienced staff before they cared for people alone. New staff completed the Care Certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant staff reached the expected standards during their probationary period. The provider ensured staff practice was observed each month and staff received monthly supervision during which they received constructive feedback on their performance.

Staff received training each year on a range of topics relevant to the needs of the people they supported. These topics included medicines administration, first aid and moving and handling including the use of

equipment such as hoists. The provider also supported staff to complete more in depth courses such as diplomas in health and social care. The registered manager had completed a level 5 qualification in health and social care management to increase their knowledge of their role.

People received the support they needed relating to eating and drinking. One person told us, "I order my shopping online so I've made the choices". The registered manager confirmed when people requested staff who could cook food of their ethnic and cultural background they arranged this as far as possible. People told us they received their choice of food and people's care plans indicated their food preferences. Where people had specific needs in relation to eating and drinking these were set out clearly in their care plan for staff to follow when providing care to them.

People were supported to maintain their health by staff. Details of people's health conditions were detailed in their care plans to inform staff. Staff liaised with other professionals involved in people's care where necessary, such as the district nurse and GP. Staff supported people to attend healthcare appointments when this was part of their care package. Staff recorded the details of visits in communication books in people's homes set up to facilitate communication between the family and the provider.

Is the service caring?

Our findings

People were supported by a service which was very caring. Everyone we spoke with was extremely complimentary about the service they received and the staff who supported them. One person told us care workers were, "...Kind, caring and cheerful. I wouldn't change them for anything." Another person told us, "[Care workers] are caring. They listen to you... and you can talk to them". Other comments about staff included, "They are just right, very good", they are, "Very nice and intelligent and I can have an intelligent conversation with them", "They are lovely all very good...we don't have any we don't like" and, "I couldn't ask for better carers".

One person told us, "[Care workers are] quite happy to sit and chat to me". Companionship was an essential part of the care provided to people. The organisation only provided care to people during a minimum visit of one hour to ensure staff did not have to rush when providing care and had time to talk with people. Staff told us they liked working for the service because they could spend quality time with people. In the anonymous annual survey the provider carried out through an independent body in November 2016 the results showed 100% of staff believed they were given enough time to deliver quality care to people. People and relatives told us care workers arrived on time, often arriving a few minutes early, and always stayed for the agreed length of time. The director gave us an example of how he often visited a person at lunchtime as they were feeling lonely and to encourage them to eat. Care workers we spoke with all told us how they enjoyed spent time sitting and chatting with the people they supported and made sure they did this at every visit.

People were supported by staff who knew them very well and were highly motivated to provide care to people. One person told us, "[Care workers] know me quite well. They know what I like and they are getting to know my family". Another person also confirmed staff knew them well and gave the example of, "If I'm not very well they pick it up straight away". Our discussions with staff showed they understood people's backgrounds, those who were important to them and their preferences in great detail. Staff told us they read people's care plans before providing care to people. In addition, the provider developed 'one page profiles' about people which summarised important information about them in one page which helped staff understand them better. People were provided with care by a small team of care workers to ensure consistency of care and to encourage good relationships to develop.

People were supported by staff who went the extra mile. When a person's husband passed away care workers attended and helped organise the funeral as friends of the family. The director received an written note from a person's relative which said, "I don't know what care you are providing but it must be good, because my [family member] is back to himself again, laughter, conversation, so thank you". A different relative also said how their family member refuses to visit their house because they don't want to miss their care workers. The director told us how they, and staff, developed a close relationship with the person. The person told the director he used to play dominoes, so the director bought the person a set and encouraged him to play. Now the person regularly plays against staff and has taught his grandchild to play. As another example, staff regularly took a person to reunions for various clubs she was a member of where they referred to care workers as friends. A care worker told us they were moving far from the local area but they would still

travel to support people as they enjoyed working with them so much. During the inspection a care worker called to say she was unable to access a person's home and was concerned about them. The registered manager showed great empathy and was ready to immediately go to the person's home to investigate if the person had not answered, although the person was found to be fine. People received a Christmas present and card from the provider each year as well as a card on their birthday to show they were valued.

People were supported by staff to maintain their independence. People gave us lots of examples of how staff supported them with their independence. One person told us, "I came out of hospital in a wheelchair. They took me out every single day to get me walking a little further each time". Two other people also confirmed staff helped them increase their mobility as a second person said, "My carers have got me walking". Staff supported people to do exercises prescribed by external professionals when this was part of their agreed care. Staff also encouraged people to mobilise as much as possible to maintain their mobility. People's care plans indicated how staff should support people to do certain tasks themselves as far as possible and staff understood the importance of encouraging people to maintain their independence. A person told us, "I wash myself they wait for me to ask for help. If I do need help I ask and they wait for me to ask".

