

L & K Care Limited

# Right at Home Billericay, Brentwood & Havering

## Inspection report

Suite 3, Churchill House  
Station Road, Horndon Industrial Park  
West Horndon  
Essex  
CM13 3XL

Tel: 01277630545

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Right at Home Billericay, Brentwood & Havering provides personal care for people living in their own homes. At the time of our inspection there were 33 people receiving personal care. This announced inspection took place on 30 September 2016.

There was a registered manager in post at the time of our inspection. 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 provider had values and a clear vision for the service that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

People's care records contained risk assessments and risk management plans to mitigate the risks to people. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

People could be assured that their complaints would be managed appropriately. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Where complaints had been made these were taken seriously by the provider and responded to promptly.

The provider and registered manager monitored the quality and safety of the service. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

## 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.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff that they knew and had developed positive relationships with.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and they were approachable and flexible to ensure people's needs were met.

The registered manager was active and visible to people using the service. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The management team and provider completed regular audits and a quality assurance system was in place to review the quality of the service.

# Right at Home Billericay, Brentwood & Havering

## **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 took place on 30 September and 03 October 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke to three people receiving care from Right at Home Billericay, Brentwood and Havering and one person's relative. We also looked at care records and charts relating to four people. In total we spoke with five members of staff, including three care staff, the registered manager and the provider. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

People received support from staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People told us they were treated well by staff and felt safe when they were around. One person told us "The staff are great; they make me feel safe when they are here." Another person told us "They [Care Staff] make me feel so safe. They [Care Staff] always check that I am ok before they go." Staff received training to enable them to identify if people were at risk of harm and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff said "I have had safeguarding training and wouldn't hesitate to report concerns to the manager, Council or CQC." Staff had access to information on how to report concerns to the local safeguarding authority; the provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified.

People's medicines were managed appropriately and people could be assured that they would receive their prescribed medicines safely. One person said "The staff come every morning and give me my tablets with a glass of water. They know what I should have." Staff had received training that had equipped them with the knowledge and skills that they required to manage people's medicines safely. Staff maintained accurate records in relation to the administration of people's medicines. There were regular medicines audits where actions had been taken to improve practice.

People were assessed for their potential risks and plans of care had been implemented to mitigate the risks to people. People's needs were reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their moving and handling risk assessment reflected their changing needs. People's individual plans of care provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example one person told us "The staff really help me with my mobility and encourage me to use my walker. Without them I don't know how I would get around or use my shower."

There were sufficient numbers of staff employed to provide people with their care safely. Staff had travel time included within their schedules of care to enable them to provide care at people's preferred time and to stay for the amount of time that they were supposed to. One person told us "The staff always arrive on time and I normally have the same person too." If staff were running late, they contacted people to apologise and confirm when they would be there, or another member of staff would be sent to provide the care required.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. The provider had a robust recruitment policy in place which included psychometric testing to assess people's values and principles.

## Is the service effective?

### Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an induction programme which comprised of shadowing more experienced staff for a period of time before working alone. Newly recruited staff also undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was an on-going programme of training available to staff including regular refresher training that was focussed on ensuring staff understood people's needs and how to safely meet these. We saw from the staff training records that all staff had completed the training they needed and training was regularly updated to help refresh and enhance their learning.

People were supported by staff that had received the supervision and support that they required to provide effective care. All staff had regular supervisions which included 'spot-checks' undertaken by the registered manager. This enabled the registered manager to observe how staff worked in practice and identify any issues or training needs. Staff told us that they had regular supervisions and team meetings. One member of staff told us "I feel very well supported. I have regular supervisions, an annual appraisal and sometimes the manager does a spot check and observes me providing care to people."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. People's care plans contained assessments of people's capacity to make decisions and evidence of best interest decisions if people lacked capacity. On a day to day basis people were encouraged and enabled to make decisions about their care and support. One person told us "The carers always ask me what I want doing when they visit me."

People received the support that they needed to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly. One person told us "The carer's always heat up my meals nicely if I need them to."

Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals when they appeared to be unwell. One person's relative told us "If [Name] is feeling poorly or is not themselves the office always let me know." We saw examples in people's care records of staff reacting positively to changes in people's health contacting their GP and reporting these changes to the on-call staff.

## Is the service caring?

### Our findings

People received care from staff that were kind and motivated to provide good care. People spoke positively about the quality of the staff that supported them. One person told us "They [Care Staff] are so friendly. I look forward to them coming; we have a laugh together." One person's relative told us "The carers are excellent. They have a great relationship with [Name]."

Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics. One person told us "I know my carers very well. The same people come to see me and we get on great."

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One member of staff told us "The best thing I can do for someone is to enable them to maintain their independence for as long as possible."

People were encouraged to express their views and to make choices. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to achieve, such as maintaining independence or being supported to prepare meals independently. People's feedback about their care and support was actively sought through bi-monthly telephone calls to people from a member of senior staff seeking their view about their care and support.

People's individual plans of care contained information about their choices and preferences in relation to the support they received. People and their relatives told us they were involved in developing these plans and reviewing them regularly. The registered manager told us that care plans were reviewed with people and their family where appropriate to ensure that people's preferences were being respected. We also saw that confidential information about people's care was only shared with professionals involved in their care. People told us that they were able to choose the gender of the carer that provided support to them and that their choice was always respected.



## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced to guide staff in providing support before new people began to use the service; these were then monitored and updated as necessary. People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments and how many calls and at what times; enabling consistent, appropriate care and support to be provided. We saw feedback from one social care professional which stated "It should be a compliment to the staff who have been supporting [Name] who have clearly been providing effective, consistent support which has enabled [Name] to progress so much."

People had also been supported to complete a 'one page profile' which provided staff with a brief life history of people using the service and an overview of what was important to them. This was included so that staff knew something about the person's life and interests. We saw that care plans were regularly updated and reviewed to ensure that they were reflective of people's current care needs. Where people's needs had changed their plans of care were quickly updated to guide staff in meeting people's changing care and support needs. One member of staff told us "The care plans are updated regularly and are always accurate."

People said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place, and all the complaints had been addressed promptly. The provider and registered manager took any feedback about the service seriously and responded appropriately to people who provided feedback. We saw that issues had been resolved following complaints such as the timings of calls being changed for people in line with their preferences.

## Is the service well-led?

### Our findings

People could be assured that the quality of the service that they received was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure to be invoked should they need to raise concerns with outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's care was overseen by a visible management team that consisted of a registered manager and the provider of the service.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by the management team. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Actions were identified from audits and feedback; records showed that these actions had been implemented, such as ensuring that people's plans of care had been updated regularly. Audits were completed by the registered manager, provider and the external quality manager to ensure that an accurate overview of the service was maintained and any potential shortfalls were identified and rectified in a timely manner.

The provider had a clear vision for the service which they said was to "Improve the quality of life for those we serve." The provider and registered manager shared a passion for providing a high quality, person centred service to people that was understood and shared by the staff providing care to people. The provider facilitated a dementia support group for people's relatives to provide additional support to them because they understood that challenges that people faced when planning and coordinating care for their relatives.

People and staff told us that the management team was open, accessible and responsive to their feedback. One person told us "I know that I can talk to the manager at any time if I needed to." A member of staff told us "The management here are good. I know I can always come into the office if I need to and they are very approachable."

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.