People were treated with dignity and respect. People consistently told us staff treated them well. One person told us staff, "cover me up with a towel" during personal care. Another person told us staff "don't come into the bathroom when I'm washing unless I ask them". One person told us staff never made them feel embarrassed and "never remark on anything". A relative told us staff were, "Very caring and lovely, no uncomfortable feeling" when we asked them whether staff treated their family member with dignity and respect.

People were cared for by staff who respected their privacy and dignity. Staff received training in confidentiality and data protection and our discussion with them showed they understood their role in relation to these topics well. Senior staff observed the practices of care workers frequently, paying close attention to how caring and respectful staff were in carrying out their role. A care worker told us they were glad their practice was observed because they wanted to make sure they cared for people in the best ways possible.

Arrangements were in place for people and their relatives to be involved in decisions relating to people's care. One person told us, "I dictate what I want for my care they don't say what you need". Another person told us, "I dictate what I want done for me. They have no say in the matter". A third person said, "I choose what I wear when I get washed". People told us they had full choice in relation to the care they received and the time they received care. Care workers were clear they supported people in accordance with people's wishes. For example a care worker told us how during the summer a person often decided they would like to pick fruit and make jam so they supported the person to do so whenever they liked.

Is the service responsive?

Our findings

People were supported by staff who the provider carefully matched to them. The registered manager told us they spent a great deal of time getting to know people to understand their needs, preferences and personalities. The registered manager explained how they also spent much time getting to know staff well and they matched people with staff who had similar interests and personalities. One person told us, "The manager has done everything herself so knows exactly what is required". The registered manager gave us an example of a person who enjoyed rambling. The provider allocated a member of staff who also enjoyed rambling who supported them on long rambles each week to maintain their hobby and increase their wellbeing. The director gave us another example of matching a person who loved gardening and chatting with a care worker who also loves gardening with a similar personality. We spoke with the care worker who spoke with passion about supporting the person, explaining how they both got great enjoyment from working together. As another example, the provider matched a chef with a former chef who had become a care worker and the care worker supports the person to rebuild their skills in cooking meals. As another example, the provider matched a person with one care worker who had lived in their country of origin, and another care worker who had children of the same nationality, so they had shared life experiences to help them to bond. The provider matched a young person with younger carers who were found to have similar interests and personalities to be good companions to the person. The provider has matched people who have lost their partners with a care worker who has had a similar bereavement who offers support and empathy to people.

The registered manager ensured people met the care workers who had been selected to provide care to them beforehand to ensure they were both happy with the match. People and relatives told us the provider also matched them with care workers of their preferred gender. The annual survey carried out by the provider found 94% of people said their care workers were well matched to their needs. The results of our questionnaire showed 99% of people said they had been matched with their care worker and their relationships were valued. The director discussed with people their satisfaction at various aspects of their care, including matching with care workers, during quality assurance visits and took action if people were not satisfied.

The practice of carefully matching people with staff was consistent among all office staff who developed the rota. The registered manager worked closely with the new care coordinator during their induction period to ensure they understood the importance of matching people with staff as they developed the rota. The care coordinator had been promoted to their role from being a care worker with the service. This meant they knew people who used the service well, and staff. Our discussion with the care coordinator and observations of them developing the rota showed they understood how to match people with staff very well.

The provider took a key role in the local community and was committed to helping people integrate into their local community. The director founded and chaired the Croydon Dementia Action Alliance. They delivered free workshops for relatives, members of the public and local businesses on dementia to help increase understanding of the experience of people living with dementia. The director also offered focused workshops for relatives to help them understand the particular needs of their family member living with

dementia. The director was also a 'dementia friends champion' and trained all staff. This meant people living with dementia were supported by staff who understood their needs well.

People were cared for in a way that was responsive to their needs and preferences. People told us staff provided care to them in accordance to their wishes and agreed package of care. One person told us care workers, "...do what you need and what you require".

People were supported to pursue activities they were interested in. Another person told us, "If they have spare time [care workers] chat and do quizzes with me". The provider also encouraged staff to engage people in activities of their choice. For some people this included visiting local clubs for older people to reduce social isolation, for others it included activities in their home or playing reminiscence games designed for people with memory loss which the provider lent out to staff. The provider took some people to 'singing for the brain' for people with memory loss which became a regular, enjoyable activity. The provider took one person to tea dances, another to yoga, two people to Zumba for older people, others to street parties and others still to church and over 65 clubs, in line with their particular wishes and interests. The provider has also supported people on holidays in the UK and also abroad to help them achieve their goals.

People and relatives were involved in planning and reviewing people's care. A relative told us, "We all talked about [the care plan]". A senior member of staff met with people and their relatives to find out what care people would like to receive and how they would like to receive the care. The senior member of staff also found out more about the person including their background, preferences, their goals and things that were important to them. The provider then developed care plans based on people's needs and preferences. People's care plans focused on the person as an individual, with detailed information about them to help staff understand them better. People's care plans contained information and guidance for staff on how people preferred to receive personal care as well as details of any health conditions which staff read before providing care to people.

People's care plans were regularly reviewed so they continued to meet people's changing needs. A field care supervisor or senior office staff met with people every few months to check their care was meeting their needs and whether any adjustments were required, and they recorded their findings to ensure a clear audit trail. The provider ensured they gathered the experiences and views of people using the service as they reviewed their care, as well as relatives and the staff who provided the care. The provider updated people's care plans as necessary. This meant the content of people's care plans remained reliable for staff to follow in caring for people.

People were encouraged to feedback any views they had to the provider. The provider visited and called people regularly to gather their views. People told us the office staff were approachable and they were happy to speak with them to share any feedback they had on the service. The provider used an independent company to gather people's views anonymously each year and the results showed people were happy with their care and it met their needs with 88% agreeing their care workers made a positive difference to their lives.

The provider had appropriate systems in place to investigate and respond to complaints. People all told us they had never had reason to complain but were confident the provider would respond appropriately if they did. One person told us, "They do an excellent job no complaints at all". Another person told us, "I've never ever had any complaints and I'm very fussy. There is nothing to complain about". Records showed where people had complained the provider responded immediately to them, investigated and took appropriate action to resolve the issue.

Is the service well-led?

Our findings

People were provided care by a service which was well-led. People all spoke highly of the service and the way it was run. One person told us, "I would recommend the company to anybody." Another person said, "It's very well led because they come in and introduce people before they [begin providing care to me] and if they change [care workers] they will let you know". The provider's survey found 94% of people would recommend the provider to other people and people we spoke with confirmed they would do so. The director told us they opened the service because they wanted to feel rewarded by providing a high quality, caring service to people. The director was hands on in running the service, providing care to people directly so he could get to know them better, as well as overseeing recruitment and other aspects of the services. The registered manager was an experienced manager of similar healthcare services and had a good understanding of their role and responsibilities, as did the director and staff. A person told us the organisation was well led, "Because [the registered manager] has [provided care to me] herself to a high standard and expects high standards from her carers".

Staff told us the managers were extremely supportive in relation to both their work and their personal lives. One staff member told us how the director and registered manager were helping them through a difficult personal experience and they had adjusted their work to accommodate them. Staff felt motivated and highly valued by the provider. The director told us looking after the wellbeing of staff was essential. The director told us they had made arrangements to extend the premises to provide a 'chill out' area for staff so they could come any time to spend time relaxing at the offices. Staff confirmed there was an on-call system in place and there always someone available to guide them if they required support.

The provider held regular meetings with staff to discuss best practice and developments with the service. In addition the provider held meetings with small groups of staff to focus on particular difficulties they may be experiencing. For example, recently staff were experiencing difficulties working with a person. The registered manager met with all staff to facilitate sharing of experiences and advice. The registered manager told us these meetings were successful as staff learnt from each other how to provide the best care possible in spite of difficulties.

Suitable quality assurance processes were in place for the provider to assess, monitor and improve the services. A person told us, "[Office staff] always [come to check on the quality of care]. [The director] is due to come now". These included a range of audits and obtaining feedback from people using the service and staff. The provider carried out regular spot checks and observations of staff providing care to people to check they were timely and provided care in the best ways possible. The provider also had systems in place to audit medicines management, care plans and risk assessments, staff files, staff supervision and appraisal, training and induction. The provider had a system in place to track the times staff began and finished supporting people to ensure staff stayed for the allocated time. The provider gathered feedback from people using the service through regular visits and phone calls, and an annual survey. In addition the provider gathered feedback from staff during supervision, meetings and the annual survey.